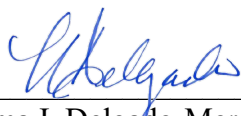


**Puerto Rico Department of Health
Auxiliary Secretariat for Family Health and Integrated Services
Central Office for AIDS Affairs and Transmissible Diseases
Ryan White Part B/ADAP Program**

2022 Work Plan

Clinical Quality Management Program

Prepared by:
Quality Guidance Committee
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Version

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Puerto Rico Department of Health

**Auxiliary Secretariat for Family Health and Integrated Services
Central Office for AIDS Affairs and Transmissible Diseases
Ryan White Part B/ADAP Program**

Puerto Rico Clinical Quality Management Program

Overview

The Puerto Rico Department of Health (PRDOH) is the agency responsible for safeguarding the health and wellness of the Island’s population. Therefore, the Health Resources and Services Administration (HRSA) entrusted it with the responsibility of managing funds provided under the Ryan White Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). To accomplish this, the PRDOH established the Ryan White Part B/ADAP (RWPBA) Program within the administrative structure of the Office for AIDS Affairs and Transmissible Diseases (known by its Spanish acronym as OCASET). The RWPBA Program is responsible for the administration of the grant, and for overseeing and monitoring that HIV medical and supportive services delivered to people with HIV in Puerto Rico are of high quality; thus facilitating access to a comprehensive continuum of high quality HIV care and treatment.

Since the 2000 re-authorization of the Ryan White Act, HRSA expected all jurisdictions and grantees to have a Clinical Quality Management Program. More specifically, in the Ryan White Treatment Act of 2006 it is stated that:

“The chief elected official/grantee... shall provide for the establishment of a clinical quality management program to 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 the treatment of HIV disease and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.” HR6143 (PL109-415) Sec. 2604 (h) (5) (A)

The present document represents the Puerto Rico Ryan White Part B/ADAP Program’s plan to develop and sustain such efforts as to assure consumers that constant steps are being taken to improve services provided to people with HIV: the Puerto Rico Ryan White Part B/ADAP Clinical Quality Management Plan. This Plan covers the period between January 1 and December 31, 2022. Also, it constitutes a dynamic document that will be reviewed and updated as needed; thus being responsive to changes in the service delivery system, to changes/updates to HRSA’s quality policy, requirements and recommendations, and to changing trends in the HIV epidemic.

Quality Statement

The Ryan White Part B/ADAP (RWPBA) Clinical Quality Management Program (CQMP) is essential to monitor and assess whether medical and support services delivered through the RWPBA provider network, to people with HIV in Puerto Rico, are of high quality; thus facilitating access to a comprehensive continuum of high quality HIV care and treatment. This is going to be accomplished by, the following endeavors: (1) promoting and facilitating access to appropriate HIV care and support services based on monitoring demographic, performance and utilization trends; (2) developing and implementing a CQM plan; (3) assessing and monitoring performance level and compliance with stated goals/objectives; (4) identifying deviations in performance level that precludes achieving expected outcomes; (5) developing strategies and activities aiming to improve performance accordingly; and (6) conducting health disparity analyses aimed at assisting in developing strategies focused on reducing disparities in viral load suppression; among others. The CQMP focuses on sustaining open communication with sub-recipients and other sponsored clinics and organizations from the RWPBA provider network, as well as with people with HIV, regarding RWPBA Program undertakings for addressing outcome improvement. Also, the PR-RWPBA CQMP is based on the HRSA Quality Management Technical Assistance Manual, the Clinical Quality Management Policy Clarification Notice (PCN) #15-02, updated on September 1st, 2020, and other HRSA's requirements and guidance documents.

Mission

- Assure that the clinical and support services provided by organizations receiving Ryan White Part B funding in Puerto Rico are accessible and in agreement with the most recent treatment standards, policies, and other requirements, through the use of continuous quality improvement processes and methodology.

Vision

- Agencies providing effective and efficient quality services aimed at eliminating health care disparities, promoting people with HIV empowerment and self-determination, and improving the health and wellbeing of all persons affected by HIV.

Values

- | | | |
|--------------|---------------|---------------|
| - Commitment | - Improvement | - Empathy |
| - Respect | - Sensibility | - Honesty |
| - Quality | - Objectivity | - Consistency |

Clinical Quality Management Program

In order to implement the Clinical Quality Management Program (CQMP), the RWPBAP has focused its efforts in assuring that clinical and support services delivered by organizations receiving Ryan White Part B funding in Puerto Rico are accessible and in agreement with most recent treatment standards, according to PHS Treatment Guidelines, HAB/HRSA requirements and recommendations, and PRDOH expectations and recommendations. The RWPBA Clinical Quality Management Program (CQMP) is responsible for working directly with sub-recipients,

and other sponsored clinics and organizations from the RWPBA provider network to provide overall direction regarding quality improvement issues pertaining to the Quality Management Plan, and to implement, monitor and exchange any needed data for performance measurement and quality improvement activities. The CQMP is engaged in the constant coordination of activities focusing at improving patient care and health outcomes, eliminating/reducing health disparities regarding viral load suppression, promoting participation of people with HIV in quality improvement processes and quality committees' meetings, and improving patient satisfaction.

CQMP Goals

1. Improve the quality of medical and supportive services delivered to people with HIV in Puerto Rico throughout the RWPBA provider network by continually monitoring and assessing performance level regarding HIV medical and supportive services.
2. Ensure that treatments are delivered in accordance with the most current Public Health Services (PHS) Treatment Guidelines, HAB/HRSA requirements and recommendations, and PRDOH expectations and recommendations.
3. Eliminate health disparities regarding viral load suppression among people with HIV receiving medical HIV care at PRDOH Transmissible Diseases Prevention and Treatment Centers (CPTETs, *Spanish acronym*).
4. Promote participation of people with HIV in quality improvement processes and Quality Committee Meetings.
5. Improve clinical and psychosocial resources capacity and skills about quality and best practices to strengthen the Ryan White Part B/ADAP Clinical Quality Management Program.

