Dallas-Sherman/Denison EMA/HSDA

Grants Management Division

Quality Management Plan

FY 2016

Funded by Ryan White Part A, MAI, and Part B Grants

Serving 12 counties: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rockwall

NOTE

The Dallas-Sherman/Denison EMA/HSDA Grants Management Division's Quality Management Plan for FY 2016 has been modified and is pending potential revisions and recommendations by the Quality Committee.

(June 2016)

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INTRODUCTION

The Quality Management Plan (QMP) sets forth a coordinated approach to addressing quality assessment and improvement of the Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) medical and support services in the Dallas Eligible Metropolitan Area/Health Services Delivery Area and Sherman/Denison Health Services Delivery Area (Dallas-Sherman/Denison EMA/HSDA). The Quality Management (QM) program shall be a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to people living with HIV/AIDS (PLWHA) throughout the Dallas-Sherman-Denison EMA/HSDA area. The Dallas County Health & Human Services (DCHHS) Grants Management Division (GMD) assists with developing strategies to ensure that the delivery of services to all Ryan White Program eligible People Living With HIV/AIDS (PLWHA) is equitable and adheres to the most recent Public Health Services (PHS) guidelines and clinical practice standards.

SERVICE CATEGORIES

The Dallas-Sherman/Denison EMA/HSDA funds 13 subcontractors providing core medical and related support services to over 9,000 PLWHA in the EMA/HSDA. Based on the organizational mission, the Quality Management (QM) program is committed to ensuring that clients receive comprehensive care based on mandated guidelines, professional standards, and best practices. The QM program is therefore designed to address Quality Assurance/Quality Improvement content regarding the necessary functions for core medical and support services. See Appendix C for Dallas EMA/HSDA agencies and associated service categories.

LEGISLATIVE REQUIREMENTS

According to Ryan White legislation Sections 2604.(h)(5), 2618.(b)(3)(E), 2664.(g)(5) and 2671.(f)(2)© for Parts A, B, C, & D, respectively, all eligible metropolitan area (EMA) are required to establish a quality management program. This is needed in order to evaluate the quality of care provided under the grant so that it meets and/or exceeds the most recent Public Health Service (PHS) Guidelines.

STATEMENT OF PURPOSE

The purpose of this QMP is to achieve agency goals by:

- Ensuring delivery of higher quality care to PLWHA in the Dallas service delivery area
- Assessing the extent to which the quality program is achieving agency goals
- Identifying program activities that impact the agency's ability to meet the needs of the clients
- Identifying resources that enable local HIV service delivery networks and providers to perform as part of the system
- Communicating the roles, responsibilities and expectations of the quality process
- Fully complying with standards for all applicable regulatory agencies

QUALITY STATEMENT

The Grants Management Division for Dallas County EMA is committed to ensuring that services provided by subcontractors are of the highest quality for medical and support services. This is accomplished through data collection and analysis, monitoring, planning, assessing, implementing, and evaluating performance strategies and ensuring adherence to the Public Health Services (PHS) guidelines for the treatment of HIV/AIDS and the National HIV/AIDS Strategies.

The key components of the Quality Management program are:

- Measuring performance and outcomes
- Analyzing and presenting data
- Identifying Continuous Quality Improvement (CQI) strategies
- Monitoring adherence to the standards of care and PHS guidelines
- Identifying processes and procedures for improvement
- Facilitating the active involvement of service providers in the implementation of multidisciplinary data driven quality improvement projects
- Promoting communication amongst the Administrative Agency (AA), subcontractors, Ryan White Planning Council (RWPC), and consumers regarding performance improvement issues

The visionary goals of the Grants Management Division are to:

- Enhance the lives of PLWHA in the 12 counties served
- Improve access to care and the quality of services for all PLWHA within the Dallas-Sherman/Denison EMA/HSDAS
- Become a leader and model for Administrative Agencies by excelling in the field and collaboratively working with and for clients, subcontractors, and staff

ANNUAL QUALITY GOALS

The following Annual Quality Goals represent established priorities for the QM program:

- Increase aggregate EMA medical visit frequency rate to 53% by December 2016
- Strengthen the existing Ryan White QM infrastructure within the Dallas/Sherman-Denison EMA/HSDA
- Facilitate involvement of PLWHA as partners in QM activities as an integral component of quality initiatives throughout the 12 county region
- Provide one QM training to providers by July 2017
- Increase aggregate EMA viral load suppression rate to 93% by December 2016

Accomplishing these activities within this plan requires coordinated teamwork throughout the Ryan White programs. The AA, subcontractors and consumers are vital elements in formulating comprehensive QM plans and are committed to attaining the highest standards of care and quality initiatives for PWLHA in the Dallas EMA and Sherman-Denison HSDAs.

