



PanWest-West Texas Ryan White Programs

PART TWO:

2010 COMPREHENSIVE HIV HEALTH SERVICES PLAN



WEST TEXAS RYAN WHITE PROGRAM

SECTION I: MISSION STATEMENT, VISION STATEMENT AND CORE VALUES

Mission Statement

To develop and coordinate an effective, comprehensive, community-wide response to HIV/AIDS in the PanWest and West Texas regions by providing high quality medical and support services that optimize Ryan White funds and leverage community resources.

Vision Statement

The PanWest and West Texas Administrative Agency visualizes a system of HIV care that is accessible and effective so PLWHA may enjoy improved health and an enhanced quality of life.

Core Values

The PanWest and West Texas Administrative Agency (AA) takes pride in its commitment to public service and its responsibility to continuously improve HIV health service delivery. The AA believes that all services require a basic foundation of the core values of: Dignity, Respecting Diversity, Professionalism and Quality, Availability and Accessibility, and Collaboration. The AA believes these core values will encourage people living with HIV/AIDS to access treatment and be maintained in HIV medical care and support services.

- ◆ Dignity: All clients will be treated with dignity.
- ◆ Respect Diversity: Recognize and respect cultural and individual differences.
- ◆ Professionalism and Quality: Provide quality services in a professional manner.
- ◆ Availability and Accessibility: Health care services will be available and accessible.
- ◆ Collaboration: Work within the community to enhance PLWHA access to all available services.



WEST TEXAS RYAN WHITE PROGRAM

SECTION II: GOALS AND STRATEGIES

GOAL I

Provide a quality continuum of HIV medical care and supportive services that encourages engagement and retention in treatment.

Strategies

- I.1 Establish a second HIV medical care provider in West Texas by September 1, 2010 with ancillary services and medical case management available by March, 2011, increasing patient volume through March 2013.
- I.2 Provide medical services with expanded evening and/or weekend hours to meet client needs by March 2011.
- I.3 Evaluate co-located gynecology services at La Fe Care, Inc. by March 2011, identifying the need to modify, improve and/or promote this service to encourage utilization. Establish a service plan based on results of the evaluation by September 2011.
- I.4 Optimize the medical and non-medical case management functions in PanWest and West Texas regions by March 2013.
- I.5 Evaluate and expand the mental health therapy and counseling services in the West Texas region to include: funding for psychiatric consultations in 2011, co-location of mental health counseling with HIV medical care by 2012, and development of multi-disciplinary treatment teams for patients with mental disorders by 2013.
- I.6 Develop standards/policies to prioritize PanWest and West Texas clients who will qualify for medication co-pay assistance, insurance assistance, oral health procedures and vision care by March 2011, evaluating the impact through March 2013.
- I.7 Fund a medical home pilot project in either PanWest or West Texas HDSA by March, 2013.



WEST TEXAS RYAN WHITE PROGRAM

GOAL II

Provide all funded services in a culturally sensitive manner that recognizes the regional stigma of HIV disease and works to reduce it.

Strategies

- II.1 In West Texas, increase access to core medical and support services by contracting with a least one medical care provider at an organization that combines HIV and non-HIV services by March 2011.
- II.2 Monitor service utilization and client satisfaction among disproportionately affected sub-populations semi-annually through 2013, identifying reasons if declining utilization occurs.
- II.3 Review English and Spanish patient and family education materials annually, improving and expanding health literacy resources as necessary through March 2013.
- II.4 Conduct an annual assessment of clients' HIV health literacy including such topics as understanding of their HIV treatment, importance of adherence, risk reduction strategies and HIV prevention.



WEST TEXAS RYAN WHITE PROGRAM

GOAL III

Identify, engage and retain people who know their status and are not receiving HIV medical care.

Strategies

- III.1 Establish comprehensive “Return to Care” programs at one PanWest HIV medical care provider and one West Texas medical care provider by March, 2012.
- III.2 Ensure appropriate materials are available to educate clients on the benefits of remaining in care and the health consequences of not adhering to treatment including how HIV is spread and how to disclose the information to current/future partners by September 2011 with updates on an annual basis.
- III.3 Develop a peer mentor/navigator program for newly diagnosed people living with HIV/AIDS and other appropriate populations to encourage linkage and maintenance in HIV medical care by March 2013.



WEST TEXAS RYAN WHITE PROGRAM

GOAL IV

Ensure all funded services are of the highest quality, conforming to measurable standards of care and service outcomes including clinical quality measures and client satisfaction.

Strategies

- IV.1 Implement the PanWest and West Texas Regions' Annual Quality Improvement Plan.
- IV.2 Use data to determine progress toward the HIV/AIDS Bureau's HIV Core Clinical Performance Measures for Adult/Adolescent Clients Group 1 (Tier 1) adopted by the Texas Department of State Health Services.
- IV.3 Implement the patient/client satisfaction survey throughout the PanWest and West Texas HSDAs, improving overall patient/client satisfaction annually.



PanWest-West Texas Ryan White Programs

GOAL: I. PROVIDE A QUALITY CONTINUUM OF HIV MEDICAL CARE AND SUPPORTIVE SERVICES THAT ENCOURAGES ENGAGEMENT AND RETENTION IN TREATMENT.

STRATEGY: I.4 Optimize the medical and non-medical case management functions in PanWest and West Texas regions by March 2013.