Three essential components are necessary to implement a comprehensive CQMP that is able to meet above mentioned goals, as follows: (1) Infrastructure; (2) Performance Measurement; and (3) Quality Improvement (*Clinical Quality Management Policy Clarification Notice (PCN) #15-02, updated 09/01/20*). Each of these components have a distinct role in the overall CQM Program.

Infrastructure

Leadership

The Ryan White Part B/ADAP (RWPBA) leadership has embraced the quality improvement initiative, and is compromised with quality improvement processes; thus, adopting, and undertaking quality improvement projects and activities as an essential and integral component of overall RWPBA endeavors. The RWPBA Program Director, as well as representatives from all Part B Program Services Units and Administration are engaged and support quality improvement projects, activities, and processes by actively participating as members of the Quality Guidance

Committee (QGC). Also, the afore mentioned RWPBA managerial and administrative leadership participates in all scheduled QGC meetings, and partakes in the decision-making process to define quality standards, expected outcomes, and the processes to achieve them as it relates to services provided to people with HIV in Puerto Rico, through the RWPBA provider network. The Part B Program Director is responsible for closely monitoring programmatic and fiscal requirements of all contracts and grant awards, including quality management requirements, and supervision of the Quality Management Program (QMP) Coordinator.

Basic Components, Dedicated Staffing, and Resources

In order to implement the Clinical Quality Management Program (CQMP), the Ryan White Part B/ADAP Program has maintained a formal infrastructure that allows for achieving the proposed plan. This infrastructure has three basic components: the Quality Guidance Committee (QGC); the Evaluation, Planning and Quality Management Unit (EPQMU); and the Comprehensive Quality Committee (CQC); all with well-defined roles and responsibilities. A copy of the PR-RWBA CQMP Organizational Structure is included as Attachment 1.

A. Quality Guidance Committee

The **Quality Guidance Committee** (QGC) leads and provides oversight and guidance in the planning and implementation of the RWPBA Annual Clinical Quality Management Plan. It is engaged in assessing and reviewing outcomes for improving the quality of clinical and supportive services delivered to people with HIV in Puerto Rico throughout the RWPBA provider network. Also, the QGC is the unit responsible for planning all quality improvement activities and reviewing quality management plans developed by the Program's grantees. This Committee meets on a quarterly basis and is constituted by 17 members representing all Part B Program Services Units and Administration, people with HIV, trans community, OCASET, and HIV/STD Prevention Program. All providers are represented in the QGC, as follows:

- Coordinating Agencies are represented by the Complementary HIV Services Unit (CHSU) Coordinator. The CHSU Coordinator is responsible of disseminating information concerning to Coordinating Agencies issues that were discussed in QGC meetings.
- ADAP external network providers are represented by the ADAP Data Analyst. The ADAP Data Analyst is responsible of conferring with the ADAP Coordinator about issues, expectations, and other information discussed in QGC meetings regarding ADAP external network providers. Moreover, either the ADAP Data Analyst or the ADAP Coordinator proceeds to disseminate information regarding ADAP indicators performance level, changes in policy requirements and/or expectations, updated clinical guidelines, etc., amongst ADAP external network providers.
- PRDOH Transmissible Diseases Prevention and Treatment Centers (CPTETs, *Spanish acronym*) are represented by OCASET and RWPBA programmatic units' coordinators appointed as quality mentors. OCASET and Quality mentors are responsible of

disseminating information discussed in QGC meetings regarding CPTETs performance measures, changes in policy requirements and/or expectations, updated clinical guidelines, etc.

In addition, there are two (2) Ex-Officio members who are the Medicaid Program representative, and the HIV Surveillance Program representative. Ex-Officio members' participation is requested when deemed necessary. During Committee meetings, members go through CAREWare data, review submitted quality improvement work plans, propose specific actions for quality improvement at all levels of the Ryan White-sponsored service delivery system, and oversee the implementation of proposed plans.

Quality Guidance Committee members have the responsibility of making clear and specific recommendations to the Ryan White Part B/ADAP Program to establish minimum quality standards, expected outcomes, and the processes to achieve them as it relates to services provided to people with HIV in Puerto Rico. These standards in turn will be equal or better than those established by regulating agencies such as the Health Resources and Services Administration (HRSA), the Centers for Diseases Control and Prevention (CDC), the Department of Health and Human Services (DHHS), the Puerto Rico Department of Health or other similar agencies who are responsible for establishing the expected level of health service provision. Also, this committee is responsible for developing and reviewing the CQMP's annual work plan; as well as, to identify trends, strengths, barriers precluding compliance with expected values, particular areas in need of improvement, etc. They will design Island-wide quality improvement projects as needed throughout the Ryan White budget periods. This committee will regularly review CAREWare monthly, quarterly, and annual reports to identify quality improvement opportunities as well as to make specific recommendations for change.

Roles and Responsibilities of QGC members:

- **CQMP Coordinator**

The Clinical Quality Management Program (CQMP) Coordinator is the person responsible for sustaining the direction of the CQMP as well as facilitating all meetings to ensure its continuous effectiveness. He/she will oversee all QGC operations and recommend actions directed at implementing the approved CQM plan. He/She will regularly report CQMP progress to the Part B/ADAP Program Director. In conjunction with the EPQMU, he/she is responsible for the day-to-day operations of the CQMP. He/She will disseminate all information pertaining to the Program; as well as support and facilitate in the planning of all activities within the established work plans. He/She will be responsible for preparing materials to be distributed at meetings as well as for maintaining Program's documentation. In addition, the CQMP Coordinator has been responsible for regularly disseminating updated clinical information as it is distributed by the Public Health Service (PHS), U.S. Food and Drug Administration (USFDA), U.S. Department of Health, National Institutes of Health (NIH) or the Northeast/Caribbean AIDS Education and Training Center (AETC).