FRAMEWORK OF THE QUALITY PROGRAM

This QMP is intended to specifically document how the Quality Management department for the Grants Management Division at Dallas County Health and Human Services (DCHHS) is structured and implemented and to provide a framework for continuous improvement. This plan uses three methods to manage quality of the service delivery system**:**

- **Quality assurance**: Strategies that measure the extent to which the minimum requirements or standards (either grantor imposed or locally developed) are met
- **Quality improvement:** On-going strategies that identify problem areas and are aimed at solving those problems through designing activities to correct the problem, implementing a new process, studying the results, and continuously evaluating until problem areas are resolved
- **Outcome evaluation:** Outcomes evaluation looks at the effectiveness of a service or program in achieving its intended results. It can help Ryan White programs determine if they are making a difference in the lives of PLWHA. Documentation of outcomes can be used in multiple ways that includes but is not limited to, ensuring and improving service quality, helping guide program planning, and setting priorities and allocating resources.

ORGANIZATIONAL STRUCTURE OF THE QUALITY MANAGEMENT PROGRAM

The Dallas-Sherman/Denison EMA/HSDA Quality Management Program is authorized by the Ryan White Treatment Extension Act (TEA) which gives the local EMA and HSDAs the authority, responsibility, and resources to establish a system-wide quality management program that encompasses all structures in the system of care, including the planning body (Ryan White Planning Council), the Administrative Agency (DCHHS), the providers of HIV services, and the consumers of HIV services in the area. Established in 2000, the Dallas-Sherman/Denison EMA/HSDA Quality Management Program, is currently overseen by four full-time staff members: the Quality Assurance Administrator (QA Administrator), the Quality Assurance Advisor (QA Advisor), Health Advisor and the Data Analyst. In addition to the four QM staff, a Quality Committee is charged with evaluating CQI initiatives. The following provides a description of the structures that make up the care system and who will participate in the quality management process.

Ryan White Planning Council (RWPC) – The Chief Elected Official (CEO) of the EMA appoints a planning body assigned with assessing the HIV service needs for the area, establishing priorities, allocating funds, developing a comprehensive plan for the delivery of services, and assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need. In Dallas, this body is comprised of council members and RWPC Office of Support Staff which include: the RWPC Manager, RWPC Health Planner, and RWPC Administrative Coordinator. Participation of the RWPC in quality activities will take place through committee structures and processes.

Dallas County Health and Human Services Grants Management Division (DCHHS) – The CEO for the grantee designates responsibility for management of the grant to the Dallas County Health and Human Services department, the Administrative Agency, in order to ensure that funds are allocated and contracted according to the priorities set by the RWPC. The Administrative Agency must purchase the services according to the local procurement system, ensure that funds awarded are used appropriately, and comply with reporting and other grantee requirements. Additionally, the Administrative Agency has also budgeted adequate resources to

support the quality management program. Furthermore, the Administrative Agency oversees

and facilitates the quality management activities throughout all levels of the system.

Quality Committee **(QC) –** The Quality Committee is a leadership group that integrates participation from the Administrative Agency, RWPC, and providers. The committee reviews organizational, service delivery, and client-based processes within the parameters of quality management of the Administrative Agency.

Consumers of HIV Services – Consumers of HIV services in the Dallas area participate in the planning process through RWPC membership, committee membership, and participation through various client feedback mechanisms in place both system-wide and with individual service providers.

QUALITY INFRASTRUCTURE

Leadership and Accountability

Dallas County Health and Human Services designates the Grants Management Division to provide oversight and management of Ryan White grants received by Dallas County. The QM department is responsible for grantee wide QM initiatives which include assessing, coordinating, evaluating and the improvement of core medical and support services of the Ryan White Program. The structure of the QM Program is comprised of QM leadership and the Quality Committee with the Grants Management Officer (GMO) is responsible for grant-related activities and accountable for the QM Program. The Quality Management department consists of the Quality Assurance Administrator, Quality Assurance Advisor, Health Advisor and the Data Analyst. The Quality Committee (QC) is a collaborative group that is to be initiated by the Ryan White Planning Council (RWPC). Suggested membership includes senior clinicians, core and support service providers, specialty experts, Consumers, the Grants Management Officer, Program Monitors and the Quality Management Staff. Further recommendations are that the Quality Committee will meet quarterly. The committee is chaired by a senior clinician, preferably someone with direct-care experience with PLWHA and co-chaired by the Grants Management Officer. The Quality Committee may also include: non-medical and medical case managers, oral health provider, primary care provider, substance abuse providers,

epidemiologist, medical transportation providers, a Ryan White Part D provider, a mental health provider and consumers, as determined by the QC.

