



Louisiana RWPB Quality Management Training

October 30 & 31, 2024



Agenda



1. Updated storyboard and reporting timeline
2. QI Project 2024-2025 focus: Housing
3. Quality Management Plans
4. Discussion & Questions



Updated Storyboard & Reporting Timeline



Contractual Reporting Requirements

- Establish, in conjunction with SHHP staff, an annual Quality Improvement project and develop an evaluation plan for all funded services within 90 days of the beginning of the contract.
- Provide additional monthly and/or **quarterly** reports as requested that describe various aspects of program activity.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Oct-Dec 24	Jan-Mar 25	Apr-Jun 25	Jul-Sep 25



Quality Management Reporting Due Dates

Item	Due
Quality Management Plan	December 30, 2024
Initial Storyboard Submission (through slide 5)	December 30, 2024
Quarterly Storyboard Update (through slide 5)	2 weeks before Q2 meeting
Quarterly Storyboard Update (through slide 6)	2 weeks before Q3 meeting
Quarterly Storyboard Update (showing current progress between slides 7-22)	2 weeks before Q4 meeting
Final Storyboard Update (through slide 22)	September 30, 2025

Email documents to Darlene Anderson, Darlene.Anderson2@la.gov



Updated Storyboard



- 24 Slides
 - 8 that were included in previous storyboard (some with small changes)
 - 1 slide from previous storyboard has been removed
 - 8 informational/header slides to provide better context
 - No information entered on these slides
 - 8 new slides
- Old version: 9 slides to fill out
- New version: 16 slides to fill out (but not all at once)



Quality Improvement Storyboard

Presenter(s) Name: _____
Small Changes: _____
Date held at agency: _____



QI Project Workbook

Project Title:

Project Lead:

Project Lead Job Title:

New Slide

Agency:

Quarter:

<input type="checkbox"/> Oct-Dec	<input type="checkbox"/> Jan-Mar	<input type="checkbox"/> Apr-Jun	<input type="checkbox"/> Jul-Sep
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Project Start Date:

October 1, 2024

Project End Date:

September 30, 2024

Current Phase:

<input type="checkbox"/> Discovery	<input type="checkbox"/> Root Cause Analysis	<input type="checkbox"/> 3 Questions	<input type="checkbox"/> Plan	<input type="checkbox"/> Do	<input checked="" type="checkbox"/> Study	<input type="checkbox"/> Act
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QM Committee

- Process Owner:

- *The process owner is usually the day-to-day improvement team leader. A day-to-day leader is the driver of the project, assuring that tests are implemented and overseeing data collection.*

- Subject Matter Expert(s):

- *Subject matter experts have expertise in areas relevant to the improvement project.*

- Executive Sponsor:

- *A successful improvement team needs a sponsor someone with executive authority who can provide liaison with other areas of the organization, serve as a link to senior management and the strategic aims of the organization, provide resources and overcome barriers on behalf of the team, and provide accountability for the team members.*

- Team members:

- *Include team members who have knowledge of the process or system that is being improved and who represent a range of perspectives. At least one team member should have experience with improvement methods, such as through participating in past quality improvement (QI) initiatives or through formal QI training.*

New
Slide



Discovery → Root Causes / Change Ideas → Implement



Assess



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Enter

Diagnose



Intervene



Discovery



- What data do we have? Consider various data sources
- What is the data saying?
- How does the data connect to things we're doing (initiatives, strategic goals)?
- Who does the data represent?
- Who else can we involve?
- What is out there to help us? (increase understanding, etc.);
- Review housing data [including processes]
- Workforce feedback
- What are initiatives around housing which may be happening?
- What resources are there [not just funding or actual housing units!]
- Who is affected? Who would benefit?
- Are there disparities for some population groups?





QI Project

(Statement)