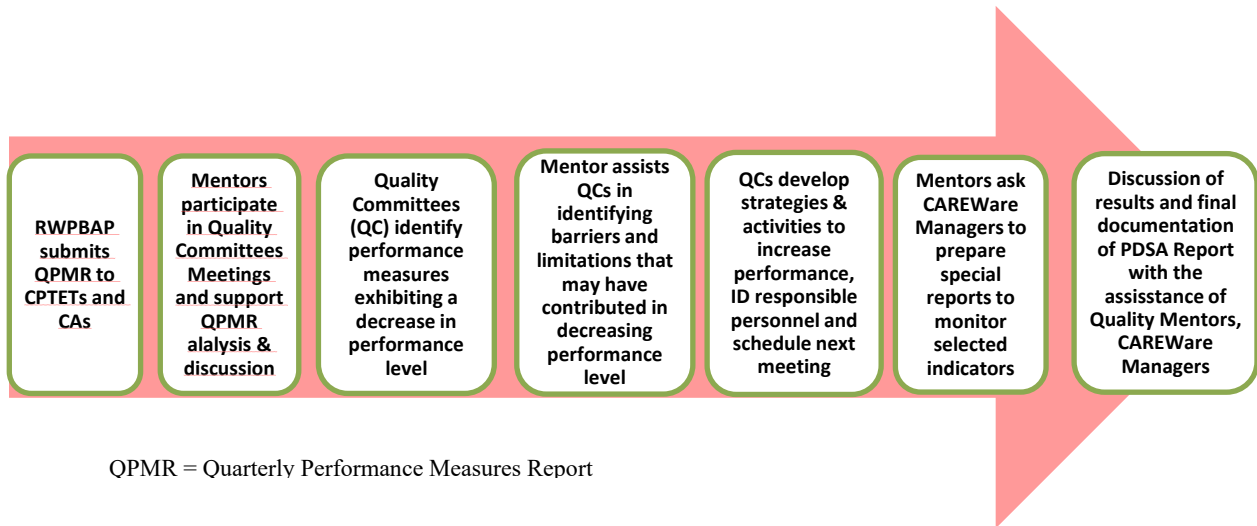
- **Part B/ADAP QGC members**

These members come from all Part B Programmatic Units, including the Administration Unit; and therefore, represent Ryan White Part B interests in all CQM plan activities. Part

B/ADAP QGC members will ensure that all Program requirements are met and will sustain communication with all clinics and organizations in the RWPBA providers’ network. Also, they are responsible for monitoring and overseeing compliance with ADAP Quality Management Plan, and with individual quality management plans submitted by CPTETs and Coordinating Agencies.

- **Quality Mentorship Initiative**

QGC members will also serve as mentors and technical assistance providers for local quality committees. More specifically, they will offer mentoring services to regional/local quality committees established at CPTETs and Coordinating Agencies (CA) as Ad Hoc quality committee members. The RWPBA Program implemented the Quality Mentorship Initiative in the year 2010 aiming to provide a more structured, tailored and individualized assistance to the Puerto Rico Department of Health (PRDOH) CPTETs and Part B Community-based Coordinating Agencies (CAs) in monitoring, reviewing, discussing and analyzing performance measurement data. Also, Mentors provide assistance and coaching on how to identify opportunities for improvement, how to use the PDSA cycle methodology, documenting actions/activities intended at increasing performance level and their progress in achieving expected outcome in the corresponding PDSA Implementation form, as follows:



QPMR = Quarterly Performance Measures Report

All CPTETs and CAs have a mentor assigned to provide technical assistance and guidance on issues related to quality improvement. Quality mentors should attend CPTETs’ and CAs’ Quality Committee meetings at least quarterly and serve as liaisons with the QGC to ensure fast and accurate exchange of information and to facilitate the implementation of CPTETs and Coordinating Agencies Quality Management Plans. Also, mentors have time allotted to share and exchange information with other mentors; this space is provided in quarterly QGC meetings. Moreover, if there is an urgent or an emergent situation that needs to be addressed, a meeting of mentors is convened to provide support and recommendations. Quality Mentors are responsible of assisting and coaching about how to use performance measures reports to monitor compliance with expected outcomes and to identify opportunities for improvement.

- **CAREWare Data Managers**

CAREWare Managers are responsible for the preparation of CPTETs and CAs quarterly performance measures reports, and CPTETs monthly utilization report by service category (this report includes tables with demographic information of patients served monthly); both reports are prepared individually by CPTET and CA. Furthermore, CAREWare Managers generate other special data reports, and analyses required for quality improvement activities. This role is of pivotal importance in providing necessary data to guide in the implementation of quality improvement projects and in assessing the effectiveness of quality improvement strategies. CAREWare Managers actively participate in the Part B/ADAP Quality Guidance Committee (QGC) meetings and in the Comprehensive Quality Committee (CQC) meetings. They, also, provide technical assistance to RW Part B providers on how to effectively document information regarding delivered services, in the CAREWare database system, and on data related issues or difficulties that preclude compliance with selected performance measures; as well as, in identifying barriers and suggesting strategies to overcome stated barriers, in coordination with Quality Mentors. Also, CAREWare managers provide support in monitoring and assessing compliance with PR HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021 objectives. They coordinate with other PRDOH Programs and organizations to obtain the necessary data to generate the jurisdictional HIV Care Continuum.

- **Community Representatives**

People with HIV are represented in all decisions relating to the PR- RWPBA CQMP. These persons epitomize the diversity of individuals affected by HIV infection. In addition, these persons are responsible for providing the Committee with the participants' perspective; as well as, for bringing attention to the impact of QGC determinations on those receiving direct medical and psycho-social services. A total of four (4) persons with HIV have been participating steadily in QGC meetings. These individuals represent the diversity of issues and challenges faced by heterosexual women, MSM, trans community, and 50+ individuals affected by HIV infection; thus, speaking and serving as liaisons with the community of people with HIV in Puerto Rico that are served by the PR-RWPBA Program.

- **ADAP Data Analyst**

This person monitors and assesses compliance with ADAP performance measures. The ADAP Data Analyst is responsible for generating ADAP Quarterly Performance Measures Reports that assist in monitoring compliance with ADAP performance measures across all 51 HIV clinics, including 8 CPTETs, in the ADAP providers' network. These reports are generated individually by HIV clinic in the ADAP providers' network. Furthermore, the ADAP Data Analyst generates the Inappropriate ARV Regimen Report regarding inappropriate ARV regimen components that were dispensed to ADAP clients. The Inappropriate ARV Regimen Report is generated annually; also, it is prepared individually by HIV clinic in the ADAP providers' network.