Completion Date: March 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Make immediate improvements to the case management function at La Fe Care as evidenced by improved client satisfaction annually through March 2013. Employ: <ul style="list-style-type: none"> • Training, • Direct supervision of case managers' client interactions • Monitoring of documentation • Annual client satisfaction survey 	Contract Specialist	September 2010	March 2013	Annually	
2. Collaborate with DSHS to establish standards of care for medical and non-medical case management in the PanWest and West Texas regions.	Planning Coordinator	September 2010	June 2011	Monthly	
3. Evaluate the current acuity system for case management in both West Texas and PanWest regions.	Planning Coordinator	Oct 2010	Sept 2011	Quarterly	
4. Request technical assistance and support from DSHS in evaluating and implementing the case management acuity system.		Oct 2010	April 2012		
5. Implement the revised acuity system in both regions.	Planning Coordinator	Oct. 2011	April 2012	Quarterly	
6. Support PanWest and West Texas case managers in preparing for medical case management certification.	Contract Specialist	September 2010	March 2012	Quarterly	
7. Evaluate the effectiveness of the case management system after the certification.	Quality Management Coordinator QM Committee	March 2012	March 2013	Quarterly	



PanWest-West Texas Ryan White Programs

GOAL: I. PROVIDE A QUALITY CONTINUUM OF HIV MEDICAL CARE AND SUPPORTIVE SERVICES THAT ENCOURAGES ENGAGEMENT AND RETENTION IN TREATMENT.

STRATEGY: 1.7 Fund a medical home pilot project in either PanWest or West Texas HDSA by March, 2013.

Completion Date: March, 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Research successful national and statewide medical home models including the La Fe Care SPNS model program.	Nursing Consultant	March 2011	March 2012	Quarterly	
2. Identify one agency in either PanWest or West Texas regions that would be appropriate to implement a medical home model.	Planning Coordinator	March 2012	September 2012	Quarterly	
3. Include funding for a medical home demonstration project in 2013 RFP.	Contract Specialist	March 2012	September 2012	Quarterly	
4. Fund one medical home pilot project with priority given to projects based on replication of proven successful strategies and/or high quality programs.	HIV Services Supervisor	September 2012	March 2013	Semi-Annually	
5. Evaluate the effectiveness of the medical home model and implement at additional providers as appropriate.	HIV Program Supervisor	March 2013	Ongoing	Annually	



PanWest-West Texas Ryan White Programs

GOAL: II. PROVIDE ALL FUNDED SERVICES IN A CULTURALLY SENSITIVE MANNER THAT RECOGNIZES THE REGIONAL STIGMA OF HIV DISEASE AND WORKS TO REDUCE IT.

STRATEGY: II.2 Monitor service utilization and client satisfaction among disproportionately affected sub-populations semi-annually through 2013, identifying reasons if declining utilization occurs.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Develop standard ARIES data request to monitor service utilization among disproportionately affected subpopulations. As possible, include: age groups, race/ethnicity, transmission mode, gender and other background information as available (i.e. substance use, previously incarcerated, etc.).	Data Manager	June 2011	September 2011	Monthly	
2. Analyze patient satisfaction data by subpopulation and combine with the ARIES data reports.	Contract Specialist	September 2011	March 2012	Quarterly	
3. Generate data report and analyze results semi-annually.	Contract Specialist	September 2011	Ongoing	Semi-annually	
4. Monitor trends and changes during the first and third quarters annually, making necessary planning adjustments.	Planning Coordinator	September 2011	Ongoing	Semi-annually	



PanWest-West Texas Ryan White Programs

GOAL: **II. PROVIDE ALL FUNDED SERVICES IN A CULTURALLY SENSITIVE MANNER THAT RECOGNIZES THE REGIONAL STIGMA OF HIV DISEASE AND WORKS TO REDUCE IT.**

STRATEGY: II. 4 Conduct an annual assessment of clients’ HIV health literacy including such topics as understanding of their HIV treatment, importance of adherence, risk reduction strategies and HIV prevention.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. In conjunction with the Quality Management Committee (QMC), identify annual focus topics for a health literacy assessment.	Planning Coordinator and QMC	October 2010	Ongoing	Quarterly	
2. Develop short annual client assessment surveys to evaluate understanding of these QMC focus topics.	Planning Coordinator	December 2010	March 2011	Quarterly	
3. Implement the survey at all PanWest and West Texas funded providers.	Planning Coordinator and Providers	April 2011	September 2011	Quarterly	
4. Analyze the results, considering differences in region, race/ethnicity, language, age, gender, etc.	Data Manager	October 2011	December 2011	Quarterly	
5. Plan and implement client educational programs based on results of the analysis.	Planning Coordinator	December 2011	June 2012	Quarterly	
6. Continue the client health literacy assessment on an annual basis, modifying approach as necessary.	Planning Coordinator, QMC	March 2012	Ongoing	Annually	



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GOAL: **III. IDENTIFY, ENGAGE AND RETAIN PEOPLE WHO KNOW THEIR STATUS AND ARE NOT RECEIVING HIV MEDICAL CARE.**

STRATEGY: III.2 Ensure appropriate materials are available to educate clients on the benefits of remaining in care and the health consequences of not adhering to treatment, including how HIV is spread and how to disclose the information to current/future partners, by September 2011 with updates on an annual basis

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Develop a formal standardized treatment adherence educational system to facilitate consistency and continuity in materials presented to clients by medical and non-medical case managers.	Nursing Consultant and QMC	September 2010	September 2011	Quarterly	
2. Provide materials to all PanWest and West Texas providers on line.	Contract Specialist	September 2011	Ongoing	Annually	
3. Evaluate and update the available educational materials to ensure the most current and appropriate information is available to clients.	Nursing Consultant and QMC	September 2011	Ongoing	Annually	



PanWest-West Texas Ryan White Programs

GOAL: ***IV. ENSURE ALL FUNDED SERVICES ARE OF THE HIGHEST QUALITY, CONFORMING TO MEASURABLE STANDARDS OF CARE AND SERVICE OUTCOMES INCLUDING CLINICAL QUALITY MEASURES AND CLIENT SATISFACTION.***

STRATEGY: IV.1 Implement the PanWest and West Texas Regions’ Annual Quality Improvement Plan (below).

