



PanWest-West Texas Ryan White Programs

PART TWO:

2010-2013 COMPREHENSIVE HIV HEALTH SERVICES PLAN 4-2012 Revision



PanWest-West Texas Ryan White Programs

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.



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SECTION II: GOALS AND STRATEGIES – See Section III Action Plan for strategy updates

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. (Done by La Fe in El Paso. Continue with evaluation.)
- I.3 Evaluate co-located gynecology services at La Fe Care, Inc. by June 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.



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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 Monitor service utilization and client satisfaction among disproportionately affected sub-populations semi-annually through 2013, identifying reasons if declining utilization occurs.
- II.2 Review English and Spanish patient and family education materials annually, improving and expanding health literacy resources as necessary through March 2013.
- II.3 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.



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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.



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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.

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.



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SECTION III: ACTION PLAN

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

STRATEGY: 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.

Completion Date: March 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. 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.	HIV Services Supervisor	September 2010	June 2011	Monthly	DONE
2. Work with the clinic administration to meet current patient targets.	Contract Specialist	July 2010	March 2013	Quarterly through March 2013 then annually	Number is increasing
3. Monitor success of clinical program and promotional plans, expanding patient load and services as feasible.	HIV Services Supervisor	March 2011	Ongoing	Quarterly	

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

STRATEGY: I.2 Provide medical services with expanded evening and/or weekend hours to meet client needs by March 2011.

Completion Date: March 2011 (Done by La Fe CARE in El Paso in 2010. Continue with Actions through March 2013.)

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Evaluate utilization of evening and weekend hours in West Texas quarterly.	Contract Specialist	March 2011 <i>Delayed</i>	March 2013	Quarterly	
2. As appropriate, expand availability of evening and weekend hours based on quarterly evaluations.	Contract Specialist	March 2011 <i>Pending action step #1</i>	March 2013	Quarterly	
3. Using provider and consumer input, evaluate the need for evening and weekend hours in the PanWest HSDAs annually and implement as required.	Contract Specialist	September 2010 <i>Delayed</i>	March 2013	Annually	



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

STRATEGY: I.3 Evaluate co-located gynecology services at La Fe Care, Inc., by June 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.

***NOTE:** La Fe employs a nurse practitioner to provide ob/gyn services. Services that cannot be performed by the La Fe NP, such as those requiring laser surgery, are referred to the NP in Vinton who has training and access to equipment not currently available to La Fe.

****NOTE:** Gynecology services are also available through TTUHSC.

Completion Date: March 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Review utilization of La Fe Care co-located gynecological nurse practitioner, identifying reasons for limited attendance and no-shows.	HIV Services Supervisor	December 2010	Extended to June 2011	Quarterly	Delayed.
2. Devise a service development plan to increase utilization of this or other needed ob/gyn services in the West Texas HSDA	HIV Services Supervisor	June 2011	December 2011	Quarterly	** Delayed
3. Identify equipment, staff, and supplies necessary to implement this plan in FY 2012.	Contract Specialist	December 2011	March 2012	Monthly	Post-poned
4. Develop pro forma financial statements to determine strategies to provide this service in a manner that is financially feasible.	Contract Specialist	September 2011	March 2012	Monthly	Post-poned
5. Implement planned co-located gynecology services for HIV positive women.	HIV Services Supervisor	March 2012	March 2014	Quarterly	**Post-poned
6. Evaluate the need for additional co-located women’s services based on client demand and provide as appropriate.	Contract Specialist	March 2012	March 2013	Quarterly	**Post-poned.



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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 4/12 Status: Audits done 2011 & 1/2012, next 5/2012	Surveys done 12/11 & 12/12. Training has been ongoing.
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	Jan. 2012 DSHS completed	Monthly	Jan 2012 DSHS complete
3. Evaluate the current acuity system for case management in both West Texas and PanWest regions.	Planning Coordinator	Oct 2010	Sept 2011	Quarterly	Delayed
4. Follow up on request for technical assistance and support from DSHS in evaluating and implementing the case management acuity system.	Planning Coordinator	Oct 2010	April 2012	Quarterly	requested 2011
5. Implement the revised acuity system in both regions.	Planning Coordinator	Oct. 2011	April 2012	Quarterly	Delayed
6. Support PanWest and West Texas case managers in preparing for medical case management certification.	Contract Specialist	September 2010	March 2012	Quarterly	DSHS standards Jan. 2012
7. Evaluate the effectiveness of the case management system after the certification.	QM Coordinator QM Committee	March 2012	March 2013	Quarterly	