- **QGC Ex-Officio members**

These are the Puerto Rico Medicaid Program representative, and the HIV Surveillance Division representative.

B. Evaluation, Planning and Quality Management Unit

The **Ryan White Program's Evaluation, Planning and Quality Management Unit (EPQMU)** is the CQMP infrastructure's second element. This Unit is the CQMP's operational component responsible for creating data and evaluation systems, analyzing information obtained through these systems and implementing the Guidance Committee's plans and projects. The Unit is a permanent constituent of the Part B/ADAP Program and is essential in supporting the CQMP. The Ryan White Program's EPQMU is guided by the Part B/ADAP Program Director and is constituted by one (1) Clinical Quality Management Coordinator/Evaluator, one (1) Program Planner, two (2) CAREWare Data Managers, one (1) Data Entry, one (1) IT Programmer, and one (1) Consultant for developing Best Practices Protocols according to the **Puerto Rico HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021**. CAREWare (CW) Data Managers maintain and analyze data systems, as well as related infrastructure. The Clinical Quality Management Coordinator/Evaluator is the person responsible for sustaining the direction of the CQMP; as well as, for facilitating all meetings to ensure its continuous effectiveness. He/she will oversee all QGC operations and recommend actions aimed at implementing the approved CQM plan. In conjunction with the EPQMU, he/she is responsible for the day-to-day operations of the CQMP and for implementing all QGC plans. The EPQMU coordinates and supports all CQMP meetings and activities, including the preparation of supporting documentation for the CQMP. Also, the EPQMU disseminates all critical information, in particular updates of treatment guidelines, to all grantees and Part B sponsored service providers.

Roles and Responsibilities of EPQMU:

- The Part B Evaluation, Planning and Quality Management Unit, including the CW Data Managers, are key individuals in sustaining the CQMP. CW Data Managers are responsible for the preparation of quarterly performance measurement reports, monthly utilization reports by service category, and other data reports required for supporting quality improvement activities; this role is of pivotal importance in providing necessary data to guide in the implementation of quality improvement projects, and in assessing the effectiveness of quality improvement strategies. The EPQMU is responsible for implementing and following up on the Annual CQM Work Plan as well as other activities planned by the QGC. These individuals, guided by the Part B/ADAP Director, provide support to ensure that actions and activities are completed on time and that the required reports are presented to HRSA, or any other organization. In addition, the EPQMU is responsible for generating CAREWare reports as scheduled so the QGC can review them and make timely decisions.

C. Comprehensive Quality Committee (CQC)

The third component of the CQMP is the **Comprehensive Quality Committee (CQC)**. This committee is composed by representatives from all PR-RWPBA providers in the Island, including the PRDOH's Transmissible Diseases Prevention and Treatment Centers, known by

its Spanish acronym as CPTETs, and Coordinating Agencies. Also, people with HIV receiving health and support services through the RWPBA providers' network, the ADAP External Network, which includes RW Parts A, C & D grantees, and other private community centers, are represented in the CQC. These individuals are either members of their organizations' quality committees or representatives of the organization's executive directors. This committee meets on the first month of each quarter to discuss the CQMP's implementation, receive information on CQMP expectations and provide the Quality Guidance Committee with feedback in terms of the viability of each objective or action included in the Work Plan. They have the primary responsibility of implementing each organization's individual quality improvement plan, while working in close collaboration with the QGC. Critical information on CQMP's focus and priorities is discussed and disseminated during quarterly CQC meetings, as well as through regular communication with the QGC. **All organizations participating of the CQC are asked to align their individual quality improvement plans with the jurisdiction-wide plan.** Progress toward achieving jurisdictional objectives is regularly checked by QGC and progress reports are made public during CQC meetings.

Roles and Responsibilities of CQC:

- The Comprehensive Quality Committee is the forum in which all the components of the CQMP are represented. This Committee also provides the QGC with feedback on local QM plan implementation activities to consider in the development and of the Program's overall plan.

Through this infra-structure, individual organizations participate in the decision-making process and provide feedback and recommendations to program managers and decision-makers to effectively sustain and improve the CQMP.

Clinical Quality Management Plan

Components and Goals

The Clinical Quality Management Plan is constituted by three (3) main components, as follows: (1) Infrastructure; (2) Performance Measures; and (3) Capacity Building. There is a specific goal related to each of the Clinical Quality Management Plan's components, as follows:

1. Maintain and strengthen Quality Management infrastructure in agreement with HAB/HRSA guidance and expectations during calendar year 2022.
2. Ensure adherence to best practices regarding medical and psychosocial services provided to people with HIV according to PHS HIV/AIDS treatment guidelines during calendar year 2022; thus, contributing to maintain viral load suppression among HIV/AIDS patients.
3. Improve clinical and psychosocial resources capacity and skills about quality and best practices to strengthen the Ryan White Part B/ADAP Clinical Quality Management Program during calendar year 2022.

Update and Approval of RWPBA Clinical Quality Management Plan

The Clinical Quality Management Plan is updated annually. However, it constitutes a dynamic document that could be amended as needed; thus, being responsive to changes in the service delivery system, to changes/updates to HRSA's quality policy and requirements, and to changing trends in the HIV epidemic, etc. The CQMP Coordinator is responsible for reviewing and updating the RWPBA Clinical Quality Management Plan; once updated, by the CQMP Coordinator, the Clinical Quality Management Plan is reviewed by RWPBA Program Director and shared with QGC members for comments and recommendations. QGC members' comments and recommendations are reviewed by the CQMP Coordinator and the RWPBA Program Director, and are integrated accordingly. Finally, the RWPBA Program Director is responsible for Clinical Quality Management Plan approval.