The overall structure and framework of the Quality Committee is to be decided by the Ryan White Planning Council but current recommendations for the responsibility of the Quality Committee Chairs include but are not limited to:

- Establishing the agenda for the Quality Committee's meetings
- Facilitating Quality Committee meetings
- Preparing and distributing the Quality Committee's meeting minutes
- Reviewing and distributing data
- Documenting quality improvement projects

Recommended committee Roles and Responsibilities

1) Strategic planning
    - Reviews and updates the Grants Management Division quality management plan annually in conjunction with the QM staff
    - Prioritizes goals and projects
    - Assist with suggestions for the outline of the quality program infrastructure
    - Identifies priority performance measures
    - Plans for program evaluation
2) Facilitating innovation and change
    - Removes barriers to making and sustaining improvements
    - Prepares members for change
    - Promotes communication in all aspects.
3) Providing guidance and reassurance
    - Oversees the progress of quality activities
    - Establishes subcommittees as needed
    - Supports changes that result from quality improvement projects
    - Listens, observes, responds to members concerns
4) Allocating resources
    - Makes time available for Quality Committee meetings and quality improvement project teamwork
    - Ensures committee has the tools, knowledge, and data necessary to participate in quality improvement work
5) Establishing a common culture

- Demonstrates a true commitment to the quality program
- Successful buy-in to the Dallas Sherman-Denison EMA/HSDA QM program.

QM Stakeholders are identified as Internal and External

- Internal- County Commissioners, RWPC Office of Support Staff/Administration, QM Leadership Team, RWPC, Dallas County HHS
- External- Consumers, Community, HRSA, Subcontractors, Department of State Health Services, Quality Committee

All Stakeholders are significant in their commitment to insuring access to quality care for all PLWHA in the Dallas EMA.

QM Responsibilities and Resources

The Administrative Agency funds four full time staff that is responsible for monitoring the quality of services provided: a Quality Assurance Administrator, Quality Assurance Advisor, the Health Advisor, and the Data Analyst. Responsibilities for these four staff include:

- Ensuring compliance with HIV Standards of Care and PHS guidelines
- Annual updates to the AA's QM Plan
- Reviewing QM Plan for all subcontractors
- Assisting Quality Committee co-chairs with meetings
- Researching and providing information on best practices among service providers
- Monitoring performance measurement data at the client, provider and system levels
- Providing training and technical assistance for quality improvement activities
- Collecting client satisfaction data, including following up on suggestions by consumers to improve care and services
- Attending and participating in RWPC Committee meetings
- Conducting clinical and non-clinical site reviews

PERFORMANCE MEASUREMENT

Performance measurement activities include clinical chart reviews, consumer surveys, data collection and analysis, and estimating unfulfilled needs. The following section describes performance measurement activities in the EMA. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) have developed indicators that providers use to monitor the quality of care they provide. For the Dallas EMA/Sherman-Denison HSDA performance measures, see Appendix A; see Appendix B for a list of HAB performance

measures. The QM team tracks and monitors measures through the AIDS Regional Information and Evaluation System (ARIES), which has built-in reports that calculates compliance with these

measures as well as through chart abstraction and quarterly reports submitted by providers. The measures in Appendix A are also reviewed and analyzed regularly. Furthermore, medical record abstractions are conducted for the four funded out-patient medical and two oral healthcare sites. Clinical chart review and special evaluation reports create a constant stream of incoming data for the Quality Management department. The QM team also assists with the dissemination of feedback to the providers and the identification of baselines. Progress against baselines is checked quarterly and communicated to each subcontractor and also made available to the QC. If a provider distinguishes itself amongst its peer providers by achieving exemplary results, those providers are invited to share their methodology at upcoming training events as well as the provider being highlighted in quarterly QM reports.

Data Collection Plan and Process

The Data Analyst ensures that all provider sites enter the necessary data into ARIES to ensure the ability to measure performance. The Data Analyst reviews provider compliance with data entry requirements and the Health Advisor and QA Advisor establish the baseline and track quarterly compliance. Monitoring of data accuracy and integrity by the Data Analyst also helps ensure that the quality of the data used for performance measurement is as error free as possible. If an error occurs, the performance is addressed with the provider by the QM staff. If errors are not resolved, providers are given technical assistance and further measures to assist with improvements in obtaining accuracy.

Utilizing Data for Quality Improvement

The work of the Quality Committee is to examine the results of the program, monitor HAB measures results and other indicators as determined by the committee, measure improvement initiatives, review client satisfaction survey results, and review HIV industry data. Emphasis is placed on measures which relate to the National HIV/AIDS Strategy, including medical visits and viral load suppression. This data and information is used to select annual goals for the QMP.