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Implement the strategies and activities outlined in the PanWest and West Texas Regions’ Annual Quality Improvement Plan.	Planning Coordinator	September 2010	Ongoing	Annually	
2. Using Plan-Do-Study-Act (PDSA), evaluate and modify the PanWest and West Texas Regions’ Annual Quality Improvement Plan.	Planning Coordinator and QMC	March 2011	Ongoing	Annually	



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GOAL: *IV. ENSURE ALL FUNDED SERVICES ARE OF THE HIGHEST QUALITY, CONFORMING TO MEASURABLE STANDARDS OF CARE AND SERVICE OUTCOMES INCLUDING CLINICAL QUALITY MEASURES AND CLIENT SATISFACTION.*

STRATEGY: IV.2 Use data to determine progress toward the HIV/AIDS Bureau’s HIV Core Clinical Performance Measures for Adult/Adolescent Clients Group 1 (Tier 1) adopted by the Texas Department of State Health Services.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
3. Identify initial ARIES and other data reports to evaluate progress toward HAB’s HIV Core Clinical Performance Measures, identifying quality improvement projects.	Planning Coordinator	September 2010	March 2011	Annually	
4. Utilize ARIES data reports and identify quality improvement projects using Plan-Do-Study-Act (PDSA) processes.	Planning Coordinator and QMC	March 2011	March 2013	Annually	
5. Review and trend available data pertaining to quality improvement projects quarterly.	Planning Coordinator and QMC	March 2011	March 2013	Quarterly	
6. Evaluate results of quality improvement projects annually.	Planning Coordinator and QMC	March 2011	March 2013	Annually	



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GOAL: **IV. ENSURE ALL FUNDED SERVICES ARE OF THE HIGHEST QUALITY, CONFORMING TO MEASURABLE STANDARDS OF CARE AND SERVICE OUTCOMES INCLUDING CLINICAL QUALITY MEASURES AND CLIENT SATISFACTION.**

STRATEGY: IV.3 Implement the patient/client satisfaction survey throughout the PanWest and West Texas HSDAs, improving overall patient/client satisfaction annually.

Completion Date: Ongoing

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Implement the patient satisfaction survey annually to measure satisfaction, building on the 2009 satisfaction survey and results.	Planning Coordinator	December 2010	March 2013	Annually	
2. Using the satisfaction survey results, identify and implement changes to improve client satisfaction using Plan-Do-Study-Act (PDSA) approach.	Planning Coordinator and QMC	September 2011	March 2013	Quarterly	
3. Evaluate and compare results between annual patient satisfaction surveys.	Planning Coordinator and QMC	March 2011	March 2013	Annually	
4. Correlate the system wide satisfaction survey results with providers' internal satisfaction survey results and internal quality management plan results to evaluate the impact of changes using Plan-Do-Study-Act (PDSA) approach.	Planning Coordinator and Contract Specialist	March 2011	March 2013	Semi-Annually	



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**SECTION IV: Annual Quality Improvement Plan
Pan West and West Texas Regions
04/01/2010 – 03/31/2011**

Following are the current strategies/activities required to accomplish the five Performance Measures of the PanWest and West Texas Annual Quality Improvement Plan.

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
1	<p>Quarterly update on HAB Measures : Program Directors will run the 1st Tier HAB Measures report in ARIES quarterly and share the results with QMC</p>	Program Directors		April 2010 July 2010 October 2010 January 2010	
<p><u>Performance Measure I:</u> Achieve a minimum of 70% percent of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year, with an ultimate goal of 90%-95%.</p>					
2	<p><u>STRATEGY I:</u> Case Managers will follow up on clients who have missed medical appointments for the client’s HIV/AIDS care.</p> <p><u>Activity IA:</u> CM will maintain a record of missed medical appointments. The record can be a list, spreadsheet, etc.. as long as it includes the following items:</p> <ul style="list-style-type: none"> • CM efforts to contact the client. • Why the client missed the appointment. • Was the appointment rescheduled and when? • Follow up on the rescheduled appointment. 	Service Sub-contrac.		Ongoing	



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
3	<p><u>STRATEGY I:</u> Case Managers will follow up on clients who have missed medical appointments for the client's HIV/AIDS care</p> <p><u>Activity IB:</u> Each Subcontractor will present the record of missed medical appointments to the QM Committee at each quarterly meeting for review and recommendations for improvement</p>	Service Sub-contrac.		Records due quarterly to QMC	
<p><u>Performance Measure II:</u> Achieve a minimum of 70% percent of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year, with an ultimate goal of 90%-95%.</p>					
4	<p><u>STRATEGY II:</u> The AA and QMC will set a standard quarterly date for the QMC to meet in person.</p> <p><u>Activity IIA:</u> The QMC will meet the first week of May 2010. At that time the QMC will set four meeting dates for 2010.</p>	QMC		May 4, 2010	
5	<p><u>STRATEGY II:</u> The AA and QMC will set a standard quarterly date for the QMC to meet in person in Lubbock.</p> <p><u>Activity IIB:</u> The QMC will meet via teleconference as needed to address emergent issues.</p>	QMC		Ongoing	
<p><u>Performance Measure III:</u> Achieve 90% percent of clients with AIDS who are prescribed Highly Active Anti-Retroviral Therapy (HAART), with an ultimate goal of 90%-95%.</p>					