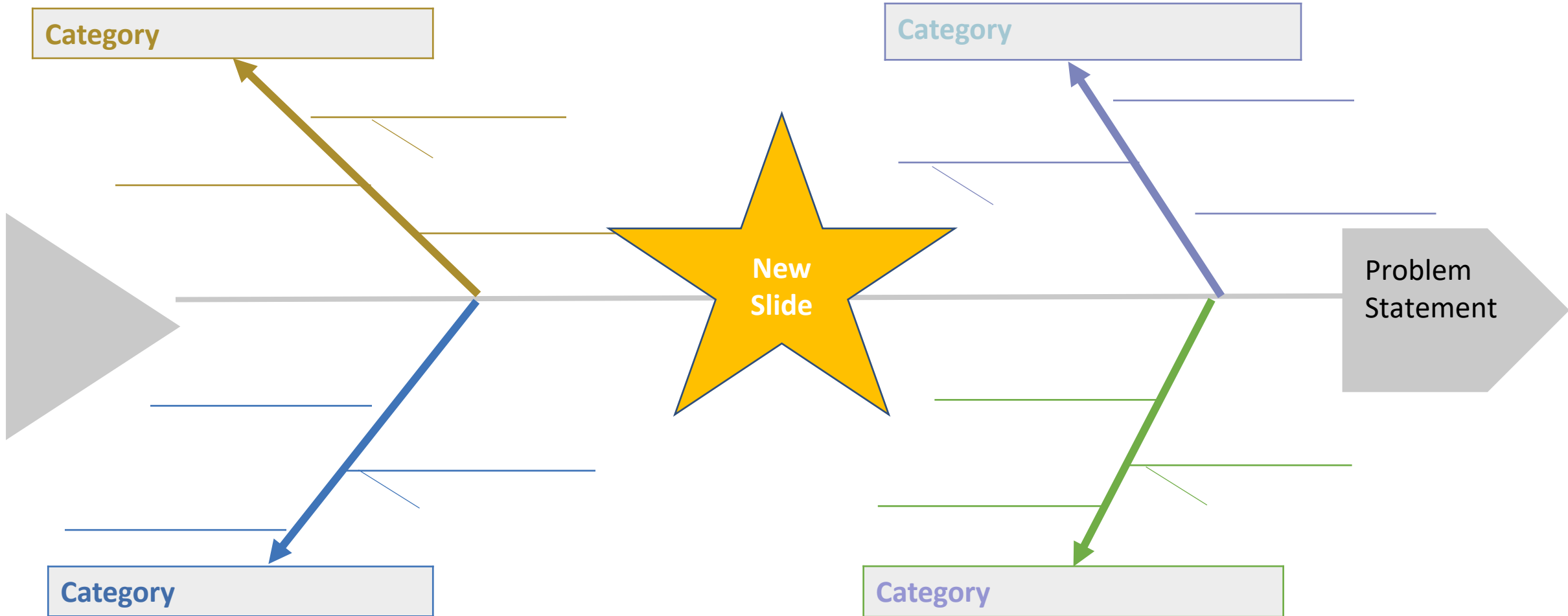
PROBLEM STATEMENT

- Describe the rationale and purpose of the QI Project for this project
- Example: *viral load suppression as a predictor of HIV care, and the impact of viral load suppression on the nationwide mean. A study is testing an intervention on a subset of patients who were suppressed during August, 2017.*

Removed

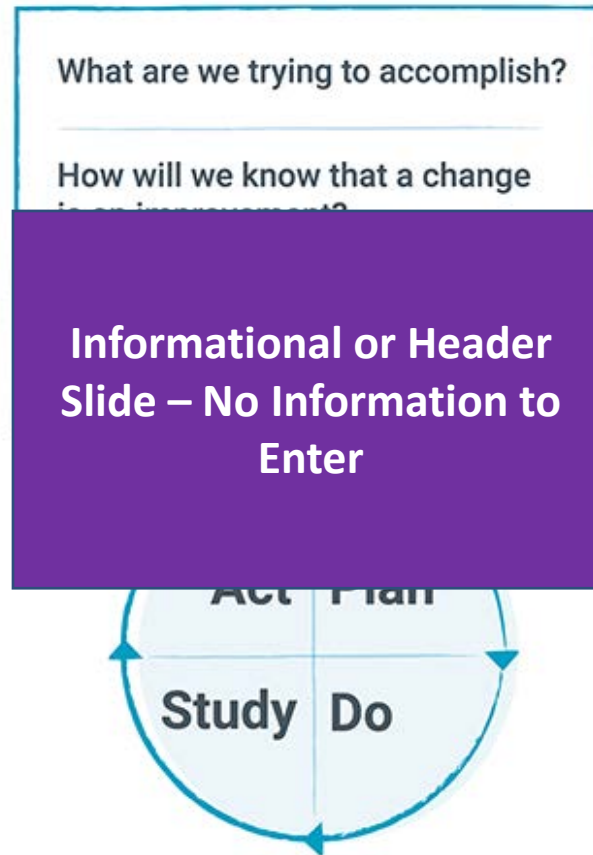


Root Cause Analysis





Model For Improvement

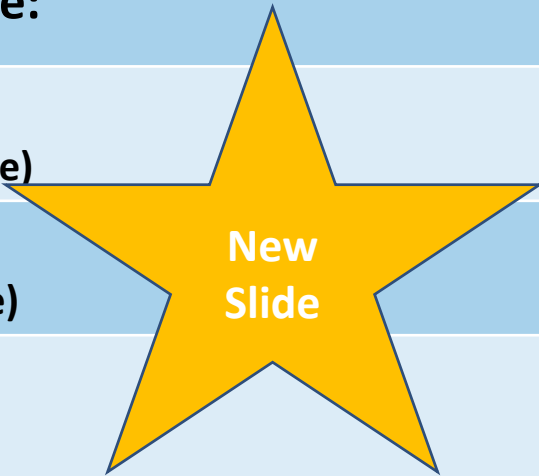


Source: Adapted from The Improvement Guide (2009)



What are we trying to accomplish?

ITEM	ANSWER
An opportunity exists to improve the:	
beginning with: (Can either be a process starting point or date)	
and ending with: (Can either be a process ending point or date)	
This effort should improve:	
This process is important to work on now because:	





How will we know that a change is an improvement?



Performance Measure

- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
 - **Numerator:** Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
 - **Denominator:** Number of patients regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
- **Patient Exclusions:** None

Baseline Data

Present your baseline data in terms of percent and actual numbers.

Small
Changes

_____ %

$n =$ _____

Data Source:



Aim Statement

The essential elements of an aim statement include:

- What we are improving
- By what date we want to see improvement, ideally expressed as month and year (e.g., “by October 2028”) rather than as a general timeframe (e.g., “within 10 months”)
- How much we want to improve (what success would look like), stated in numerical goals
- For/with whom are we doing this work
- Where we are doing the work
- Sometimes explaining why is also helpful

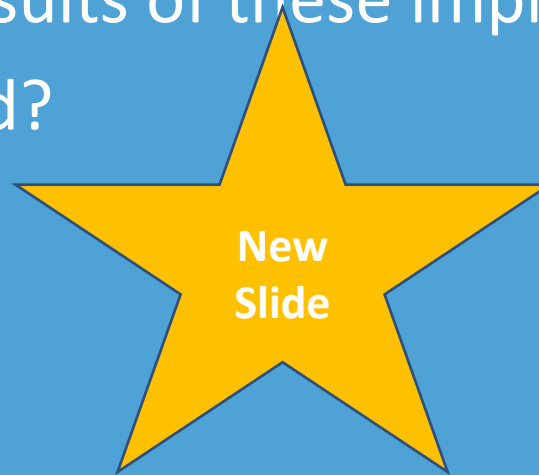




What changes can we make that will result in improvement?