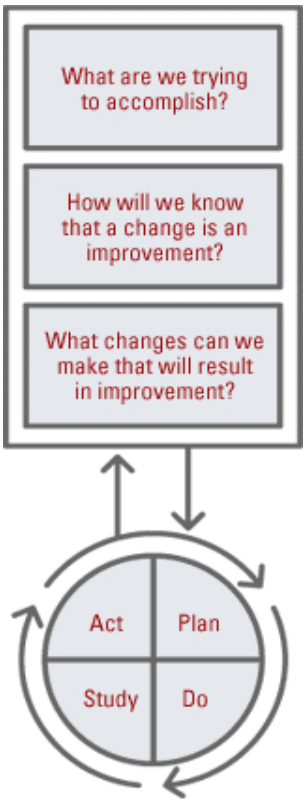
Development of Improvement Plan

Once an opportunity for improvement is identified by the QC, they may forward the opportunity

to a Performance Improvement Committee (PIC) workgroup, who can analyze the results and develop an improvement plan. Improvement plans will include recommendations to the Quality Committee. The Quality Committee may then communicate the recommended improvement plans to all associated structures within the continuum of care.

Sustaining Improvements

Regular feedback regarding an improvement project is critical to its success in sustaining the improvement over time. Once an improvement plan has been successful, a monitoring schedule, utilizing ARIES, chart abstractions, and other methods are implemented to determine whether the improvement remains successful over time. Outcomes of improvement plans are communicated to all structures within the continuum of care.



QUALITY IMPROVEMENT

In conjunction with the QC, the QM team will focus on processes derived from the results of key indicators for the area and outcome measures. Annual revision of the goals and objectives, analysis of data, feedback from stakeholders and incorporation of all findings is fed into the QI loop to be utilized in identifying performance issues and measuring improvement. One of the improvement methodologies that are used to test improvements is the Plan, Do, Study, Act (PDSA) methodology. Other methodologies that may be used include flow chart analysis, brainstorming, observational studies, cause and effect diagrams and activity logs. The true action of quality improvement requires review, redesign and acknowledgement that it is an ongoing and continual process.

PARTICIPATION OF STAKEHOLDERS AND COMMUNICATION

All stakeholders are an important part of the QM program and function in different capacities. In an effort to engage stakeholders, QM recognizes the necessity of both internal and external involvement. The stakeholders include: consumers, providers, regulatory agencies, the AA, and the affiliated Quality/RWPC committees. See Stakeholder and Communication table for details.

PARTCIPATION OF STAKEHOLDERS AND COMMUNICATION

Stakeholder Participation	Involvement in QM Program	QM Program Communication Methods
Consumers	• Participate in client satisfaction surveys • Make suggestions/ recommendations for quality improvement initiatives and needs to QM program and providers	• Quarterly Quality Committee meetings
Providers	• Provide care to consumers consistent with PHS Guidelines and standards of care consistent with their program service areas • Ensure that QM components for the contracts are met • Provide grantee with requested performance data in respective service category	• Quarterly Quality Committee meetings • Technical Assistance (TA) and education via NQC tutorials and quality improvement workshops as needed • QM performance reports
Regulatory Agencies DSHS and HRSA	• Provide funding for QM department • Identifies core measures and outcomes • Support quality development with training programs • Monitor Administrative Agency's practices in regards to quality • Publish guidelines on/through HRSA website	• Annual submission of QM activities with grant application renewal to DSHS and HRSA • Technical Assistance from NQC coach and DSHS consultants as needed • Annual Ryan White Service Report (RSR) to HRSA and quarterly Data Improvement Plan (DIP) to DSHS
The Ryan White Planning Council/Ryan White Planning Council Support Staff	• Initiates Quality Committee • Works in collaboration with the Quality Committee/AA in defining the standards of care for medical and supportive service categories • Reviews and updates standards of care on an annual basis • Reviews standards of care reports	• Periodic updates at Evaluation Committee • Quarterly updates at Ryan White Planning Council Meeting
AA	• Provides input on QM activities • Shares information developed from program audits • Provides data analysis • Develops best practices for service delivery	• Quarterly reports • Monthly meetings
County Commissioners/DCHHS	• Functions as CEO of Part A EMA	• Briefings in Commissioners Court as needed
Quality Committee	• Participates in strategic planning • Facilitates innovation and change	• Quarterly meetings with QM team • Reports to RWPC

EVALUATION

The QM Staff will evaluate the QMP and work plan at least annually and update as needed. When applicable, the results will be: used for future quality effort and goals; shared with stakeholders and consumers; used to determine new performance measures based on priorities; integrated into routine program activities as part of assessing quality; used to assess the success of QI projects, interventions, and other activities to improve care; used to assess current status of quality performance as a baseline determinant and used reevaluate priorities based on provider/consumer input.