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

STRATEGY: **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.**

Completion Date: March 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
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.	Planning Coordinator	September 2010	Extended to June 2011	Monthly	See Note under Actions #2
2. Based on the results of the evaluation, contract with a psychiatrist and/or fund psychiatric consultations, monitoring utilization. 4-2012 NOTE: Sun City Behavioral Health is being used for psychiatric referrals. TTUHSC also has psychiatric service but there is a waiting list. La Fe CARE also refers to a private psychiatrist.	Contract Specialist	March 2011	Ongoing	Quarterly	See Note under Actions #2
3. Plan and implement co-located mental health counseling services with HIV medical care West Texas.	Planning Coordinator	September 2011	March 2012	Quarterly	Postponed
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.	Planning Coordinator	March 2012	March 2013	Quarterly	Postponed



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

STRATEGY: 1.6 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.

Completion Date: March 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
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 	Planning Coordinator and QM Coord.	September 2010	June 2011 (QMC to have first meeting April 2011)	Monthly	Delayed, no clarification on caps for medical svc from DSHS esp. insurance
2. Evaluate the impact of these standards on service access, overall funding levels, client satisfaction, adjusting as necessary and appropriate.	Planning Coordinator	March 2011	March 2013	Monthly	Delayed



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

*****STRATEGY: I.7** Fund a medical home pilot project in either PanWest or West Texas HDSA by March, 2013.

Completion Date: March, 2013

*****NOTE:** Strategy I.7 is indefinitely pending due to the uncertain affect of the Affordact Care Act and its current status with the U.S. Supreme Court who is expected to rule on the Act in June or July 2012.

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	See ***Note
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	See ***Note
3. Include funding for a medical home demonstration project in 2013 RFP.	Contract Specialist	March 2012	September 2012	Quarterly	See ***Note
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	See ***Note
5. Evaluate the effectiveness of the medical home model and implement at additional providers as appropriate.	HIV Program Supervisor	March 2013	Ongoing	Annually	See ***Note



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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.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.

Completion Date: March 2011 (Texas Tech Univ. Health Sciences Center, started HIV clinic August 2010. Continue with expansion.)

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Expand services as dictated by client demand.	Planning Coordinator	March 2011	March 2013	Annually	



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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	Delayed
2. Analyze patient satisfaction data by subpopulation and combine with the ARIES data reports.	Contract Specialist	September 2011	March 2012	Quarterly	Delayed
3. Generate data report and analyze results semi-annually.	Contract Specialist	September 2011	Ongoing	Semi-annually	Delayed
4. Monitor trends and changes during the first and third quarters annually, making necessary planning adjustments.	Planning Coordinator	September 2011	Ongoing	Semi-annually	Delayed



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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.3 Review English and Spanish patient and family education materials annually, improving and expanding health literacy resources as necessary through March 2013.

Completion Date: March 2013

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
1. Building on the work of existing review committees, obtain all current health literacy education materials available through Pan West and West Texas Ryan White funded providers.	Planning Coordinator	September 2010	Extended to August 2011		Delayed
2. Evaluate the adequacy of these materials for all populations served, prioritizing any identified gaps.	Nursing Consultant QMC	March 2011	September 2011		Delayed
3. Identify available materials to fill gaps with materials from other Texas regions, national organizations and the National Minority AETC.	Nursing Consultant	September 2011	September 2012		Delayed
4. Explore options for sharing Ryan White funded providers' cultural competency educational materials on-line.	Contract Specialist	September 2012	September 2013		Delayed



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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.	QM Coord.	October 2010	Ongoing	Quarterly	
2. Develop short annual client assessment surveys to evaluate understanding of these QMC focus topics.	Planning Coordinator	December 2010	Extended to August 2011	Quarterly	Delayed
3. Implement the survey at all PanWest and West Texas funded providers.	Planning Coordinator and Providers	April 2011	September 2011	Quarterly	Delayed
4. Analyze the results, considering differences in region, race/ethnicity, language, age, gender, etc.	Data Manager	October 2011	December 2011	Quarterly	Delayed
5. Plan and implement client educational programs based on results of the analysis.	Nurse Consultant	December 2011	June 2012	Quarterly	Delayed
6. Continue the client health literacy assessment on an annual basis, modifying approach as necessary.	Planning Coordinator, QMC	March 2012	Ongoing	Annually	Delayed



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

STRATEGY: 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.