Involvement of People with HIV

People with HIV are encouraged to express their opinions/concerns and to participate in quality and planning processes through different means, as follows: Quality Guidance Committee (QGC), Comprehensive Quality Committee (CQC), other quality committees (i.e.: CPTETs, Coordinating Agencies, ADAP External Network, etc.), workshops and educational interventions to CPTETs' patients, RWPBA Planning Body, ADAP Advisory Committee, Satisfaction Surveys, PR HIV Integrated Plan for Surveillance, Prevention and Treatment, etc. This attests to RWPBA Program commitment with engaging people with HIV in quality management activities. These persons are responsible for bringing the participants' perspective to different planning and working committees engaged in improving the quality of medical and supportive services delivered through the RWPBA provider network to people with HIV in Puerto Rico. In addition, these persons are responsible for bringing attention to the impact of QGC's determinations on those receiving direct medical and psycho-social services. A total of four (4) persons with HIV have been participating steadily in QGC meetings since 2016. As mentioned before, these individuals represent the diversity of issues and challenges faced by heterosexual women, MSM, trans community, and 50+ individuals affected by HIV infection; thus, speaking and serving as liaisons with the community of people with HIV in Puerto Rico that are served by the PR-RWPBA Program. Moreover, one of these individuals is the founder of the Movement in Response to HIV, Inc., which main objective consists in promoting awareness among peers about the fundamental importance of effective consumer's participation in all planning, decision making, and evaluation processes that ultimately affect and have a toll on the well-being of people with HIV. The Movement in Response to HIV, Inc. has worked in collaboration with Quality Mentors and CPTETs' Quality Committees in empowering and integrating persons with HIV as essential components in planning, evaluation and quality improvement processes. Quarterly Quality Performance Measures Reports and quality improvement projects are discussed in CPTETs and CAs Quality Committees meetings, where people with HIV are asked for their observations and recommendations.

Stakeholder Involvement

All stakeholders are represented in quarterly Quality Guidance Committee (QGC) meetings; thus, bringing and providing input, recommendations and suggestions into quality and planning processes and activities. In addition, Quality Performance Measures Reports are generated and delivered quarterly to major stakeholders (i.e.: OCASET Director, CPTETs' Directors, RWPBA Program Director, Case Management Supervisor, Clinical and Support Services Coordinator, Complementary HIV Services Unit Coordinator, Outreach and Retention in Care Coordinator, Coordinating Agencies, ADAP clinical providers, etc.). Performance measures data along with other quality activities, such as: technical assistance and mentoring activities, among others; has contributed to increase understanding among stakeholders on how to use data reports to monitor performance, identify improvement opportunities and design effective strategies to increase performance level and quality of care.

Evaluation of CQM Program

Evaluation of the Clinical Quality Management Plan in complying with expected outcomes and stated objectives is an essential and crucial component of the evaluation of the Clinical Quality Management Program (CQMP). The Clinical Quality Management Plan constitutes the blueprint that exemplifies all aspects related to the CQMP. Therefore, CQMP evaluation allows assessing whether the Program was effective in achieving expected outcomes and facilitating access to a comprehensive continuum of high-quality HIV care and treatment. The CQMP is formally evaluated annually. The CQM plan's work plan is used as a guide to verify whether established objectives have been accomplished. The CQMP Coordinator is responsible for completing the annual program evaluation report and submitting it to the RWPBA Program Director.

However, Quality Performance Measures Reports are generated quarterly, thus providing insight regarding quarterly progress in complying with expected outcomes. These reports are reviewed and discussed during Quality Guidance Committee (QGC) quarterly meetings. QGC members who also serve as mentors, and technical assistance providers for CPTETs and other local quality committees, monitor and discuss progress towards achieving expected outcomes, based on Quality Performance Measures Reports. Quarterly results are compared against expected outcomes to determine effectiveness of Clinical Quality Management Program strategies and activities. Quality Mentors assist in identifying barriers and limitations that preclude progress towards expected outcomes, and in promoting/facilitating discussions about how to overcome those barriers. Also, quality improvement projects are reviewed and discussed at every QGC meeting to assess progress towards expected outcomes, and to determine if any alteration or amendment should be made to comply with expected outcomes.

Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care and health outcomes on an individual or population level. Performance measures are

selected by the Quality Guidance Committee (QGC) and the RWPBA Program Director, based on assessing compliance level, attained quarterly, as depicted in the above-mentioned quality performance measures reports, and on changes/updates to the HAB/HRSA Performance Measures Portfolio. A total of 46 performance measures are going to be monitored and followed-up during calendar year 2022, as follows: CPTETs clinical performance measures (23), ADAP performance measures (5), Coordinating Agencies performance measurements (6), MAI Project (1), Oral health performance measures (4), and Viral Load Suppression among CPTETs' HIV patients who received selected supportive services coordinated through contracted Coordinating Agencies (7). See Attachment 2 for selected performance measures monitored by the RWPBA Program. Performance measures relevance and need is assessed annually according to the percent of eligible clients receiving at least one unit of service for a Ryan White Part B funded service category, as stated in the Clinical Quality Management Policy Clarification Notice (PCN) #15-02, updated on September 1st, 2020. However, HRSA HIV/AIDS Bureau core measures are always included among selected performance measures to be monitored by the RWPBA Program.

Clinics, agencies, and organizations in the RWPBA provider network are requested to document services provided to people with HIV through the CAREWare database system. The data entry process is conducted on-site at clinics, agencies and organizations providing Ryan White Part B funded services. CW Data Managers are responsible for the preparation of quarterly performance measurement reports, and other data analysis for quality improvement activities; this role is of pivotal importance in providing the necessary data to guide in the implementation of quality improvement projects, and in assessing the effectiveness of quality improvement strategies. Quarterly Quality Performance Measures Reports are generated by means of the CAREWare database system. Quarterly reports are delivered quarterly to major stakeholders.

The ADAP Data Analyst is responsible for generating ADAP Quarterly Performance Measures Reports that assist in monitoring compliance with ADAP performance measures. These reports are generated individually by HIV clinic in the ADAP providers' network and disseminated across all 51 clinical centers (including 8 CPTETs) in the ADAP network. Furthermore, the ADAP Data Analyst generates the Inappropriate ARV Regimen Report regarding inappropriate ARV regimen components that were dispensed to ADAP clients. The Inappropriate ARV Regimen Report is generated annually; also, it is generated individually by clinical center in the ADAP providers' network. This report is disseminated to clinical centers exhibiting findings regarding inappropriate ARV regimen components prescribed to ADAP clients during the measurement year. HIV clinics are requested to review and submit either a clinical justification for the prescribed ARV regimen components or evidence showing that the ARV regimen components prescription was subsequently modified by the prescribing physician.

