



PANWEST AND WEST TEXAS QUALITY MANAGEMENT PLAN

2020

HIV Services AA

ABSTRACT

The Quality Management Committee is responsible for overseeing progress toward achieving regional goals of quality of care for all clients. This is how we plan on doing just that.

The Quality Management (QM) Program of the StarCare Specialty Health System HIV Services Administrative Agency (AA) for PanWest (Area 2) and West Texas (Area 1) consists of the following components:

I. Quality Statement

The Quality Management Committee accepts the responsibility of overseeing progress toward achieving organizational and regional goals for quality of care for all clients. The Quality Management Committee will ensure that the establishment and review of improvement goals and quality indicators shall be regular components of the Committee's agenda. All of the Committee's activities are in support of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009).

II. Quality Infrastructure: Quality Management Committee (QMC)

The Quality Management Committee (QMC) monitors and assesses Subcontractor and AA activities, brainstorms methods to better implement standards of care, measures progress by reviewing performance measures specifically regarding medical care and case management, reviews results of client and provider (Subcontractor) satisfaction surveys, reviews needs assessments, discusses complaints and concerns, and shares best practices.

Committee Membership: The AA will maintain a QMC that is composed of internal and external stakeholders to include the site administrator of each HIV service Subcontractor, a senior data/case manager, a medical professional, and the Administrative Agency's Quality Manager and Program Supervisor. The QMC membership is composed of the following:

- Amarillo HSDA HIV Service Subcontractor: Panhandle AIDS Support Organization (PASO) - Executive Director
- Permian Basin HSDA HIV Service Subcontractor: Permian Basin Community Centers for MHMR Basin Assistance Services (BAS) – 1) Team Lead, and 2) Quality Management Coordinator
- Lubbock HSDA HIV Service Subcontractor: South Plains Community Action Association, Inc. Project CHAMPS - Program Director
- El Paso HSDA HIV Service Subcontractor: Centro de Salud Familiar La Fe, Inc. (La Fe CARE) – Program Director and Data Manager
- El Paso HSDA HIV Service Subcontractor: South Plains Community Action Association, Inc. Project CHAMPS - Program Director and Medical Case Manager
- Medical Professional: Ogechika Alozie, MD, MPH, AAHIVS
- AA Quality/Data Management Coordinator
- AA HIV Services Program Supervisor
- DSHS Consultant
- StarCare Compliance Director

Please note: Those who are designated to sit in for someone are responsible in communicating the information shared during the meeting to their committee member.

Participant Roles: The QMC, as a whole, will 1) annually, and as needed, review and update the QM Plan, 2) quarterly, and as needed, review and update the QM Annual Quality Improvement Plan, 3)

review new and existing DSHS policies to include Case Management and Clinical guidelines, 4) discuss adverse events and consumer concerns/complaints, 5) review and update consumer surveys, review consumer survey data and action plans to address survey concerns, 6) review provider (Subcontractor) surveys and action plans to address survey concerns, and 7) review performance measure percentages to assure progress is made toward meeting the goals, strategies and activities of the Comprehensive Plan for HIV Services, Quality Management Plan and Annual Quality Improvement Plan.

In addition, the QMC participants have the following responsibilities:

- A. The Contract Specialist reviews quarterly expenses and discusses needed reallocations.
- B. The Quality/Data Management Coordinator conducts the following processes:
 - i. Review service utilization data to identify patterns
 - ii. Completes data quality checks as described in Section IX below
 - iii. Leads the QMC, schedules QMC meetings, updates the QM Plan and Annual Quality Improvement Plan, maintains meeting minutes, and provides training.
- C. The Planning Coordinator works with the QM Coordinator on updating the Comprehensive Plan for HIV Services and at least quarterly monitoring and updating the goals, strategies and activities.
- D. The HSDA service Subcontractors conduct and present to the QMC the following processes:
 - i. Run report on items in performance measurement (See IV below) and share results
 - ii. Run HAB Core Measures: will run report and present on percentages after Core Measures are uploaded in ARIES
 - iii. Present information on objectives/activities from the Comprehensive Plan/QM Plan
 - iv. Share individual agency QM activities as well as quality improvement activities implemented and piloted to improve the HAB measures and services in general (ex: new forms to streamline intakes, changes in personnel roles, policies, etc....)
- E. The physician provides medical insight and educates the QMC on issues that affect HIV treatment such as co-morbidities and their effect on HIV/AIDS and other medical topics.