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
6	<p><u>STRATEGY III:</u> Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p><u>Activity IIIA:</u> Subcontractors will use ARIES to identify clients who are not meeting HAB measures, specifically medical visits, labs, and HAART.</p>	Service Sub-contrac.		Ongoing	
7	<p><u>STRATEGY III:</u> Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p><u>Activity IIIB:</u> Once clients are identified as not meeting measures, Subcontractor will complete the data management form, HAB Measures – Individual Client Report, to list client information.</p>	Service Sub-contrac.		Ongoing	
8	<p><u>STRATEGY III:</u> Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p><u>Activity IIIC:</u> The completed HAB Measures – Individual Client Report is presented to the QMC at least quarterly. The QMC will review barriers to meeting HAB measures by focusing on individual measures.</p>	QMC		Due quarterly to QMC with first report due at July 2010 QMC	
9	<p><u>STRATEGY III:</u> Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p><u>Activity IIID:</u> The QMC will work as a group to help each Subcontractor develop an action plan to address barriers to meeting the measures.</p>	QMC		Quarterly	



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
10	<p>STRATEGY III: Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p>Activity III E: The AA will work to create specific reports to assist the Subcontractors in following up on clients who are not meeting the measures.</p> <p>Training will be provided on running specific reports on HAB measures.</p>	AA		First quarter of 2010	
<p>Performance Measure IV: Achieve a minimum of 90% percent of clients with HIV infection and a CD4 T-cell count below 200 cells/mm who were prescribed PCP prophylaxis, with an ultimate goal of 90%-95%.</p>					
11	<p>STRATEGY IV: Educate clients.</p> <p>Activity IV A: Educate clients on the benefits of remaining in care and the health consequences of not adhering to treatment including how HIV is spread and how to disclose the information to current/future partners.</p>	Service Sub-contrac		Ongoing	
12	<p>STRATEGY IV: Educate clients.</p> <p>Activity IV A 1: Develop a formal standardized system – such as a notebook that contains relevant information and a checklist of topics – to facilitate consistency and continuity so that the CM/MCM provides standard information to all clients.</p>	AA and Service Sub-contrac		System is to be implemented the first quarter of 2010 and then be ongoing	
13	<p>STRATEGY IV: Educate clients.</p> <p>Activity IV A 2: Focus on one or two topics in order to maintain client interest and not overwhelm client. Then progress to other topics at the client’s pace.</p>	Service Sub-contrac		As needed by the client, minimally at initial intake for new and returning	



PanWest-West Texas Ryan White Programs

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
				clients and at the time of the care plan update	
14	<p><u>STRATEGY IV:</u> Educate clients.</p> <p><u>Activity IV B:</u> Educate clients on the advancements in medication that make HIV/AIDS manageable, many without the side-effects of past years.</p>	Service Sub-contrac		As needed by the client, minimally at initial intake for new and returning clients and at the time of the care plan update	
15	<p><u>STRATEGY IV:</u> Educate clients.</p> <p><u>Activity IV C:</u> Educate clients on the program guidelines, consequences of not following guidelines, and the importance of notifying the agency of change of contact information. If necessary, providing the client a self-addressed and stamped envelope to report changes in contact information</p>	Service Sub-contrac		As needed by the client, minimally at initial intake for new and returning clients and at the time of the care plan update	
<p><u>Performance Measure V:</u> Achieve a minimum of 60% percent of pregnant women with HIV infection who are prescribed antiretroviral therapy, with an ultimate goal of 90%-95%.</p>					
16	<p><u>STRATEGY V:</u> Maintain client inclusion.</p> <p><u>Activity V A:</u> The AA will send a satisfaction survey to each client with a self-addressed stamped envelope and provide a toll free number for those clients who prefer to call in to confidentially complete the survey.</p>	AA	The AA anticipates sending approximately 1,000 surveys (excluding clients who do not want to receive mail) and sets a goal of 20% surveys to be returned.	Annually by December	



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
17	<p><u>STRATEGY V:</u> Maintain client inclusion.</p> <p><u>Activity V B:</u> The AA will send letters/notices to each client (who accepts mail) notifying the client of the AA's role, the AA's contact information and requesting their input on service needs and service delivery.</p>	AA	Each notice/letter will include a reminder to notify the Subcontractor of change of address or phone.	Two times annually (every six months)	
	ONGOING QMC ACTIVITIES				
18	Review and update of HIV related policies and procedures: AA members will discuss any new DSHS policy and the impact of the policy on service delivery	QMC		Ongoing through 03/31/2011	
19	Quarterly review of complaint trends, adverse events or other issues impacting quality of services: QM committee will discuss in cases of occurrence of complaints, adverse events or any other issue that might have an impact on quality improvement.	QM Committee		April 2010 July 2010 October 2010 January 2010	
20	Quarterly update on HIV related medical issues: QM Physician will provide medical insight to the committee on any medical issue that affect the HIV treatment.	QM Physician	Position is vacant.	April 2010 July 2010 October 2010 January 2010	
21	Quarterly update by the client on any barrier to the access of medical care: Client member will update the QM committee the clients' perspective of medical care and barrier to access it	Client Member of QMC	Position is vacant. Subcontractors asked to look for clients who would be active in QMC.	April 2010 July 2010 October 2010 January 2010	
22	Implement annual Provider (Subcontractor) Survey: AA members will review and update the existing Providers' survey. The survey will be sent to all funded Subcontractors for completion.	AA		August 2010	
23	Annual discussion of provider (Subcontractor) survey results and plan for future improvement: AA members will compile the completed surveys and share results with the QMC to discuss barriers and/or concerns for the	QM Committee		October 2010	