The Dallas-Sherman EMA/HSDA uses standardized HAB clinical performance measures by HRSA and non-clinical performance measures developed collaboratively with sub-grantees within the Dallas-Sherman EMA/HSDA and QM staff to show how quantitative standards and quality of care are being met. An Organizational Assessment is performed on the QM program annually and used to show improvements and opportunities for improvements within the QM program. The Organizational Assessment includes the following elements for effectiveness:

- QM infrastructure
- QI activities/projects
- Performance measures
- Annual quality goals
- Quality Management Plan

EVALUATION

Activities	Responsible Party	Function	Frequency
Organizational Assessment	Providers QM Staff	Shows improvements and recommendations for improvement to AA and QM program	Annually
Review QM Plan	QM staff Quality Committee	Keeping QM plan current and updated; helps to determine areas that need modification, deletion, revision and/or needing additional information	Biannually
Monitor Performance Measures	QM staff Quality Committee Providers	Measures quality based on performance data abstracted through ARIES, reports, and site visits	As needed
Monitor Outcome Measures	Providers RWPC Quality Committee QM Staff	Measures changes in outcomes based on performance data abstracted through ARIES, reported by providers, and compiled during site visits	As needed
TA/training	QM staff Providers Quality Committee	QM related technical assistance based on identified training needs	Annually

CONSUMER SATISFACTION

Individual provider client satisfaction/feedback surveys are contractually required and are reviewed during annual site visit. Survey results are collected to trend satisfaction and identify areas with suggestions for improvement. Consumer satisfaction data is reported to all structures within the system of care. Consumer satisfaction mechanisms should not be confused with the Needs Assessment and Comprehensive Planning processes. The Needs Assessment identifies the needs of consumers in the EMA/HSDA and the Consumer satisfaction survey reflects the client's level of satisfaction with the quality of services received. Other forums for consumer input are also encouraged. In order to develop and implement consumer involvement, engagement methods may also include focus groups, use of a suggestion box, and continued open communication with the QM team and the Quality Committee as needed.

CAPACITY BUILDING

The National Quality Center (NQC) is used as the model for providers and Grantee QM staff. Quality management trainings for the QM staff and stakeholders are conducted via face-to-face trainings and through online self-directed learning. A QM Training needs assessment is conducted annually by the Health Advisor to identify specific training needs. Furthermore, clinical training for staff on HIV/AIDS directed training is recommended and mandated per the Standards of Care for all subcontractors. The QM staff pursues training opportunities and TA based on staff and program needs. Examples include but are not limited to: online trainings, reciprocal site visits with similar Transitional Grant Area (TGA)/EMAs, and further NQC/HRSA/QM/QI specific training initiatives each year.

PROCEDURES FOR UPDATING QM PLAN

On a bi-annual basis, the Quality Committee and QM team will review and update the QM plan. The update includes reviewing/revising performance measures, goals, performance data and the work plan. The QM team drafts edits to the plan and presents them to the QC for recommendations.

WORK PLAN

The work plan is utilized to outline goals, activities, actions, timelines, and responsible parties for the implementation of the QM plan.

QM PLAN IMPLEMENTATION (WORK PLAN)

Goal	Responsible Party	Key Action	Target Completion Date
Strengthen the existing RW QM Infrastructure within the Dallas/Sherman-Denison EMA/HSDA	QM staff Providers Consumers	Survey providers for training needs Provide at least one QM training to providers	December 2017
Facilitate involvement of PLWHA as partners in QM activities as an integral component of quality initiatives throughout the 12 county region	QM staff Quality Committee	Reconfigure Quality Committee Attendance at quarterly Consumer Council Committee (CCC) meetings Present informational session/presentation once per year to the CCC	November 2017
Increase aggregate EMA medical visit frequency rate to 53%	QM staff Providers	Monitor in ARIES Communicate with providers Develop and implement strategies to improve medical visit frequency	December 2016
Increase aggregate EMA viral load suppression rate to 93%	QM staff Providers	Monitor in ARIES Communicate with providers Develop and implement strategies to improve viral suppression	December 2016
Ensure that all core medical and support services adhere to the most current US Public Health Service guidelines and federal and state regulations	QM Consumers Providers	QM site visits Clinical chart reviews	June 2017
Provide one QM training to providers	QM staff Providers	Use information from training needs assessment to identify area of training	July 2017

APPENDIX A: DCHHS Grants Management Division Performance Measures

Non-Medical Case Management	
Screening for Clinical Depression	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized screening tool
Numerator	Patients screened for clinical depression on the date of encounter using an age appropriate standardized tool
Denominator	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible non-medical case management encounter during the measurement period
Exclusions	1. Patient Reason(s) - Patient refuses to participate
	2. Medical Reason(s) - Patient is in an urgent or emergent situation where time is of the essence and to delay treat would jeopardize the patient's health status
	3. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
Medical Case Management	
Care Plan	Percentage of medical case management patients regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year
Numerator	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least 3 months apart in the measurement year
Denominator	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year
Exclusions	1. Medical case management patients who initiated medical case management services in the last 6 months of the measurement year
	2. Medical case management patients who were discharged from medical case management services prior to 6 months of service in the measurement year