- Describe strategies for improvement.
- What do you think the results of these improvements will be?
- Who needs to be involved?







PLAN

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PLAN – DO – STUDY – ACT



What is being tested in this PDSA cycle?



- What specifically does this change idea entail? (List of components)





PDSA Cycle Small Step Goals

Small
Changes

- Example:

To increase the number of patients with suppressed viral loads from 75% to 85% by the end of December 31, 2024.



DO

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PLAN – DO – STUDY – ACT



Plan of Action

Action Step	Responsible	Deadline	Status	Notes





STUDY

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PLAN – DO – STUDY – ACT



Measure Small Changes

Describe the measures you used to evaluate your tests of change. Test of change measures assess effects of interventions within a designated period of time.

- Examples: Use of Teach back tool to increase adherence
 - Measure 1:
 - Numerator: number of patients who received teach back on medical adherence from August 1, 2017 to November 30, 2017
 - Denominator: number of patients who are not suppressed between August 1, 2017 and November 30, 2017
 - Measure 2:
 - Numerator: number of patients who received teach back and are suppressed from August 1, 2017 to December 31, 2017
 - Denominator: number of patients who received the teach back on medical adherence from August 1, 2017 to November 30, 2017.



Improve + Results

- Concisely describe what happened during your tests of change
 - Were you able to implement your plan? What changes did you need to make?
 - What were your results?
 - **Quantitative** – 45 patients were not suppressed from 8/1/17 – 11/30/17; 40 patients received the teach back tool; 30 patients were suppressed by 12/31/17. 30/40 or 75%.
 - **Qualitative data** – All Medical Case Managers (4) received training in teach back and use of the medication adherence tool. Patients were able to teach back the information and many of them wanted to take home a copy of the tool to share with family and partners.



ACT

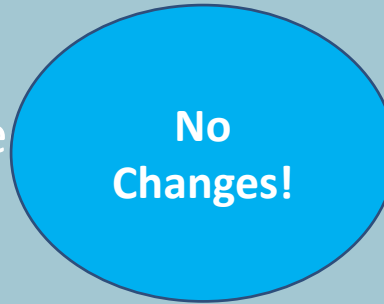
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PLAN – DO – STUDY – ACT



Control or Sustaining Gains

- Based on your study or results, describe your follow up plans or what you will do for further investigation.
- Will you continue to test process changes using your quality improvement project? How often?
- If the project did not yield expected results, will you test another intervention(s) with those clients?
- If your QI Project was successful, what are your next steps?
 - How will you sustain gains?
 - How frequently will you monitor your results?





Technical Assistance & Training Needs





Quality Management Reporting Due Dates



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Questions?



Housing

QI Project 2024-2025 Focus



Quality Improvement Storyboard

SHHP

Kendra LeSar, Evaluation Supervisor



QI Project Workbook

Project Title:

Increasing housing stability for Black men living with HIV

Project Lead:

Darlene Anderson

Project Lead Job Title:

HIV Services Quality Manager

Agency:

SHHP

Quarter:

<input checked="" type="checkbox"/> Oct-Dec	<input type="checkbox"/> Jan-Mar	<input type="checkbox"/> Apr-Jun	<input type="checkbox"/> Jul-Sep
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Project Start Date:

October 1, 2024

Project End Date:

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PDSA Phase:

<input checked="" type="checkbox"/> Discovery	<input type="checkbox"/> Root Cause Analysis	<input type="checkbox"/> 3 Questions	<input type="checkbox"/> Plan	<input type="checkbox"/> Do	<input type="checkbox"/> Study	<input type="checkbox"/> Act
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Housing Collaborative for Continuous Improvement (HCCI)



- Process Owner:

- Darlene Anderson

- Subject Matter Expert(s):

- Susan Garner

- Executive Sponsor:

- Erika Sugimori

- Team members:

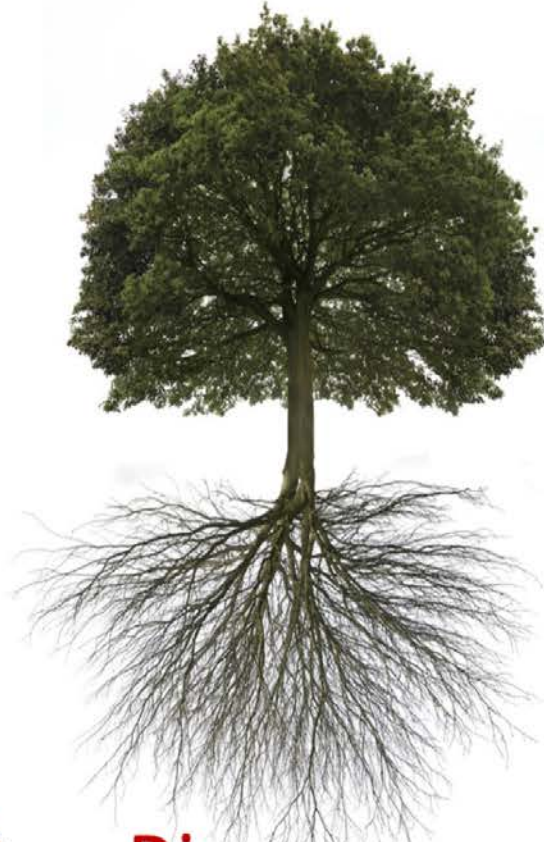
- Kendra LeSar
- Brandi Bowen
- Christian Snowden
- LaTonya Thomas
- Martina Davis
- Rebekah Puebla
- Elenore Wang
- Quality manager from each subrecipient
- Housing coordinator from each subrecipient
- PLEE
- 2 reps from GLL