Completion Date: March, 2012

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
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.	Contract Specialist	March, 2011	March, 2012	Quarterly	Delayed
2. Research successful Return to Care programs, identifying components that are appropriate for PanWest and West Texas.	Planning Coordinator	March, 2011	March, 2012	Semi-Annually	Delayed
3. Collaborate with identified Return to Care model program providers to implement comprehensive return to care programs in PanWest and West Texas.	HIV Services Supervisor	March, 2012	March, 2013	Quarterly	Delayed
4. Educate clients on program guidelines, consequences of not following guidelines, and the importance of notifying the agency of change of contact information.	Service Sub-contractors & Nurse Consultant	March, 2011	Ongoing	Quarterly	Delayed



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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	September 2010	September 2011	Quarterly	Providers have info packets for clients
2. Provide materials to all PanWest and West Texas providers on line.	Contract Specialist	September 2011	Ongoing	Annually	Delayed – but providers share info
3. Evaluate and update the available educational materials to ensure the most current and appropriate information is available to clients.	Nursing Consultant	September 2011	Ongoing	Annually	Delayed



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

STRATEGY: 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.

Completion Date: March 2014

Actions	Responsible Party(ies)	Start Date	Completion Date	Monitoring Interval	Status
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. 	Planning Coordinator and QMC	March 2012	March 2013	Quarterly	Delayed
2. Based on evaluation, solicit provider proposals to customize a Ryan White funded model peer counselor program during FY 2014.	HIV Services Supervisor	March 2013	March 2014	Quarterly	Delayed
3. Develop and implement an evaluation plan to assess the impact of the model program, considering options to expand.	AA	March 2013	March 2014	Quarterly	Delayed
4. As necessary, revise the standards of care for early intervention services (EIS) or other appropriate service category to include a peer counseling component.	QM Coord, Nurse Consultant , Planner	March 2013	March 2014	Quarterly	Delayed



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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.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 (listed below under Section IV).	QM Coord, and AA	September 2010	Ongoing	Annually	
2. Using Plan-Do-Study-Act (PDSA), evaluate and modify the PanWest and West Texas Regions' Annual Quality Improvement Plan.	QM Coordinator	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.	Data Manager	September 2010	July 2011	Annually	Delayed
4. Utilize ARIES data reports and identify quality improvement projects using Plan-Do-Study-Act (PDSA) processes.	QM Coord & Data Mng	March 2011	March 2013	Annually	Delayed
5. Review and trend available data pertaining to quality improvement projects quarterly.	Planner, QM Coord, Data Mng.	March 2011	March 2013	Quarterly	Delayed
6. Evaluate results of quality improvement projects annually.	QM Coord	March 2011	March 2013	Annually	Delayed



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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 2010 satisfaction survey and results.	QM Coord.	December 2010	March 2013	Annually	Most recent 12-1011
2. Using the satisfaction survey results, identify and implement changes to improve client satisfaction using Plan-Do-Study-Act (PDSA) approach.	QM Coord.	September 2011	March 2013	Quarterly	
3. Evaluate and compare results between annual patient satisfaction surveys.	QM Coord.	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.	QM Coord.	March 2011	March 2013	Semi-Annually	



SECTION IV: Annual Quality Improvement Plan 04/01/2012 – 03/31/2013*

The PanWest and West Texas areas are guided by five Performance Measures meant to increase the quality of medical care and maintain clients in medical care. The Performance Measures are:

Performance Measure I: 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%.

Performance Measure II: 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%.

Performance Measure III: Achieve 90% percent of clients with AIDS who are prescribed Highly Active Anti-Retroviral Therapy (HAART), with an ultimate goal of 90%-95%.

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%

Performance Measure V: Achieve a minimum of 60% percent of pregnant women with HIV infection who are prescribed antiretroviral therapy, with an ultimate goal of 90%-95%

Following are the current strategies/activities required to accomplish the five Performance Measures of the PanWest and West Texas Annual Quality Improvement Plan. The AA’s Quality Management Coordinator updates the Annual Quality Improvement Plan as the strategies/activities are completed or changed, The updated/revised plan is forwarded to the QMC.