AIDS Pharmaceutical Assistance	
Prescription of HIV Antiretroviral Therapy	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
Numerator	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Exclusions	Provider has determined it is inappropriate for a patient to be on ART at this time
Outpatient Ambulatory Medical Care	
HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year
Numerator	Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year
Exclusions	Acute/walk-in medical visits
Transportation	
Van Transportation	Percentage of clients who were transported to outpatient ambulatory medical care appointment in the reporting period
Numerator	Number of patients who utilize van transportation to attend a medical visit
Denominator	Number of individuals that utilize van transportation
Exclusions	Clients who utilize van transportation less than twice every 6 months

Insurance Assistance	
Insurance Assistance	Percentage of clients enrolled in health insurance through the health insurance assistance program
Numerator	Number of referred eligible clients enrolled in health insurance through program services
Denominator	Number of eligible clients referred to the insurance assistance program
Exclusions	Clients whose access to program supported health insurance has been interrupted by disruption in funding distribution
Food Pantry	
Food Pantry	Percentage of clients showing stable or improved overall health as evidenced by Body Mass Index (BMI)
Numerator	Number of clients who have stable or improved BMI
Denominator	Number of clients for whom BMI is collected or reported when utilize pantry services
Exclusions	1. Clients that decline to be weighed
	2. Clients that utilized program fewer than six times within 6 months
	3. Clients who have food pantry items delivered to them
Congregate Meals	
Meals	Percentage of clients reporting that the meals program helped, improved or maintained their overall health
Numerator	Number of clients reporting that the meals program helped or improved or maintained their overall health
Denominator	Number of clients surveyed at the 6 months recertification
Exclusions	Clients who utilized the program fewer than 24 times within the previous 6 months

Mental Health	
Global Assessment of Functioning (GAF) Score	Percentage of clients who have maintained or improved GAF score
Numerator	Clients who have maintained or improved GAF score
Denominator	Clients with minimum of two mental health visits within measurement period
Exclusions	None
Short Term Housing	
Short Term Housing	Percentage of clients that had one or more medical visits within 6 months measurement period
Numerator	Number of clients that had one or more medical visits within 6 months measurement period
Denominator	Number of HIV clients receiving short term housing
Exclusions	None
Tenant Based Housing	
Tenant Based Housing	Percentage of clients that had one or more medical visits within 6 months measurement period
Numerator	Number of clients that had one or more medical visits within 6 months measurement period
Denominator	Number of HIV clients receiving tenant based Housing
Exclusions	None

Children/Youth/Adolescents Respite	
Developmental Surveillance	Percentage of HIV infected or exposed children who had developmental assessments documented
Numerator	Number of clients who utilized respite services three or more times per week who had developmental assessments during the measurement year
Denominator	Number of HIV infected or exposed clients who receive respite services three or more times per week during the reporting period
Exclusions	None
Child Care Services	
Child Care Services	Percentage of clients receiving child care in order to attend medical visits and/or work
Numerator	The number of clients able to keep medical appointments and/or attend work while child is in care during the reporting period
Denominator	The number of clients utilizing child care services
Exclusions	None
Early Intervention Services	
Linkage to Care	Percentage of patients who attended an HIV medical care visit within 3 months of HIV diagnosis
Numerator	Number of persons who attended an HIV medical care visit within 3 months of HIV diagnosis in the reporting period
Denominator	Number of persons with an HIV/AIDS diagnosis during the reporting period
Exclusions	HIV infected >1 year

Legal Services	
Power of Attorney	Percentage of clients initiating power of attorney cases during the reporting period
Numerator	Number of clients initiating power of attorney cases during the reporting period
Denominator	Number of clients initiating legal assistance during the reporting period
Exclusions	None
Outreach/Lost to Care	
Outreach for Lost to Care	Percentage of patients linked back to HIV medical care
Numerator	Number of patients who have status of "Linked to HIV Medical Care" [e.g. in care at Parkland, in care elsewhere, incarcerated]
Denominator	Number of patients who did not have a medical visit in the last 6 months of the measurement year
Exclusions	1. Patients who died at any time during the measurement year
	2. Moved out of service area
Linguistic Services	
Linguistic Services	Percentage of individuals that received linguistic services during the reporting period who state the linguistic program has helped them to access and/or understand HIV services
Numerator	Number of individuals surveyed who state that the linguistic program has helped them to access and/or understand HIV services
Denominator	Number of individuals that receive linguistic services that are surveyed
Exclusions	None