Discovery → Root Causes / Change Ideas → Implement



Assess



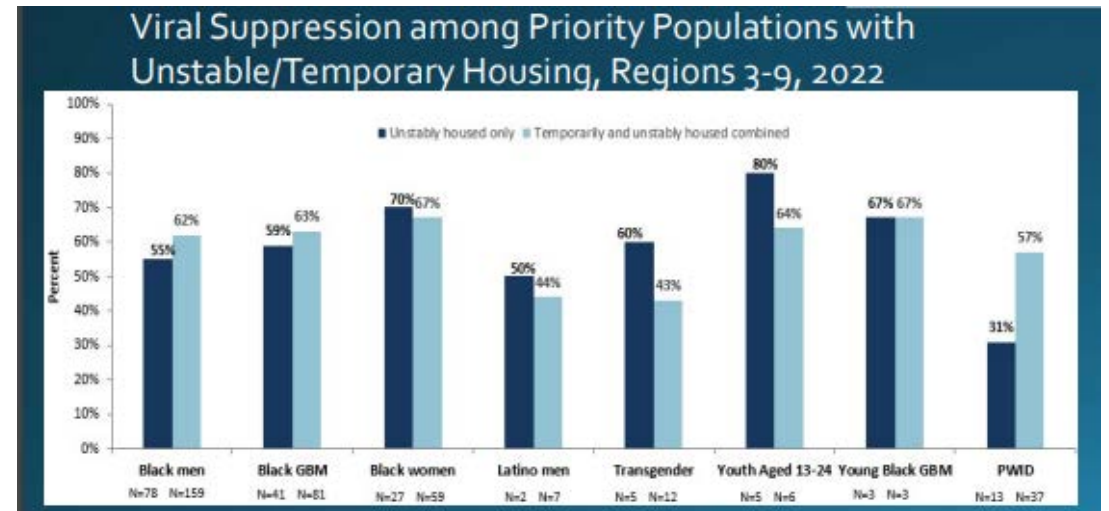
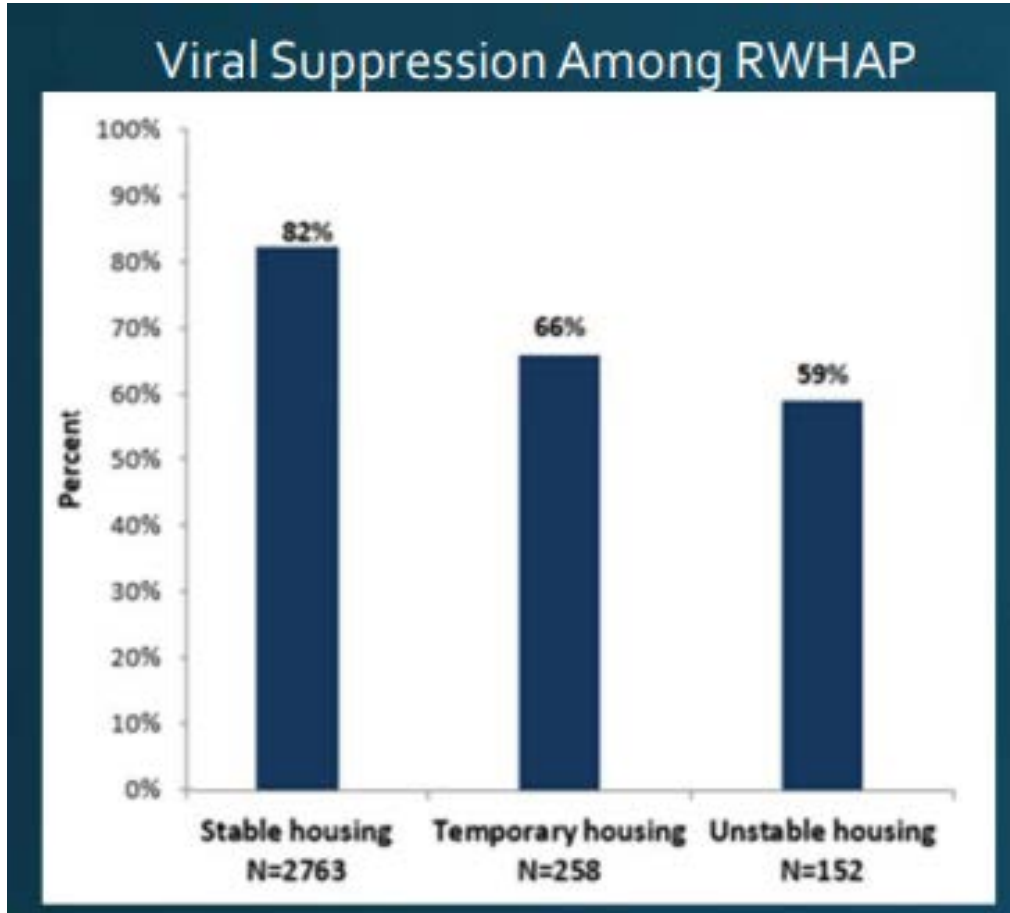
Diagnose



Intervene



Discovery





How will we know that a change is an improvement?