Meetings: The QMC meets quarterly, generally via conference call. Other meetings are scheduled as needed. The AA provides an agenda to the QMC as well as updates the QM Plan and the Annual Quality Improvement Plan. The AA keeps meeting minutes and provides them to the QMC within ten (10) workdays of the QMC meeting.

Resources:

III. HIV Administration Agency

The Administrative Agency as a whole will monitor all aspects of eligibility for both Ryan White and the AIDS Pharmaceutical Assistance Program, ensuring that eligibility documents are continually updated and all eligibility criteria are met in accordance with Texas DSHS policy. The Administrative Agency will provide technical assistance where needed to ensure that all Providers maintain current eligibility documentation.

IV. Annual Quality Improvement Plan

The StarCare Specialty Health System established an Annual Quality Improvement Plan (QI Plan), in conjunction with the Comprehensive Plan for HIV Services, to identify the goals and strategies of the Quality Management Program. The Annual Quality Improvement Plan addresses the strategies during

the year and also identifies the target date of completion. A new Annual Quality Improvement Plan is created in December approved by the Quality Management Committee. The plan is driven by the Comprehensive Plan and results of site reviews and Client/Provider Satisfaction Surveys. The plan identifies all the major activities of the committee and is the vehicle for examining how well the system is working in executing the program's priorities and strategies. The Annual Quality Improvement Plan lists the quality assurance and quality improvement activities for the contract year and is aligned with DSHS Quality Management objectives. The QI Plan is updated after each QMC meeting. The QM Plan is incorporated as an attachment in the Comprehensive Plan for HIV Services.

V. Performance Measure

One of the key characteristics of the Quality Management Program is to use data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. The QMC will follow the HIV/AIDS Bureau's HIV Core Clinical Performance Measures for Adult/Adolescent Clients. The QMC will abide by the core performance measures listed below:

1. Viral Load Suppression
2. CD4 cell count
3. Prescribed Antiretroviral Therapy
4. Medical Visits Frequency
5. Gap in Medical Visits
6. PCP Prophylaxis

VI. Plan to Identify, Correct, and Monitor Adverse Outcomes

- A. The current system to identify potential adverse outcomes includes use of random review of client records, data review from ARIES, media releases, complaints, subcontractor monitoring, notification from DSHS, and any other communication mechanism. Specifically:
 - i. The Quality/Data Management Coordinator is responsible for collecting and analyzing data as directed by the QMC
 - ii. The Program Supervisor is responsible for reviewing complaints and notifications from DSHS
- B. When a potential adverse outcome is identified, the following process is followed:
 - i. The staff identifying the outcome notifies all Administrative Agency staff, and the Administrative Agency staff consults to research and verify the information.
 - ii. The Administrative Agency staff works together to develop the corrective action applicable to the issue.
 - iii. Depending on the adverse outcome, the Contracts Specialist then notifies the Subcontractors first by phone, depending on the urgency of the outcome, and followed up in writing by e-mail and/or certified mail.
 - iv. Subcontractors will notify clients of the adverse outcome by phone, mail, e-mail, flyers, media, website, face-to-face contacts, during visits, etc... For emergency outcomes, clients will be notified within 24 hours by phone, home visit or other face-to-face contact. Subcontractors will document their efforts and at least three attempts must be made to contact the client.
 - v. For emergency adverse outcomes, the Administrative Agency will assist the Subcontractors to assess immediate needs of the clients and to facilitate access to services. Depending on the

adverse outcome, the attached Texas Rapid Public Health Needs Assessment Instrument (TX DSHS) and/or the attached CASPER Questionnaire will be implemented.

- vi. Non-emergency adverse outcomes will be addressed on a case-by-case basis with priority given according to client need.
 - vii. The final results of the corrective action to the adverse outcome are reported by The Program Supervisor to the Director of Contracts Management and to the Quality Management Committee.
 - viii. The Administrative Agency staff works together to perform follow up monitoring and reports to the Director of Contracts Management and to the Quality Management Committee.
- C. The Administrative Agency also has a Contingency Plan for Lapse of HIV Services. This plan is located in the policies and procedures under Section 15 (AA) and Section 14B (Subcontractor) – Contingency Plan for Lapse of HIV Services. This plan includes general guidance to address a significant change or situation that may occur and result in a lapse of HIV services. The primary focus of this plan is core medical services.