Adult Respite	
Adult Respite	Percentage of individuals that utilize adult respite care who state it helps relieve them of some of the stress of living with HIV and helps keep them healthy
Numerator	Number of respite care clients surveyed who state the adult respite care program (will be referred to as day and meals program) helps relieve them of some of the stress of living with HIV and keeps them healthy
Denominator	Number of respite care clients surveyed
Exclusions	Individuals that utilized the program less than 24 times in 6 months period
Oral Health	
Periodontal Screening or Examination	Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
Numerator	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
Denominator	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year
Exclusions	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year
	2. Edentulist patients (complete)
	3. Patients who were <13
Congregate Housing	
Congregate Housing	Percentage of patients who attended an HIV/AIDS medical appointment/care within the last 6 months
Numerator	Number of persons with HIV/AIDS diagnosis who attended an HIV/AIDS medical appointment/care within the last 6 months
Denominator	Number of persons with HIV/AIDS diagnosis receiving housing services
Exclusions	HIV negative family members that live with patient

Housing Based Case Management	
Housing Based Case Management	Percentage of patients who attended an HIV/AIDS medical appointment/care within the last 6 months
Numerator	Number of persons with HIV/AIDS diagnosis who attended an HIV/AIDS medical appointment/care within the last 6 months
Denominator	Number of persons with HIV/AIDS diagnosis receiving housing services
Exclusions	HIV negative family members that live with patient
Substance Abuse	
Substance Abuse	Percentage of clients who have maintained or improved Global Assessment of Functioning (GAF) score
Numerator	Clients who have maintained or improved GAF score
Denominator	Clients with minimum of two substance abuse visits within the measurement period
Exclusions	None
HOPWA	
HOPWA Outreach Activities (Navarro County Only)	Number of outreach activities performed within the reporting period
Numerator	Number of network meetings attended in a fiscal year. One per quarter is a requirement
Denominator	The number of network meetings had per fiscal year
Exclusions	None

APPENDIX B

HAB PERFORMANCE MEASURES

Core Medical

- Viral Load Suppression
- Prescribed Antiretroviral Therapy
- Medical Visits Frequency
- Gap in Medical Visits
- PCP Prophylaxis

All Ages

- CD4 Count
- HIV Drug Resistance Testing Before Initiation of Therapy
- Influenza Vaccination
- Lipids Screening
- TB Screening
- Viral Load Monitoring

Adolescent/Adult

- Cervical Cancer Screening
- Chlamydia Screening
- Gonorrhea Screening
- Hepatitis B Screening
- Hepatitis B Vaccination
- Hepatitis C Screening
- HIV Risk Counseling
- Oral Exam
- Pneumococcal Vaccination
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

APPENDIX B (contd)

- Substance Use Screening
- Syphilis Screening

Medical Case Management (MCM)

- Care Plan
- Gap in Medical Visits
- Medical Visit Frequency

Oral Health

- Dental and Medical History
- Dental Treatment Plan
- Oral Health Education
- Periodontal Screening or Examination
- Phase I Treatment Plan Completion

ADAP

- Application Determination
- Eligibility Recertification
- Formulary
- Inappropriate Antiretroviral Regimen

Systems-Level

- Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care
- HIV Test Results for PLWHA
- HIV Positivity
- Late HIV Diagnosis
- Linkage to HIV Medical Care
- Housing Status

APPENDIX C

Agency/Service Categories

Agency	Service Category
AIDS Arms, Inc.	AIDS Pharmaceutical Assistance Ambulatory/Outpatient Medical Care Case Management Medical Case Management
AIDS Interfaith Network, Inc.	Home Delivered Meals Linguistic Services Medical Transportation Respite Care - Adults Transportation (SS)
AIDS Services of Dallas	Case Management - Housing Based Congregate Housing (SS) Home Delivered Meals Medical Case Management Medical Transportation Transportation (SS)
Dallas County Health Division	Early Intervention Services
Dallas County Health & Human Services- **HOPWA Unit (Navarro County)**	Short Term Emergency Assistance Tenant Based Rental Assistance

Dallas County Hospital District d.b.a. Parkland Health and Hospital System	AIDS Pharmaceutical Assistance Ambulatory/Outpatient Medical Care Case Management Medical Case Management Mental Health Outreach - Lost to Care
Dallas Legal Hospice	Legal Services
Dental Health Programs, Inc.	Oral Health Care
Health Services of North Texas, Inc.	AIDS Pharmaceutical Assistance Ambulatory/Outpatient Medical Care Case Management Food Pantry Insurance Assistance Medical Case Management Medical Transportation Mental Health Transportation (SS)
Legacy Counseling Center	Case Management - Housing Base Congregate Housing (SS) Home Delivered Meals Mental Health Substance Abuse Services
Open Arms, Inc. d.b.a. Bryan's House	Case Management Child Care Services Respite Care for Children & Youth