As mentioned before, performance measure data is reviewed and analyzed quarterly during QGC meetings. Moreover, data regarding Disparities in Viral Load Suppression Reports and Graphs stratified by gender, age group, transmission factor, and HIV/AIDS status, among other variables, are generated twice a year, by means of the CAREWare database system; which, in turn, constitute a valuable tool for the QGC to identify improvement opportunities focused in decreasing health disparities regarding viral load suppression among people with HIV receiving medical HIV care at PRDOH CPTETs. These reports and graphs regarding disparities in viral load suppression

among PLWH receiving medical HIV care at CPTETs are shared and distributed to the RWPBA Program Director, Case Management Supervisor, Clinical and Support Services Coordinator, OCASET Director, CPTETs Directors and CPTETs Quality Committees.

Quality Improvement

All PRDOH CPTETs are requested to implement three (3) quality improvement projects (QIPs) during calendar year (CY) 2022. Quality improvement projects were selected by the QGC, as follows:

1. Viral load suppression among young people (13 thru 24 years old)

Target populations for viral suppression defined in the Puerto Rico HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021 were as follow: (1) young HIV patients 13 thru 24 years old; and (2) PIDs. Viral suppression amongst PIDs receiving HIV medical care at PRDOH CPTETs surpassed expected value of 82%, as stated in the PR HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021, since March 2021; thus exhibiting a viral suppression of 85.68%. Viral suppression among PIDs was sustained over 82% throughout CY 2021. Conversely, there is no need to implement a QIP focused at increasing viral suppression to at least 82% amongst PIDs receiving HIV medical care at PRDOH CPTETs during CY 2022.

Therefore, PRDOH CPTETs are requested to implement a QIP aimed at increasing viral suppression to at least 82 % amongst young HIV patients aged 13 thru 24 years old, during calendar year 2022.

2. Linkage to care within 30 days of diagnosis

3. Medical Case Management Care Plan updated at least twice in the calendar year

In addition, Coordinating Agencies (CAs) are requested to implement at least one (1) QIP during calendar year 2022. During calendar year 2022, CAs will be implementing quality improvement projects focused at increasing the percentage of people with HIV who completed referrals that were originated by CPTETs' Clinical Case Managers for services supported by Ryan White Part B funds that were coordinated through Coordinating Agencies.

Continuous Quality Improvement Methodology is utilized including among others:

- Brainstorming
- Root Cause Analysis
- Flow chart diagrams
- Pareto charts
- Model for Improvement: PDSA (Plan/Do/Study/Act Model)
- Histograms & Trend analysis

Performance measure data regarding QIPs is reviewed and analyzed quarterly during QGC meetings. In addition, quality mentors discuss QIPs performance measure data with CPTETs and Coordinating Agencies' Quality Committees, at least quarterly, to assess progress towards expected outcomes.

Work Plan

The Operational Quality Management Work Plan is updated annually. The CQMP Coordinator is responsible for reviewing and updating the Work Plan; once updated, by the CQMP Coordinator, the Work Plan is reviewed by RWPBA Program Director and shared with QGC members for comments and recommendations. Finally, the RWPBA Program Director is responsible for Operational Quality Management Work Plan approval. The approved Operational Quality Management Work Plan is shared with QGC members and major stakeholders: OCASET Director, CPTETs' Directors, RWPBA Program Director, Case Management Supervisor, Clinical and Support Services Coordinator, Complementary HIV Services Unit Coordinator, Outreach and Retention in Care Coordinator, ADAP coordinator, Coordinating Agencies, ADAP clinical providers, etc.

**Puerto Rico Department of Health
 Auxiliary Secretariat for Family Health and Integrated Services
 Central Office for AIDS Affairs and Transmissible Diseases
 Ryan White Part B/ADAP Program**

Ryan White Quality Guidance Committee

2022 Operational Quality Management Work Plan

Component: QM Infrastructure			
1. Goal 1: Maintain and strengthen Quality Management infrastructure in agreement with HAB and PHS guidance and expectations during calendar year 2022.			
Objective	Activities	Measurements/Indicators	Responsible Party
1.1 By December 31, 2022, conduct at least four (4) scheduled Quality Guidance Committee (QGC) meetings to provide follow-up to RWPBA Clinical Quality Management (CQM) Annual Plan.	1.1.1 Schedule and develop QGC meetings calendar for 2022. 1.1.2 Disseminate Quality Guidance Committee meetings calendar for 2022. 1.1.3 Arrange, organize, and manage quarterly Quality Guidance Committee meetings. 1.1.4 Include quality annual plan's related topics in meeting Agenda. 1.1.5 Record keeping on Quality Management Program progress and improvements. 1.1.6 Assess attendance rate. 1.1.7 Determine the proportion of meetings with	Compliance measure: <ul style="list-style-type: none"> • 100% (4) of scheduled meetings conducted • 50% of member attendance • People with HIV participated in at least 90% of organized/ conducted meetings Documentation resources: <ul style="list-style-type: none"> • Meetings calendar • Agendas • Number of meetings • Attendance sheet • Meetings minutes • Quarterly progress reports 	CQMP Coordinator Part B Director QGC members