**NOTE: The Quality Management Plan is attached in Part III, Appendices, as Appendix B, of this comprehensive plan.*

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
1	Quarterly update on HAB Measures : Program Directors will run the 1 st Tier HAB Measures report in ARIES quarterly and share the results with QMC	Program Directors		April 2012 July 2012 October 2012 January 2012	3-27-12



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
2	<p>Quarterly QMC meetings: The QMC will meet quarterly and more often as needed. First meeting will be in person in Lubbock. Second meeting via conference call. Third meeting in person in Lubbock. Fourth meeting via conference cal.</p>	QM Coord.		April 2012 July 2012 October 2012 January 2013	3-27-12
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 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	
4	<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 update the QMC on the status of missed medical appointments and steps taken to increase adherence</p>	Service Sub-contrac.		Quarterly to QMC	
	<p><u>STRATEGY II:</u> Completed: setting QMC meeting dates</p>			Completed	NA



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#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
5	<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	
6	<p><u>STRATEGY III:</u> Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p><u>Activity IIIB:</u> Subcontractor will maintain a data sheet of the client, measure and date not met, and dates of contacting client for follow up.</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 IIIC (formally 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	
8	<p><u>STRATEGY III:</u> Maximize use of ARIES to identify and address barriers to meeting measures.</p> <p><u>Activity IIID (formally IIIE):</u></p> <p>1) The AA will create specific reports to assist Subcontractors in following up on clients who are not meeting the measures.</p> <p>2) Training will be provided on running specific reports on HAB measures.</p>	AA		As needed	



PanWest-West Texas Ryan White Programs

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
9	<p><u>STRATEGY IV:</u> Educate clients.</p> <p><u>Activity IV A:</u> 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	
10	<p><u>STRATEGY IV:</u> Educate clients.</p> <p><u>Activity IV A 1:</u> Develop and maintain current 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 was implemented in 2010 and is ongoing	
11	<p><u>STRATEGY IV:</u> Educate clients.</p> <p><u>Activity IV A 2:</u> 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 client needs, minimally at intake and at time of care plan update	
12	<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 client needs, minimally at intake and at time of care plan update	
13	<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-</p>	Service Sub-contrac		As client needs, minimally at intake and at time of care plan update	



PanWest-West Texas Ryan White Programs

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
	addressed and stamped envelope to report changes in contact information				
14	<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>	QM Coord.	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	
15	<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					
16	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 03/31/2013	
17	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.	QMC		April 2012 July 2012 October 2012 January 2013	
18	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 2012 July 2012 October 2012 January 2013	



PanWest-West Texas Ryan White Programs

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
19	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.	April 2012 July 2012 October 2012 January 2013	
20	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.	QM Coord.		January 2013	
21	Annual discussion of provider (Subcontractor) survey results and plan for future improvement: AA will compile the completed surveys and share results with the QMC to discuss barriers and/or concerns for the implementation of quality services.	QM Coord.		March 2012	
22	Implement annual AA client satisfaction survey: AA will review and update the existing client survey. AA members will compile the completed surveys and share with the QMC.	QM Coord.	See Goal IV, Strategy IV.3, Step 1.	December 2012	
23	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 2012 July 2012 October 2012 January 2013	
24	Sharing of any observation or any trend in the client base: Program Directors will share trends, patterns they notice among clients.	Program Directors		April 2012 July 2012 October 2012 January 2013	
25	Limit missing and unknown client data: 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 thirty (30) days to correct the information so that they do not exceed five (5%) of missing or unknown data.	AA Data Mng.	Data Mng sends report to subcontractor 20 th of even month. Subcontractor corrected information due 20 th of every odd month. NOTE: La Fe every month.	See Comment.	



PanWest-West Texas Ryan White Programs

#	Strategy/Activity	Person Assigned	Comments and/or Recommendations	Date Due	Completed
26	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 Data Mng.	Data Mng sends report to subcontractor 20 th of even month. Subcontractor corrected information due 20 th of every odd month. NOTE: La Fe every month.	See Comment	
27	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 Data Mng.		Quarterly	



SECTION V: TIMELINES

**PANWEST-WEST TEXAS RYAN WHITE PROGRAMS
2010-2013 COMPREHENSIVE HIV HEALTH SERVICES PLAN, rev. 4-2012**

STRATEGIES BY START DATE (see See Section III Action Plan for strategy updates)

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-11	Quarterly	II.4.3	Implement the survey at all PanWest and West Texas funded providers.
Jul-10	Mar-13	Quarterly through March 2013 then annually	I.1.3	Work with the clinic administration to develop and meet annual growth targets.
Sep-10	Mar-11 done	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-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
Sep-10	DSHS implemented new standards Jan. 2012	COMPLETED	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.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.1.2	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.
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.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
Dec-10	Mar-13	Annually	IV.3.1	Implement the patient satisfaction survey annually to measure satisfaction, building on the 2011 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.
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.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.
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.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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	1.3.3	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.
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.



PanWest-West Texas Ryan White Programs

Start Date	Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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
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	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.1.2	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.
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.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.
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.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.
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



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.
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.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.
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.



PanWest-West Texas Ryan White Programs

Completion Date	Monitoring Interval	Strategy/ Action #	Action Description
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.