Resource Center of Dallas, Inc. **d.b.a. AIDS Resource Center**	Case Management Food Pantry HERR (Other SS) Home Delivered Meals Insurance Assistance Medical Case Management Oral Health Care
Your Health Clinic	AIDS Pharmaceutical Assistance Case Management Food Pantry Health Insurance and Cost Sharing Assistance Medical Case Management Medical Transportation Outpatient Medical Care Tenant Based Rental Assistance Short Term Emergency Assistance

APPENDIX D

Evaluation of FY 2015 QM Goals and Activities

The following annual quality goals and activities represented established priorities for the QM program for FY 2015:

- Increase aggregate EMA medical visit frequency rate to 55% by December 2015.
- Strengthen the existing Ryan White QM infrastructure within the Dallas/Sherman-Denison EMA/HSDA.
- Facilitate involvement of PLWHA as partners in QM activities as an integral component of quality initiatives throughout the 12 county region.
- Provide one QM training to providers by December 2015.
- Increase aggregate EMA viral load suppression rate to 87% by December 2015.

Out of the five planned goals, two goals were met:

- A QM training on the elements required in Quality Management Plans was provided to the sub-grantees in August 2015.
- Aggregate EMA viral load suppression rate exceeded the goal of 87%.

However, three of the five goals/activities were not met:

- The RW QM infrastructure within the Dallas/Sherman-Denison EMA/HSDA remained unstable with the Quality Assurance Administrator and Health Advisor positions vacant.
- No PLWHA have been invited to be in involved in QM activities yet. Once the QM infrastructure is more solid and the QM department is fully staffed, involving PLWHA will once again become a focus.
- Aggregate EMA medical visits rate increased slightly but fell short of the 55% goal.

Appendix E January 25, 2016

Dallas County Health and Human Services
Ryan White/State Services Performance Measures
7/1/2014 - 06/30/2015

AIDS Pharmaceutical Assistance	
Measure	Prescription of ART
Numerator	4106
Denominator	4518
Exclusions	74
Result	**91%**

Outpatient Ambulatory Medical Care	
Measure	Viral Load Suppression
Numerator	3552
Denominator	4530
Exclusions	74
Result	**78%**

Oral Healthcare	
Measure	Periodontal Screening or Exam
Numerator	637
Denominator	896
Exclusions	0
Result	**71%**

Medical Case Management	
Measure	Care Plan
Numerator	1526
Denominator	3744
Exclusions	644
Result	**41%**

Insurance Assistance	
Measure	Insurance Assistance
Numerator	252
Denominator	255
Exclusions	0
Result	**99%**

Mental Health	
Measure	GAF Score
Numerator	147
Denominator	270
Exclusions	12
Result	**54%**

Substance Abuse	
Measure	GAF Score
Numerator	31
Denominator	36
Exclusions	13
Result	**86%**

Non-Medical Case Management	
Measure	Screening for Clinical Depression
Numerator	3220
Denominator	4928
Exclusions	3
Result	**65%**

Transportation	
Measure	Van Transportation
Numerator	322
Denominator	354
Exclusions	62
Result	**91%**

Food Pantry	
Measure	Body Mass Index
Numerator	864
Denominator	986
Exclusions	853
Result	**88%**

Congregate Meals	
Measure	Meals Program
Numerator	783
Denominator	833
Exclusions	219
Result	**94%**

Congregate Housing	
Measure	HIV Medical Appointment
Numerator	18
Denominator	161
Exclusions	0
Result	**11%**

Housing Based Case Management	
Measure	HIV Medical Appointment
Numerator	159
Denominator	161
Exclusions	53
Result	**99%**

Adult Respite	
Measure	Adult Respite Care
Numerator	23
Denominator	23
Exclusions	30
Result	**100%**

Linguistics	
Measure	Linguistics Program
Numerator	24
Denominator	27
Exclusions	0
Result	**89%**

Child Respite	
Measure	Development Surveillance
Numerator	2
Denominator	3
Exclusions	0
Result	**67%**

Child Care Services	
Measure	Child Care Services
Numerator	13
Denominator	100
Exclusions	0
Result	**13%**

Early Intervention Services	
Measure	Linkage to Care
Numerator	188
Denominator	210
Exclusions	12
Result	**90%**

HOPWA	
Measure	Navarro County Outreach
Numerator	1
Denominator	2
Exclusions	0
Result	**50%**

Legal Services	
Measure	Power of Attorney
Numerator	161
Denominator	631
Exclusions	0
Result	**26%**

Outreach Lost to Care	
Measure	Outreach Lost to Care
Numerator	282
Denominator	460
Exclusions	0
Result	**61%**

Short Term Housing	
Measure	Medical Visits
Numerator	12
Denominator	16
Exclusions	0
Result	**75%**

Tenant Based Housing	
Measure	Medical Visits
Numerator	16
Denominator	18
Exclusions	0
Result	**89%**