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
	implementation of quality services.				
24	Implement annual AA client satisfaction survey: AA members will review and update the existing client survey. AA members will compile the completed surveys and share with the QMC.	AA		December 2010	
25	Sharing of QM activities at the Subcontractor level: Program Directors will share the QM activities that occurred during the quarter at their agencies.	Program Directors		April 20 July 2010 October 2010 January 2010	
26	Sharing of any observation or any trend in the client base: Program Directors will share trends, patterns they notice among clients.	Program Directors		April 2010 July 2010 October 2010 January 2010	
27	Limit missing and unknown client data: Based on the DSHS Ryan White Cross Titles Report, the AA Data Manager creates a report to identify which clients show missing or unknown data and forwards the report to the Subcontractor who has ten (10) working days to correct the information so that they do not exceed five (5%) of missing or unknown data.	AA and Subcontr.		Two times annually (every six months)	
28	Timely enter services not to exceed five (5) days: The AA Data Manager reviews the DSHS Lag Time Report to assure services are entered into ARIES within five (5) working days and contacts Subcontractors who are not meeting the five (5) day requirement to justify the delay.	AA and Subcontr.		Two times annually (every six months)	
29	Assure verification of service data: AA Data Manager makes quarterly on-site monitoring visits to each subcontractor to assure that service entries made into ARIES have back up information (verification).	AA and Subcontr.		Quarterly	



SECTION V: TIMELINES

**PANWEST-WEST TEXAS RYAN WHITE PROGRAMS
2010 COMPREHENSIVE HIV HEALTH SERVICES PLAN**

STRATEGIES BY START DATE

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Mar-10	Mar-12	Quarterly	III.1.1	Build upon the quality management program's missed appointment follow up requirements to identify one PanWest and one West Texas agency that will develop model return to care programs.
Apr-10	Sep-10	Monthly	I.1.1	Contract with a second medical provider in West Texas HSDA (El Paso).
Apr-10	Sep-11	Quarterly	II.4.3	Implement the survey at all PanWest and West Texas funded providers.
Jul-10	Mar-13	Quarterly through March 2011 then annually	I.1.3	Work with the clinic administration to develop and meet annual growth targets.
Sep-10	Mar-11	Monthly	I.1.2	Ensure all ancillary and support services are available to provide a comprehensive service for clients by contracting with labs, pharmacy, radiology and other specialty care to include in the system.
Sep-10	Mar-11	Quarterly	I.2.1	Initiate and promote evening and weekend hours at one medical provider in West Texas.
Sep-10	Mar-13	Annually	I.2.4	Using provider and consumer input, evaluate the need for evening and weekend hours in the PanWest HSDAs annually and implement as required.
Sep-10	Mar-13	Annually	I.4.1	Make immediate improvements to the case management function at La Fe Care as evidenced by improved client satisfaction annually through March 2013. Employ: <ul style="list-style-type: none"> • Training, • Direct supervision of case managers' client interactions • Monitoring of documentation • Annual client satisfaction survey



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Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Sep-10	Mar-11	Monthly	I.4.2	Collaborate with DSHS to establish standards of care for medical and non-medical case management in the PanWest and West Texas regions.
Sep-10	Sep-11	Quarterly	I.4.3	Evaluate the current acuity system for case management in both West Texas and PanWest regions.
Sep-10	Mar-12	Quarterly	I.4.6	Support PanWest and West Texas case managers in preparing for medical case management certification
Sep-10	Mar-11	Monthly	I.5.1	Evaluate the current need for psychiatric consultations given changes in La Fe Care physician staffing, reported shortages of psychiatrists in the West Texas, and changes in El Paso MHMR ability to accept General Revenue clients.
Sep-10	Mar-11	Monthly	I.6.1	Establish standards/policies that clearly outline clients who qualify for: <ul style="list-style-type: none"> • Medication co-pay assistance • Insurance assistance • Oral health procedures • Vision care
Sep-10	Mar-11	Quarterly	II.1.1	Contract with an organization that is not HIV-specific and does not have "HIV" or "AIDS" in its name.
Sep-10	Mar-11	Quarterly	II.1.2	Develop anonymous, confidential medical and support services at this agency
Sep-10	Mar-11	Annually	II.3.1	Building on the work of existing review committees, obtain all current health literacy education materials available through PanWest and West Texas Ryan White funded providers.
Sep-10	Sep-11	Quarterly	III.2.1	Develop a formal standardized treatment adherence educational system to facilitate consistency and continuity in materials presented to clients by medical and non-medical case managers.
Sep-10	Ongoing	Annually	IV.1.1	Implement the strategies and activities outlined in the PanWest and West Texas Regions' Annual Quality Improvement Plan.