Performance Measure

- Percentage of Black male clients, regardless of age, with a diagnosis of HIV with stable housing during the measurement year
 - **Numerator:** Number of Black male clients in the denominator with stable housing (as defined by CareWare) during the measurement year
 - **Denominator:** Number of Black male clients utilizing support services during the measurement year
- **Patient Exclusions:** Race other than Black, gender other than men

Baseline Data

74%

$n=1016/1369$

Data Source: CareWare

Measurement Period: 4/1/2023 through 3/31/2024



Quarterly Meeting Options

HCCI Only

- Each subrecipient will present their storyboard submission at the quarterly HCCI meeting
- One (longer) meeting/quarter
- Collaborative learning

HCCI & Individual Meetings

- Subrecipients will present their storyboard submissions at the agency-specific meeting
- Two (shorter) meetings/quarter
- Individualized feedback



Questions?



Quality Management Plans



What is a QM plan?



- Documentation to describe how the subrecipient will implement the key components of the QM program
- Provides understanding of the QM program in narrative format
- Brief and to the point
- Living document



Components of a QM Plan

- Quality statement
- Annual quality goals
- Infrastructure
- Performance measurement
- Quality improvement
- **Evaluation plan***
- Work plan

***Required**



Quality Statement



- Brief, visionary, and related to HIV services
- Describe the ultimate goal of quality efforts and the purpose of the QM program



Quality Statement Example



A. Mission and Goals of the Louisiana RWB Quality Management Program

The mission of the Louisiana RWB (RWB) Quality Management (QM) Program is *to drive continual improvement of quality medical and support services for and to improve/optimize clinical outcomes in people living with HIV in Louisiana.*

This will be accomplished by:

- Implementing an ongoing statewide QM plan;
- Ensuring that service delivery meets RWB and U.S. Public Health Service standards; and
- Assessing the degree to which RWB services are accessible, coordinated, comprehensive, patient-centered, effective and efficient.

B. Purpose

The purpose of the QM Program is to meet the clinical QM expectations of the Ryan White HIV/AIDS Treatment Modernization act of 2006 and the Ryan White HIV/AIDS Treatment Extension Act of 2009:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service Guidelines for treatment of HIV disease and opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

C. Values

- **Quality healthcare for all**
 - ▲ *Diminishing disparities by promoting equitable access to safe, quality health care*
- **Responsiveness**
Understanding and meeting the needs of people living with HIV/AIDS in Louisiana and continually improving services for them
- **Innovation**
Constantly exploring, studying and researching new concepts and opportunities
- **Achieving together**
Collaborating for improvement through partnership and teamwork
- **Integrity**
Acting ethically and serving with an attitude of unselfish concern
- **Stewardship**
Managing resources entrusted to SHHP in a responsible manner



Annual Quality Goals



- Outline the contract year's priorities for the QM program
- Endpoint/conditions towards which the program will be directed
- Focus on program's most important areas of need with an emphasis on improvement



Annual Quality Goals Example



D. Program Goals for 2024-2025

The work plan activities are monitored at least quarterly by the QM Committees. The full implementation work plan is found in Appendix A. QM goals include:

Goal A: Ensure full implementation of the 2024-2025 Louisiana RWB QM plan.

Goal B: Strengthen Louisiana HIV Clinical Quality (cross-parts) Group to implement QI activities in Louisiana through shared knowledge and training about quality care.

Goal C: Ensure that support services provided by RWB sub-recipients adhere to the most recent US Public Health Service guidelines, federal and state regulations.

Goal D: Increase knowledge of Quality Improvement (QI) among RWB supportive service sub-recipients



Infrastructure



- Describe how leadership guides, endorses, and champions, the clinical quality management program
- Describe who serves on the QM committee, who chairs and facilitates the meetings, how often the QM committee meets, and the purpose of the QM committee
- Describe the staff positions responsible for developing and implementing the QM program and related activities
- Describe who writes, reviews, updates, and approves the QM plan
- Describe who people with HIV are involved in the development and implementation of the QM program



Infrastructure Example



II. QUALITY INFRASTRUCTURE

A. Leadership and Accountability

a) Louisiana Department of Health (LDH)

The state of Louisiana through the Department of Health is the recipient of the RWB grant and State Formula Housing Opportunities for Persons with AIDS (HOPWA) Award. LDH administers the grant through the Office of Public Health (OPH), STD/HIV/Hepatitis Program (SHHP). The SHHP Program Director provides leadership and oversight for the RWB and HOPWA grant. The SHHP Services Program Manager is responsible for the direct administration of the grant including the development and implementation of the QM plan.

b) STD/HIV/Hepatitis Program

SHHP provides oversight and management of the RWB and HOPWA grant. SHHP Services monitors all RWB and HOPWA funds and sub-recipients to ensure that RWB funds are payer of last resort. SHHP is dedicated to QI and guides the QM plan. The role of SHHP staff is to co-lead and facilitate the overall CQM process. William T. Robinson, PhD, SHHP Research and Evaluation Manager and the Services Quality Manager, work closely with the SHHP Services and Data Management Units to coordinate activities of the Steering Committee and the Subcommittee.

- SHHP Director is responsible for SHHP leadership and coordination of HIV prevention and care activities.
- SHHP Deputy Director is also responsible for SHHP leadership and overall evaluation of HIV care and prevention activities.
- SHHP Services and Prevention Program Manager are responsible for grant oversight and management including providing guidance to the QM process where needed.
- SHHP Support Services Supervisor designs and implements monitoring processes assessing compliance with the programmatic requirements of Part B community based service providers (sub-contractors). The Support Services Supervisor oversees development and compliance with standards of care.
- SHHP Support Services Monitor closely monitor the programmatic requirements of Part B community based service providers (sub-contractors). The Support Services Monitor conducts monitoring against the standards of care and assist in their development.