VII. Capacity Building

The AA informs the QMC of upcoming trainings, such as webcasts and teleconferences, conducted by the National Quality Center and the Texas Department of State Health Services (DSHS). The AA will maintain a log of QM trainings and technical assistance.

The 2015 Texas HIV Case Management Standards issued new training requirements for Medical Case Managers (MCMs) and Non-Medical Case Managements (NMCMs). All training requirements and compliance are monitored by the Quality/Data Management Coordinator through desktop reviews and annual audits.

In February 2010, DSHS asked AAs to combine the QM Plan with the area comprehensive plan. Beginning April 1, 2010, the QM Plan/QI Plan is incorporated into the PanWest HIV/AIDS Service Area Comprehensive Plan for HIV Services.

VIII. Expenditures

The AA monitors expenditures at least quarterly through ARIES data and Subcontractor billing data. The AA notifies DSHS of the expenditures via the Quarterly Report. The Contract Specialist discusses reallocations as needed to assure adequate funding for medical care services especially to avoid denial of services, waiting lists and delay of services for AIDS Pharmaceuticals, Health Insurance, and Ambulatory Outpatient Medical and to prevent lapse of funds. The Contract Specialist monitors the contract expenses to ensure that there is no lapse or overspending of funds at least every quarter through analyzing the expenses reported in the quarterly report by the subcontractors. If expenditures do not appear to be on target, Subcontractors are contacted and required to submit a plan to ensure funds are expended appropriately. If it is determined that the Subcontractor is unable to expend funds within the contract term, the AA initiates necessary steps following the DSHS reallocation policy (such as provide technical assistance, initiate reallocations, communicate with DSHS) if the expenses and performance objectives are not on target.

IX. Evaluation and Program Adherence

Needs Assessment: The Administrative Agency conducts or commissions a Regional Needs Assessment every three years in order to identify any gaps of services provided by both the AA and the subcontractors. The QMC will use the findings in the Needs Assessment to identify any gaps in the QM/QI infrastructure.

Program Adherence: DSHS has contracted with Germane Solutions to perform monitoring for clinical and case management services in accordance with HIV Clinical and Case Management Services Standards that include monitoring of the care and treatment of persons with HIV according to the US Public Health Standards. Germane Solutions also makes annual site visits to the clinics of the Subcontractors in El Paso, Lubbock and Odessa to assure the medical needs of the clients are met. Any issues or program adherence that require correction will be reported to the AA and it is the responsibility of the Program Supervisor to inform the QMC of the issues, if appropriate, as they may pertain to evaluation of the six core performance measures.

Data Quality Check: After the data entry process is performed at the subcontractor level, the AA Quality/Data Management Coordinator performs quarterly data quality checks. The process includes checking for missing information or unknown data. After the Administrative Agency completes the process, the Subcontractors' data manager receives statistical reports containing a list of clients with missing or unknown data on a monthly basis. The missing data must be collected as soon as possible; preferably before the next data transmission begins in the following month. The Subcontractors' data managers are encouraged to share information with the case managers in order to complete this process.

As of April 1, 2010, TX DSHS implemented a new policy, Documenting Case Management Actions in ARIES, "to assist in the improvement of the quality of documentation as well make data input more uniform." The policy requires Subcontractors to use ARIES to the maximum extent possible to include entering case notes, adherence assessments, mental health/substance abuse screenings, and risk reduction notes.

Satisfaction Surveys: The Administrative Agency (AA) implements an annual Client Satisfaction Survey and annual Provider (Subcontractor) Satisfaction Survey as a means of obtaining input and measuring satisfaction and progress.

- A. Client Satisfaction Surveys, English and Spanish, are mailed directly to each client, who allows mail, along with a letter, English and Spanish, explaining the survey and a self-addressed stamped envelope to return the survey. Clients are asked to remain anonymous and not list identifying information on the survey or envelope but may list provide contact information if they want to be contacted by the AA. Clients are given the option of completing the survey by phone, in English or Spanish. An aggregate of the survey results are sent to the Subcontractors and reviewed by the QMC. Subcontractors are asked to review their individual results and respond with an action plan to the AA to address adverse outcomes if any.
- B. The Provider (Subcontractor) Satisfaction Surveys are done through Survey Monkey. A survey link is e-mailed directly to each Subcontractor staff that has regular contact with the AA and primarily includes the program director, agency director, case managers, data manager, and accountant. Subcontractors are asked to remain anonymous.