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Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Sep-10	Mar-11	Annually	IV.2.1	Identify initial ARIES and other data reports to evaluate progress toward HAB's HIV Core Clinical Performance Measures, identifying quality improvement projects.
Oct-10	Apr-12	Quarterly	I.4.4	Request technical assistance and support from DSHS in evaluating and implementing the case management acuity system.
Oct-10	Ongoing	Quarterly	II.4.1	In conjunction with the Quality Management Committee (QMC), identify annual focus topics for a health literacy assessment.
Dec-10	Jun-11	Quarterly	I.3.1	Review utilization of La Fe Care co-located gynecological nurse practitioner, identifying reasons for limited attendance and no-shows.
Dec-10	Mar-13	Annually	IV.3.1	Implement the patient satisfaction survey annually to measure satisfaction, building on the 2009 satisfaction survey and results.
Dec-10	Mar-11	Quarterly	II.4.2	Develop short annual client assessment surveys to evaluate understanding of these QMC focus topics.
Mar-11	Ongoing	Quarterly	I.1.4	Monitor success of clinical program and promotional plans, expanding patient load and services as feasible.
Mar-11	Mar-13	Quarterly	I.2.2	Evaluate utilization of evening and weekend hours in West Texas quarterly.
Mar-11	Mar-13	Quarterly	I.2.3	As appropriate, expand availability of evening and weekend hours based on quarterly evaluations.
Mar-11	Ongoing	Quarterly	I.5.2	Based on the results of the evaluation, contract with a psychiatrist and/or fund psychiatric consultations, monitoring utilization.
Mar-11	Mar-13	Monthly	I.6.2	Evaluate the impact of these standards on service access, overall funding levels, client satisfaction, adjusting as necessary and appropriate.
Mar-11	Mar-12	Quarterly	I.7.1	Research successful national and statewide medical home models.
Mar-11	Mar-13	Annually	II.1.3	Expand services as dictated by client demand.
Mar-11	Sep-11	Quarterly	II.3.2	Evaluate the adequacy of these materials for all populations served, prioritizing any identified gaps.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Mar-11	Ongoing	Annually	IV.1.2	Using Plan-Do-Study-Act (PDSA), evaluate and modify the PanWest and West Texas Regions' Annual Quality Improvement Plan.
Mar-11	Mar-13	Annually	IV.2.2	Utilize ARIES data reports and identify quality improvement projects using Plan-Do-Study-Act (PDSA) processes.
Mar-11	Mar-13	Quarterly	IV.2.3	Review and trend available data pertaining to quality improvement projects quarterly.
Mar-11	Mar-13	Annually	IV.2.4	Evaluate results of quality improvement projects annually.
Mar-11	Mar-13	Annually	IV.3.3	Evaluate and compare results between annual patient satisfaction surveys.
Mar-11	Mar-13	Semi-Annually	IV.3.4	Correlate the system wide satisfaction survey results with providers' internal satisfaction survey results and internal quality management plan results to evaluate the impact of changes using Plan-Do-Study-Act (PDSA) approach.
Mar-11	Mar-12	Semi-Annually	III.1.2	Research successful Return to Care programs, identifying components that are appropriate for PanWest and West Texas.
Mar-11	Ongoing	Quarterly	III.1.4	Educate clients on program guidelines, consequences of not following guidelines, and the importance of notifying the agency of change of contact information.
Jun-11	Dec-11	Quarterly	I.3.2	Devise a services development plan to increase utilization of this or other needed ob/gyn services in the West Texas HSDA
Jun-11	Sep-11	Monthly	II.2.1	Develop standard ARIES data request to monitor service utilization among disproportionately affected subpopulations. As possible, include: age groups, race/ethnicity, transmission mode, gender and other background information as available (i.e. substance use, previously incarcerated, etc.).
Sep-11	Mar-12	Monthly	I.3.4	Develop pro forma financial statements to determine strategies to provide this service in a manner that is financially feasible.
Sep-11	Mar-12	Quarterly	I.5.3	Plan and implement co-located mental health counseling services with HIV medical care in West Texas.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Sep-11	Mar-12	Quarterly	II.2.2	Analyze patient satisfaction data by subpopulation and combine with the ARIES data reports.
Sep-11	Ongoing	Semi-annually	II.2.3	Generate data report and analyze results semi-annually.
Sep-11	Ongoing	Semi-annually	II.2.4	Monitor trends and changes during the first and third quarters annually, making necessary planning adjustments.
Sep-11	Sep-12	Quarterly	II.3.3	Identify available materials to fill gaps with materials from other Texas regions, national organizations and the National Minority AETC.
Sep-11	Ongoing	Annually	III.2.2	Provide materials to all PanWest and West Texas providers on line.
Sep-11	Ongoing	Annually	III.2.3	Evaluate and update the available educational materials to ensure the most current and appropriate information is available to clients.
Sep-11	Mar-13	Quarterly	IV.3.2	Using the satisfaction survey results, identify and implement changes to improve client satisfaction using Plan-Do-Study-Act (PDSA) approach.
Oct-11	Apr-12	Quarterly	I.4.5	Implement the revised acuity system in both regions.
Oct-11	Dec-11	Quarterly	II.4.4	Analyze the results, considering differences in region, race/ethnicity, language, age, gender, etc.
Dec-11	Mar-12	Monthly	I.3.3	Identify equipment, staff and supplies necessary to implement this plan in FY2012.
Dec-11	Jun-12	Quarterly	II.4.5	Plan and implement client educational programs based on results of the analysis.
Mar-12	Mar-14	Quarterly	I.3.5	Implement planned co-located gynecology services for HIV positive women.
Mar-12	Mar-13	Quarterly	I.3.6	Evaluate the need for additional co-located women's services based on client demand and provide as appropriate.
Mar-12	Mar-13	Quarterly	I.4.7	Evaluate the effectiveness of the case management system after the certification.
Mar-12	Mar-13	Quarterly	I.5.4	Develop a program to incorporate multidisciplinary teams with HIV medical care, case management and mental health counselors, possibility as a precursor to or in conjunction with medical home model in Strategy 1. 7.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Mar-12	Sep-12	Quarterly	I.7.2	Identify one agency in either PanWest or West Texas regions that would be appropriate to implement a medical home model.
Mar-12	Sep-12	Quarterly	I.7.3	Include funding for a medical home demonstration project in 2013 RFP.
Mar-12	Ongoing	Quarterly	II.4.6	Continue the client health literacy assessment on an annual basis, modifying approach as necessary.
Mar-12	Mar-13	Quarterly	III.3.1	Identify and evaluate model HIV peer counseling programs that: <ul style="list-style-type: none"> • Provide additional post-test counseling support, • Assist in navigating the HIV medical and service systems, • Encourage linkage with HIV medical care.
Mar-12	Mar-13	Quarterly	III.1.3	Collaborate with identified Return to Care model program providers to implement comprehensive return to care programs in PanWest and West Texas.
Sep-12	Mar-13	Semi-Annually	I.7.4	Fund one medical home pilot project with priority given to projects based on replication of proven successful strategies and/or high quality programs.
Sep-12	Sep-13	Quarterly	II.3.4	Explore options for sharing Ryan White funded providers' cultural competency educational materials on-line.
Mar-13	Ongoing	Annually	I.7.5	Evaluate the effectiveness of the medical home model and implement at additional providers as appropriate.
Mar-13	Mar-14	Quarterly	III.3.2	Based on evaluation, solicit provider proposals to customize a Ryan White funded model peer counselor program during FY 2014.
Mar-13	Mar-14	Quarterly	III.3.3	Develop and implement an evaluation plan to assess the impact of the model program, considering options to expand.
Mar-13	Mar-14	Quarterly	III.3.4	As necessary, revise the standards of care for early intervention services (EIS) or other appropriate service category to include a peer counseling component.