- SHHP Services Quality Manager is responsible for the coordination of day to day operations of the QM program:
 - o Planning meetings and/or conference calls
 - o Communicating with the Evaluation Unit, quality management committee and sub-contractors
 - o Completing reports and other assignments
 - o Conducting quarterly calls with sub-contractors to review and address local QM plans/activities
 - o Facilitating quality management committee meetings
 - o Ensuring the development, implementation and evaluation of QM standards and tools
 - o Ensuring QM/QI training is available
 - o Facilitating technical assistance to the RW Program Part B sub-recipients in the development of local QM plans
 - o Conducting site visits to review QM plans/activities

• SHHP Services Data Team
The SHHP services data team is responsible for maintaining the COBROW database, generating QM-related reports from COBROW, submitting monthly collaborative performance measures data reports and assisting with other data needs.

• LA HAP staff

The Louisiana Health Access Program (LA HAP) consists of the Health Insurance Program (HIP) and the Louisiana Drug Assistance Program (LDAP). Staff members are responsible for providing monthly data reports and guidance toward the quality component for their respective programs.

• All RWB programmatic staff members are responsible for participating in the QM plan as needed.

c) RWB and HOPWA Sub-recipients

- RWB sub-recipients are responsible for ensuring QM components of contract agreements and and.
- Their contract agreements include the following QM language:
 - o Contractor shall produce monthly, quarterly, and annual reports to monitor service utilization and expenditure and to ensure that services are provided delivered.
 - o Contractor shall establish and submit to SHHP for approval, a quality assurance and monitoring protocol. This protocol will include, at a minimum, a plan to monitor to monitor 5% of all active client files on a quarterly basis. For each of the client files reviewed, the contractor must verify the accuracy of information entered into, or imported into COBROW.
 - o Undergo an external review of a minimum of 5% of all active client files on an annual basis, to be reviewed by SHHP.
 - o Contractor shall conduct annual client satisfaction surveys, collecting information from a minimum of 10% of enrolled clients to obtain input from the clients in the design and delivery of services.



Performance Measurement



- Describe how PMs are selected and regularly reviewed for relevance, need, etc.
- Describe the process to collect PM data
- Describe the process to analyze the PM data including stratifying the data to identify health disparities and sharing the data with stakeholders
- Identify PMs for all RWHAP funded service categories



Performance Measurement Example



E. 2024-2025 Performance Measures

The RWE program utilizes performance measurement data to identify and prioritize QI projects, routinely monitor the quality of care provided to PLWH, and to evaluate the impact of changes made to improve the quality and systems of HIV care.

A. Louisiana HIV Clinical Quality Group:

Specific clinical and prevention indicators to be measured include (data stratification by region, race/ethnicity, gender, age, risk can be performed to assess for disparities):

- Percentage of PLWH who had VL<=200 in the measurement year.
- Percentage of PLWH prescribed antiretroviral therapy in the measurement year.
- Percentage of PLWH had one medical visit in the first 6 months of the measurement year, but did not have one in the last 6 months of the measurement year.
- Percentage of PLWH who had a serologic test for syphilis at least once during the measurement year.
- Percentage of PLWH who had a test for chlamydia at least once during the measurement year.
- Percentage of PLWH who had a test for gonorrhea at least once during the measurement year.
- Percentage of PLWH who had a test for Hepatitis C (HCV) at least once in the measurement period.

B. Selected Measures for RWE Funded Services Only:

In addition to the Cross-Parts measures listed above, RWE is specifically reporting on the following health outcome measures for funded HRSA services.



Core and Support Service Category	Performance Measure, including numerator and denominator
Emergency Financial Assistance	# clients receiving EFA who had at least one CD4/VL in the measurement year/ # of clients receiving EFA in the measurement year # of clients receiving EFA who had a VL<=200 in the measurement year/ # of clients receiving EFA in the measurement year
Food Bank/Food Voucher Service	# clients receiving food assistance who had at least one CD4/VL in the measurement year/ # of clients receiving food assistance in the measurement year # of clients receiving food assistance who had a VL<=200 in the measurement year/ # of clients receiving food assistance in the measurement year
Medical Transportation Services	# of clients receiving transportation services who had at least one CD4/VL in the measurement year/ # of clients receiving medical transportation services in the measurement year # of clients receiving transportation services who had a VL<=200 in the measurement year/ # of clients receiving transportation services in the measurement year
Mental Health Services	# of clients receiving MH services who had at least one CD4/VL in the measurement year/ # of clients receiving MH services in the measurement year # of clients receiving MH services who had a VL<=200 in the measurement year/ # of clients receiving transportation services in the measurement year
Non-Medical Case Management	# of clients receiving non- medical CM services who had at least one CD4/VL in the measurement year/ # of clients receiving CM services in the measurement year # of clients receiving non- medical CM who had a VL<=200 in the measurement year/ # of clients receiving CM in the measurement year
Oral Health Care Services	# of clients receiving oral health care services who had at least one CD4/VL in the measurement year/ # of clients receiving oral health care services in the measurement year
	# of clients receiving oral health care services who had a VL<=200 in the measurement year/ # of clients receiving oral care services in the measurement year
Psychosocial Support Services	# of clients receiving psychosocial support services who had at least one CD4/VL in the measurement year/ # of clients receiving psychosocial support services in the measurement year # of clients receiving psychosocial support services who had a VL<=200 in the measurement year/ # of clients receiving psychosocial support services in the measurement year
Substance Use Outpatient Care	# of clients receiving SU services who had at least one CD4/VL in the measurement year/ # of clients receiving SU services in the measurement year # of clients receiving SU services had a VL<=200 in the measurement year/ # of clients receiving SU services in the measurement year