	<p>representation of people with HIV.</p> <p>1.1.8 Assess compliance with scheduled meetings.</p>		
<p>1.2 By January 10, 2022, approve the Ryan White Part B/ADAP Program’s 2022 CQM Annual Plan.</p>	<p>1.2.1 Develop the 2022 CQM Annual Plan</p> <p>1.2.2 Approve the plan by the QGC</p> <p>1.2.3 Final approval of the Plan by the RW Part B Program Director</p> <p>1.2.4 Disseminate the Plan</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • CQM Annual Plan developed and approved by the QGC and the Ryan White Part B/ADAP Program Director <p>Documentation resources:</p> <ul style="list-style-type: none"> • 2022 CQM Annual Plan 	<p>CQMP Coordinator QGC members Part B Director</p>
<p>1.3 By March 4, 2022, evaluate compliance with Ryan White Part B/ADAP Program’s 2021 CQM Annual Plan.</p>	<p>1.3.1 Request submission of data regarding compliance with 2021 CQM plan objectives from RW Part B Programmatic Units Coordinators.</p> <p>1.3.2 Assess performance and level of compliance for each objective in the 2021 Operational Quality Management Work Plan.</p> <p>1.3.3 Review and analyze data in CAREWare Performance Measures Reports.</p> <p>1.3.4 Prepare 2021 CQM Plan Evaluation Report.</p> <p>1.3.5 Disseminate results</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 2021 CQM Plan Evaluation Report • Level of compliance for each objective in the 2021 Operational Quality Management Work Plan <p>Documentation resources:</p> <ul style="list-style-type: none"> • Programmatic Units Reports • CAREWare Performance Data Reports 	<p>CQMP Coordinator Part B Director</p>

<p>1.4 By January 31, 2022, assure that 100% of CPTETs and Coordinating Agencies submit updated 2022 QM Annual Plans consistent with Ryan White Part B/ADAP Program expectations.</p>	<p>1.4.1 Request submission of updated Annual QM Plans from CPTETs and Coordinating Agencies.</p> <p>1.4.2 Provide follow-up to non-compliant organizations from the RW Part B/ADAP service providers' network.</p> <p>1.4.3 Assess compliance with QM Plan submission according to established due date</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 100% of CPTETs submit updated 2022 QM Annual Plan. • 100% of Coordinating Agencies submit updated 2022 QM Annual Plan included within their Ryan White Part B/ADAP Proposals for FY 2022. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Compliance report concerning submission of 2022 QM Plan upon established due date by type of service provider. 	<p>CQMP Coordinator Part B Director CPTETs quality mentors Service providers (QM Committees) Coordinating Agencies (CA) quality mentors</p>
<p>1.5 By March 4, 2022, review and provide written feedback and recommendations to updated 2022 QM Annual Plans submitted by CPTETs and Coordinating Agencies (CAs) so they are consistent with Ryan White Part B/ADAP requirements and expectations.</p>	<p>1.5.1 Review and evaluate all 2022 QM Plans submitted by CPTETs and CAs to the RWPBA Program to assure that requested indicators and measures were integrated in updated QM Annual Plans, accordingly.</p> <p>1.5.2 Prepare written reviews providing feedback and specific recommendations to enhance updated QM Annual Plans submitted by CPTETs and CAs.</p> <p>1.5.3 Submit written reviews to Ryan White Part B/ADAP Director for approval.</p>	<p>Compliance measures:</p> <ul style="list-style-type: none"> • 100% of CPTETs integrated selected clinical indicators and recommendations in their local QM Plans. • 100% of Coordinating Agencies integrated selected quality indicators and recommendations in their annual Plan. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Evaluation report on service providers' QM Plan submitted individually to CPTETs and Coordinating Agencies by March 4, 2022. 	<p>CQMP Coordinator Part B Director</p>

	1.5.4	Send written reviews to CPTETs and CAs, accordingly.			
1.6	By February 18, 2022, 100% of ADAP external network providers will integrate ADAP performance indicators requested by the Ryan White Part B/ADAP QMP to their corresponding 2022 QM Annual Plans.	1.6.1	Request signed written commitment from ADAP external network providers to integrate ADAP indicators in their local QM Annual Plan.	<p>Compliance measure: ADAP Indicators:</p> <ul style="list-style-type: none"> 100% of ADAP external network providers will sign written commitment in which they compromise to include ADAP indicators in their local QM Plans. <p>Documentation resources:</p> <ul style="list-style-type: none"> Commitment signed by each ADAP service provider. 	ADAP external network ADAP Coordinator ADAP Data Analyst CQMP Coordinator
1.7	By December 31, 2022, conduct at least four (4) Comprehensive Quality Committee (CQC) meetings, on a quarterly basis.	1.7.1	Schedule and develop CQC meetings calendar for 2022.	<p>Compliance measure:</p> <ul style="list-style-type: none"> 100% (4) of scheduled meetings conducted Attendance rate per meeting: <ul style="list-style-type: none"> 100% of Coordinating Agencies represented among participants. 100% of CPTETs represented among participants. At least 60% of ADAP external network providers/ organizations represented among participants People with HIV participated in at least 90% of organized/ conducted meetings 	CQMP Coordinator QGC members, CQC members Quality committee members of each service providers Part B Director
	1.7.2	Disseminate CQC meetings calendar for 2022.			
	1.7.3	Arrange, organize, and manage quarterly Comprehensive Quality Committee meetings.			
	1.7.4	Include quality annual plan's related topics in the meeting Agenda			
	1.7.5	Record keeping on Quality Management Program progress and improvement.			
	1.7.6	Determine attendance rate.			
	1.7.7	Conduct regular evaluation activities for each meeting.			

	<p>1.7.8 Identify improvement areas as reported.</p>	<ul style="list-style-type: none"> 80% of participants completing the evaluation form mentioned to be highly satisfied. <p>Documentation resources:</p> <ul style="list-style-type: none"> Agendas (quality topics included) Attendance sheets Assessment report of evaluation forms submitted by participants per meeting. 	
<p>1.8 By December 31, 2022, Quality Mentors will participate in at least one (1) CPTETs & CAs quality committees' meetings, quarterly, to provide mentorship on quality improvement matters to support their QI work, and to monitor and assess compliance with local QM plans.</p>	<p>1.8.1 Request CPTETs and CAs to submit Quality Committee Meetings Schedules for CY 2022.</p> <p>1.8.2 Coordinate with CPTETs and CAs to participate in at least one quality committee meeting, quarterly.</p> <p>1.8.3 Review Quality Performance Measures Reports generated quarterly by means of the CAREWare database system, prior to mentoring visit.</p> <p>1.8.4 Disseminate and discuss Quality Performance Measures Reports during mentoring visits.</p> <p>1.8.5 Identify barriers/limitations in implementing the 2022 Quality Management Plans</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> 100% (4) of scheduled mentoring/TA site visits conducted per CPTET and CA, in a quarterly basis <p>Documentation resources:</p> <ul style="list-style-type: none"> Attendance sheets Mentoring/TA site visit reports 	<p>CQMP Coordinator CPTETs and CAs mentors CPTET's Directors Complementary HIV Services Unit (CHSU) Coordinator CHSU personnel</p>