STRATEGIES BY COMPLETION DATE

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Sep-10	Monthly	I.1.1	Contract with a second medical provider in West Texas HSDA (El Paso).
Mar-11	Monthly	I.1.2	Ensure all ancillary and support services are available to provide a comprehensive service for clients by contracting with labs, pharmacy, radiology and other specialty care to include in the system.
Mar-11	Quarterly	I.2.1	Initiate and promote evening and weekend hours at one medical provider in West Texas.
Mar-11	Monthly	I.4.2	Collaborate with DSHS to establish standards of care for medical and non-medical case management in the PanWest and West Texas regions.
Mar-11	Monthly	I.5.1	Evaluate the current need for psychiatric consultations given changes in La Fe Care physician staffing, reported shortages of psychiatrists in the West Texas, and changes in El Paso MHMR ability to accept General Revenue clients.
Mar-11	Monthly	I.6.1	Establish standards/policies that clearly outline clients who qualify for: <ul style="list-style-type: none"> • Medication co-pay assistance • Insurance assistance • Oral health procedures • Vision care
Mar-11	Quarterly	II.1.1	Contract with an organization that is not HIV-specific and does not have "HIV" or "AIDS" in its name.
Mar-11	Quarterly	II.1.2	Develop anonymous, confidential medical and support services at this agency
Mar-11	Annually	II.3.1	Building on the work of existing review committees, obtain all current health literacy education materials available through PanWest and West Texas Ryan White funded providers.
Mar-11	Quarterly	II.4.2	Develop short annual client assessment surveys to evaluate understanding of these QMC focus topics.
Mar-11	Annually	IV.2.1	Identify initial ARIES and other data reports to evaluate progress toward HAB's HIV Core Clinical Performance Measures, identifying quality improvement projects.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Jun-11	Quarterly	I.3.1	Review utilization of La Fe Care co-located gynecological nurse practitioner, identifying reasons for limited attendance and no-shows.
Sep-11	Quarterly	I.4.3	Evaluate the current acuity system for case management in both West Texas and PanWest regions.
Sep-11	Monthly	II.2.1	Develop standard ARIES data request to monitor service utilization among disproportionately affected subpopulations. As possible, include: age groups, race/ethnicity, transmission mode, gender and other background information as available (i.e. substance use, previously incarcerated, etc.).
Sep-11	Quarterly	II.3.2	Evaluate the adequacy of these materials for all populations served, prioritizing any identified gaps.
Sep-11	Quarterly	II.4.3	Implement the survey at all PanWest and West Texas funded providers.
Sep-11	Quarterly	III.2.1	Develop a formal standardized treatment adherence educational system to facilitate consistency and continuity in materials presented to clients by medical and non-medical case managers.
Dec-11	Quarterly	I.3.2	Devise a services development plan to increase utilization of this or other needed ob/gyn services in the West Texas HSDA.
Dec-11	Quarterly	II.4.4	Analyze the results, considering differences in region, race/ethnicity, language, age, gender, etc.
Mar-12	Monthly	I.3.3	Identify equipment, staff and supplies necessary to implement this plan in FY2012.
Mar-12	Monthly	I.3.4	Develop pro forma financial statements to determine strategies to provide this service in a manner that is financially feasible.
Mar-12	Quarterly	I.4.6	Support PanWest and West Texas case managers in preparing for medical case management certification.
Mar-12	Quarterly	I.5.3	Plan and implement co-located mental health counseling services with HIV medical care in West Texas.
Mar-12	Quarterly	I.7.1	Research successful national and statewide medical home models.
Mar-12	Quarterly	II.2.2	Analyze patient satisfaction data by subpopulation and combine with the ARIES data reports.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Mar-12	Quarterly	III.1.1	Build upon the quality management program's missed appointment follow up requirements to identify one PanWest and one West Texas agency that will develop model return to care programs.
Mar-12	Semi-Annually	III.1.2	Research successful Return to Care programs, identifying components that are appropriate for PanWest and West Texas.
Apr-12	Quarterly	I.4.4	Request technical assistance and support from DSHS in evaluating and implementing the case management acuity system
Apr-12	Quarterly	I.4.5	Implement the revised acuity system in both regions.
Jun-12	Quarterly	II.4.5	Plan and implement client educational programs based on results of the analysis.
Sep-12	Quarterly	I.7.2	Identify one agency in either PanWest or West Texas regions that would be appropriate to implement a medical home model.
Sep-12	Quarterly	I.7.3	Include funding for a medical home demonstration project in 2013 RFP.
Sep-12	Quarterly	II.3.3	Identify available materials to fill gaps with materials from other Texas regions, national organizations and the National Minority AETC.
Mar-13	Quarterly through March 2011 then annually	I.1.3	Work with the clinic administration to develop and meet annual growth targets.
Mar-13	Quarterly	I.2.2	Evaluate utilization of evening and weekend hours in West Texas quarterly.
Mar-13	Quarterly	I.2.3	As appropriate, expand availability of evening and weekend hours based on quarterly evaluations.