Quality Improvement



- Describe the QI approach or methodology used (Model for Improvement)
- Describe how QI priorities or projects are selected
 - State the QI priorities or projects for the current contract year (housing)
- Describe how QI projects are documented (storyboard)



Quality Improvement Example



III. Quality Program Implementation

F. Data Collection

- The SHHP Data team, Surveillance unit and other staff will assist with data collection
- Data Sources include:
 - CAREWare 6.0
 - Electronic HIV/AIDS Reporting System (eHARS)
 - Pharmacy Benefits Manager Reports
 - Case management site visit review tools
- Reporting
 - RWB sub-recipients will be required to report data on specified performance indicators
 - The Services Quality Manager will compile and present Quality Improvement project data to internal SHHP staff
 - Support Services staff will review findings
 - Findings will be shared with Part B sub-recipients and STD/HIV/Hepatitis Program leadership
 - Findings will be used to develop continual QI activities
 - Annual QM reports will be posted on the SHHP's LDH website

G. Core Performance Measurement

The CQI Steering Committee will monitor and report on outcome measures semi-annually

Indicators will be selected to assess the essential core services of RWB and HOPWA Program

Selection will be based on data availability and feasibility of measurement

Quality Improvement Projects

- l) The Services Quality Manager will work closely with the Services Program Manager, Support Services Monitor, Services Data Team and key staff to select and prioritize statewide or system QI projects
- m) The team will utilize data to guide project selection
- n) CQI will be used and may consist of the following:
 - Model for Improvement/PDSA cycles
 - Cause and effect diagrams
 - Flow chart analysis
 - DMAIC
 - Storyboarding
 - Brainstorming
 - Activity logs

H. Capacity Building

- a) RWB Capacity Building Specialist will be responsible for coordinating technical assistance/training for RWB sub-recipients.



Evaluation Plan*



- Describe how the effectiveness of the QM program is evaluated
 - How often is the program's effectiveness discussed?
 - How is leadership informed of program progress issues?
 - How and when are evaluation findings shared? With whom?
 - How are ineffective QM activities addressed?

*Required



Evaluation Plan Example



IV. Evaluation

I. Self-Assessment

- a) The Evaluation Unit will evaluate the QM Program on an annual basis.

J. Site Visits

- a) Site visits are conducted annually, by the SHHP Services staff to review the OM plan and QI activities of RWB sub-recipients.



SHHP-Wide Evaluation Plan



RYAN WHITE PART B SERVICES

<u>Program Supervisor</u>	Brandi Bowen, Support Services Supervisor
<u>Primary Contact</u>	Susan Gamer, Support Services Monitor
<u>SHHP Unit</u>	Services
<u>Type of project</u>	Program Evaluation, Quality Management
<u>Grant Information</u>	Ryan White Part B / HRSA
<u>Program Description</u>	The Ryan White Program provides support services to people living with HIV/AIDS. Support services include case management, dental care, direct emergency financial assistance, housing assistance, medication assistance, counseling, substance abuse treatment and transportation assistance.
<u>Priority Populations</u>	PLWH meeting eligibility requirements mandated federally and within SHHP program services standards.
<u>SHHP Role</u>	Monitor Ryan White Part B community based organizations contracted to provide support services throughout Regions III-IX.

Evaluation Questions:

- How long from presentation at an agency to receiving the services?
- Where are clients failing on the acuity scale and are they moving up and down the acuity scale?
- How many clients have missed an appointment because of transportation issues?
- Are issues being documented?
- Explore how programs are being run
- What is the current process on referrals?
- Who does the most referring and what kinds of referrals?
- Was the referral successful or unsuccessful when the status is updated?
- Review the referring data alongside the Needs Assessment data to inform budgeting
- How many referrals are for mental health/psychosocial support/substance use

Required Evaluation Measures/Indicators:

Other Evaluation Measures/Indicators:

Program Activities:

Transition to cost-reimbursement system.

Increase FPL eligibility to 500%

Relevant Targets and Jurisdiction Objectives:

9

Get Local Louisiana EHE Plan Objectives, Strategies, and Activities:

N/A

Dissemination Activities:

- February 2019 – Sara Woody –HIV/AIDS Bureau/ Health Resources and Services Administration (HRSA), "Approaches to Inform Hepatitis C Virus Surveillance and Reporting Within the Health Resources and Services Administration's Ryan White HIV/AIDS Program"
 - P: Presentations >> Hepatitis >> 2019 NHPC Session C12 Combined Slides_final
- December 2018—DeAnn Gruber (Presenter) to RWCA "2018 National Ryan White Conference on HIV & Treatment"
 - P: Presentation >> DeAnn >> RWCA Medicaid Presentation Dec 2018
- October 2019 – Kristina Larson (Presenter) to 2018 National Ryan White Conference on HIV Care & Treatment, "Utilizing Data to Monitor Effect of Medicaid Expansion on Louisiana's AIDS Drug Assistance Program"
 - P: Presentations >> Services >> RW Conference 2018 >> Leveraging Partnerships and Data Systems for Program Monitoring and Outcomes
- November 2018 – Kristina Larson (Presenter) to RW Conference, "Use of Statewide HIV Clinical Quality Group to Improve Viral Suppression in Louisiana"
 - P: Presentations >> Services >> RW Conference 2018 >> Use of a Statewide HIV Clinical Quality Group to Improve Viral Suppression in Louisiana

Potential Projects:

Select Literature:

Important Documents and Folders:

F:\Evaluation\Evaluation Planning\Part B (Support Services)



Work Plan



- Provides a thorough overview of implementation: establishes timelines, milestones, and accountability for all clinical quality management program activities outlined in the clinical quality management plan
- Table format may be used to state goals with columns detailing objectives, key activities (milestones), timelines (target dates), responsible parties (accountability), and outcomes/impact
- Describe how the work plan will be shared/communicated with all stakeholders



Work Plan Example



APPENDIX A. IMPLEMENTATION/WORK PLAN April 2024-March 2025

Goal A: Ensure full implementation of the 2024-2025 RWB QM work plan					
Areas	Objectives	Key action steps	Point/s of Contact	Data Sources/ Reporting Method	Timeline
QM Plan	Complete/finalize 2024-2025 QM Plan	Draft 2024-2025 QM Plan based on feedback received from program staff and sub-contractors	RWB Services Quality Manager	Include updates in written plan	Due January 2024
		Approve updated QM plan	SHHP Services Program Manager	Approval date	Due March 2024
	Monitor progress of QM work plan	Provide quarterly QM program report on QI projects and submit to Evaluation Supervisor and Services Program Manager	RWB Services Quality Manager	Quarterly QM Report/Updates on QI projects	Due Quarterly
		Evaluate RWB QM Program	Submit annual QM program report	RWB Services Quality Manager	Annual QM report
Goal B: Strengthen Louisiana HIV Clinical Quality Group (LHCQG) to implement QI activities in Louisiana through shared knowledge and training about quality care.					
Areas	Objectives	Key action steps	Point/s of Contact	Data Sources/ Reporting Method	Timeline
Quality Group Participation	Actively engage cross-parts group participants from each region of the state	Invite all Ryan White parts to fully participate in LHCQG as outlined in the LHCQG QM Plan	RWB Services Quality Manager	Meeting minutes and roster (quarterly)	Due Quarterly
		Encourage data sharing by requiring that LHCQG members submit HRSA core measures as quality indicators	LHCQG members	HRSA measures submitted quarterly Presentation Slides	Due Quarterly
Quality Improvement Activities	Identify a collective QI project	Review quality indicators submitted by LHCQG members and identify area of improvement	LHCQG members	LHCQG QM Plan	Due Quarterly
		Aggregate submitted data indicators in order to produce a collective measure to track improvements	RWB LHCQG Data Liaison	Aggregated data indicators, Meeting minutes/presentation on slides	Due Quarterly
	Use PDSA cycle as QI methodology to document QI project outcomes	Complete a full PDSA cycle	LHCQG members	Meeting minutes/Storyboard Presentations	Due Annually

Goal C: Ensure that support services provided by RWB sub-recipients adhere to the most recent US Public Health Service guidelines, federal and state regulations.					
Areas	Objectives	Key action steps	Point/s of Contact	Data Sources/ Reporting Method	Timeline
Sub-recipient Assessments	Assess RWB sub-grantees for compliance with standards of care through annual site visits	Review at least 5% of client files at each support service sub-contractor agency during annual monitoring site visits.	RWB Support Services Monitor	Client chart reviews	Annual
		Draft Corrective Action plan for sub-recipients to correct findings	RWB Support Services Monitor	Completed corrective action plan	Annual
	Assess RWB sub-grantees for compliance with QI contractual requirements on a quarterly basis	Review agency quarterly QM activities	All support service sub-recipients	QM section of quarterly reports	Due Quarterly
RWB support services case management standards	Fully implement revised standards of care for RWB support service agencies in Louisiana	Host a "provider call" for RWB support services staff to introduce the new standards of care	RWB Support Services Monitor	Meeting minutes	Annually, when needed
		Schedule quarterly provider calls with RWB support services staff to monitor and discuss implementation	RWB Support Services Monitor RWB QM Coordinator	RWB support services sub-contractor quarterly reports, Meeting minutes	Due Quarterly
Goal D: Increase knowledge of Quality Improvement among RWB support services sub-recipients					
Areas	Objectives	Key action steps	Point/s of Contact	Data Sources/ Reporting Method	Timeline
QI knowledge assessment	Survey sub-contractor staff to assess knowledge of and QI topics of interest	Develop survey in survey monkey	RWB Services Quality Manager	Survey Monkey	Biannually
		Complete analysis of survey	RWB Services Quality Manager	Survey Monkey	Biannually
	Provide QI trainings to RWB sub-recipients	Identify topics and dates of trainings	RWB Quality Services Manager and NQC Consultant	Training curriculum	Biannually
		Conduct at least two trainings on identified topics	RWB Quality Services Manager and NQC Consultant	Training curriculum	Biannually
		Evaluate training sessions	RWB Quality Services Manager and NQC Consultant	Survey Monkey/Questionnaire	Due after each training session



Revising & Updating Your Existing QM Plan

- Assemble a review team to determine:
 - What are the results of our last CQM plan evaluation?
 - *What new activities should be added?*
 - *What activities should be deleted?*
 - *What activities do we continue?*
 - Are the objectives still relevant? Actionable?
 - Is the work plan being implemented?
 - Is program progress being tracked?
 - Does program progress correlate to the work plan action items?
 - How and when to amend, document and implement?



QM Plan Best Practices



- Quality over quantity
- Specificity matters
- Living document
- Practical utility



Discussion & Questions



Thank you!

Darlene Anderson

Darlene.Anderson2@la.gov