Mar-13	Annually	I.2.4	Using provider and consumer input, evaluate the need for evening and weekend hours in the PanWest HSDAs annually and implement as required.
Mar-13	Quarterly	I.3.6	Evaluate the need for additional co-located women's services based on client demand and provide as appropriate.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Mar-13	Annually	I.4.1	Make immediate improvements to the case management function at La Fe Care as evidenced by improved client satisfaction annually through March 2013. Employ: <ul style="list-style-type: none"> • Training, • Direct supervision of case managers' client interactions • Monitoring of documentation • Annual client satisfaction survey
Mar-13	Quarterly	I.4.7	Evaluate the effectiveness of the case management system after the certification.
Mar-13	Quarterly	I.5.4	Develop a program to incorporate multidisciplinary teams with HIV medical care, case management and mental health counselors, possibility as a precursor to or in conjunction with medical home model in Strategy 1. 7.
Mar-13	Monthly	I.6.2	Evaluate the impact of these standards on service access, overall funding levels, client satisfaction, adjusting as necessary and appropriate.
Mar-13	Semi-Annually	I.7.4	Fund one medical home pilot project with priority given to projects based on replication of proven successful strategies and/or high quality programs.
Mar-13	Annually	II.1.3	Expand services as dictated by client demand.
Mar-13	Quarterly	III.3.1	Identify and evaluate model HIV peer counseling programs that: <ul style="list-style-type: none"> • Provide additional post-test counseling support, • Assist in navigating the HIV medical and service systems, • Encourage linkage with HIV medical care.
Mar-13	Annually	IV.2.2	Utilize ARIES data reports and identify quality improvement projects using Plan-Do-Study-Act (PDSA) processes.
Mar-13	Quarterly	IV.2.3	Review and trend available data pertaining to quality improvement projects quarterly.
Mar-13	Annually	IV.2.4	Evaluate results of quality improvement projects annually.
Mar-13	Annually	IV.3.1	Implement the patient satisfaction survey annually to measure satisfaction, building on the 2009 satisfaction survey and results.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Mar-13	Quarterly	IV.3.2	Using the satisfaction survey results, identify and implement changes to improve client satisfaction using Plan-Do-Study-Act (PDSA) approach.
Mar-13	Annually	IV.3.3	Evaluate and compare results between annual patient satisfaction surveys.
Mar-13	Semi-Annually	IV.3.4	Correlate the system wide satisfaction survey results with providers' internal satisfaction survey results and internal quality management plan results to evaluate the impact of changes using Plan-Do-Study-Act (PDSA) approach.
Mar-13	Quarterly	III.1.3	Collaborate with identified Return to Care model program providers to implement comprehensive return to care programs in PanWest and West Texas.
Sep-13	Quarterly	II.3.4	Explore options for sharing Ryan White funded providers' cultural competency educational materials on-line.
Mar-14	Quarterly	I.3.5	Implement planned co-located gynecology services for HIV positive women.
Mar-14	Quarterly	III.3.2	Based on evaluation, solicit provider proposals to customize a Ryan White funded model peer counselor program during FY 2014.
Mar-14	Quarterly	III.3.3	Develop and implement an evaluation plan to assess the impact of the model program, considering options to expand.
Mar-14	Quarterly	III.3.4	As necessary, revise the standards of care for early intervention services (EIS) or other appropriate service category to include a peer counseling component.
Ongoing	Quarterly	I.1.4	Monitor success of clinical program and promotional plans, expanding patient load and services as feasible.
Ongoing	Quarterly	I.5.2	Based on the results of the evaluation, contract with a psychiatrist and/or fund psychiatric consultations, monitoring utilization.
Ongoing	Annually	I.7.5	Evaluate the effectiveness of the medical home model and implement at additional providers as appropriate.
Ongoing	Semi-annually	II.2.3	Generate data report and analyze results semi-annually.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Ongoing	Semi-annually	II.2.4	Monitor trends and changes during the first and third quarters annually, making necessary planning adjustments.
Ongoing	Quarterly	II.4.1	In conjunction with the Quality Management Committee (QMC), identify annual focus topics for a health literacy assessment.
Ongoing	Quarterly	II.4.6	Continue the client health literacy assessment on an annual basis, modifying approach as necessary.
Ongoing	Quarterly	III.1.4	Educate clients on program guidelines, consequences of not following guidelines, and the importance of notifying the agency of change of contact information.
Ongoing	Annually	III.2.2	Provide materials to all PanWest and West Texas providers on line.
Ongoing	Annually	III.2.3	Evaluate and update the available educational materials to ensure the most current and appropriate information is available to clients.
Ongoing	Annually	IV.1.1	Implement the strategies and activities outlined in the PanWest and West Texas Regions' Annual Quality Improvement Plan.
Ongoing	Annually	IV.1.2	Using Plan-Do-Study-Act (PDSA), evaluate and modify the PanWest and West Texas Regions' Annual Quality Improvement Plan.