	<p>and in complying with expected outcomes.</p> <p>1.8.6 Provide mentoring/TA to assist in overcoming identified barriers and limitations.</p> <p>1.8.7 Document progress and provide feedback.</p> <p>1.8.8 Identify TA needs on QI matters and provide TA as needed.</p> <p>1.8.9 Coordinate with QMP Coordinator for further assistance if necessary.</p> <p>1.8.10 Submit TA/Mentoring Reports.</p>		
<p>1.9 By December 31, 2022, resolve at least 90% of all consumers' complaints reported through the RW Quality system during calendar year 2022.</p>	<p>1.9.1 Maintain suggestion boxes and continue promoting utilization of complaint mechanisms implemented by the RWPBA Program to collect suggestions and complaints made by people with HIV.</p> <p>1.9.2 Disseminate Quality Management Program's email address (calidadrwb@gmail.com) among people with HIV.</p> <p>1.9.3 Conduct weekly reviews of messages received through the QMP's email address.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> At least 90% of complaints formulated by people with HIV were attended and resolved Corrective action plans developed (if applicable) <p>Documentation resources:</p> <ul style="list-style-type: none"> Complaint evaluation and finding report Corrective action plan and progress report (if applicable) 	<p>CQMP Coordinator RW Part B Director Service Providers</p>

	<p>1.9.4 Inquire, evaluate, and follow-up on reported complaints.</p> <p>1.9.5 Record and report complaints and actions taken to resolve identified issues.</p> <p>1.9.6 Develop corrective action plan as needed.</p>		
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Component: Clinical & Psycho-social Services Performance Measures

Goal 2: Ensure adherence to best practices regarding medical and psychosocial services provided to people with HIV according to PHS HIV/AIDS treatment guidelines during calendar year 2022; thus, contributing to maintain viral suppression among HIV/AIDS patients.

Objective	Activities	Measurements/Indicators	Responsible Party
<p>2.1 By December 31, 2022 each CPTET will increase individual performance level to at least 2021 overall aggregated CPTETs’ level of performance for continuance HAB/ DOH performance indicators selected by the CQMP; on the other hand, if individual CPTET performance level was greater or equal to aggregated data, then:</p> <ul style="list-style-type: none"> • Individual CPTET performance level should increase by at least 5%; or • Individual CPTET should maintain performance level in at least 95% for those indicators whose performance level was already equal or above 95%. 	<p>2.1.1 Disseminate the December 2021 HAB/DOH performance report to each CPTET in January 2022.</p> <p>2.1.2 Identify baseline data, as of December 31, 2021, for each indicator in January 2022.</p> <p>2.1.3 Establish expected outcomes, as of December 2022, for each indicator, in January 2022.</p> <p>2.1.4 Request each CPTET to submit individual 2022 QM Plan.</p> <p>2.1.5 Generate quarterly performance reports regarding DOH and HAB/HRSA quality</p>	<p>Compliance measure: HAB/DOH Performance Level per service provider: (Attachment 2)</p> <p>Core Measures:</p> <ul style="list-style-type: none"> • CORE-01 • CORE-02 • CORE-03 • CORE-04 • CORE-05 • CORE-06 <p>Adults & Adolescents’ Clinical Measures:</p> <ul style="list-style-type: none"> • HAB-09 • HAB-10 • HAB-11 • HAB-13 • HAB-14 	<p>Service providers (QM Committees) CQMP Coordinator CPTET Mentors CAREWare system Coordinators</p>

	<p>indicators, during calendar year 2022.</p> <p>2.1.6 Monitor and assess performance for quality indicators by CPTET, quarterly.</p> <p>2.1.7 Disseminate compliance data and findings to service providers and to OCASET/SASFSI.</p>	<ul style="list-style-type: none"> • HAB-15 • HAB-16 • HAB-17 • HAB-23 • DOH-14 • DOH-15 • DOH-16 <p>Case Management Measures:</p> <ul style="list-style-type: none"> • DOH-01 • DOH-10 • DOH-11 • DOH-12 <p>System Measure:</p> <ul style="list-style-type: none"> • DOH-13 <p>Documentation resources:</p> <ul style="list-style-type: none"> • HAB/DOH Performance Measure Reports • CAREWare data system • Service Providers QM Annual Plan 	
<p>2.2 By December 31, 2022, increase the percentage of HIV patients who received an oral exam by a dentist to at least 50%, in CPTETs with a dental clinic.</p>	<p>2.2.1 Generate quarterly oral health performance measures reports.</p> <p>2.2.2 Oversee, and monitor performance level data.</p> <p>2.2.3 Disseminate compliance data and findings</p>	<p>Compliance measure: HAB/DOH Performance Level</p> <ul style="list-style-type: none"> • 50% of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year (HAB-12). 	<p>CQMP Coordinator Dental providers Clinical and Support Services Coordinator Quality Mentor CAREWare system coordinator</p>

<p>2.3 By December 31, 2022, maintain performance level in at least 95%, regarding oral health services delivered to people with HIV who had an oral exam by a licensed dentist, in CPTETs with a dental clinic.</p>	<p>2.3.1 Generate quarterly oral health performance measures reports.</p> <p>2.3.2 Oversee, and monitor performance level data.</p> <p>2.3.3 Disseminate compliance data and findings</p>	<p>Compliance measure: Oral health performance measures</p> <ul style="list-style-type: none"> • % of oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year. • % of oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year. • % of oral health patients who received oral health education at least once in the measurement year. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Medical Record • CAREWare data report 	<p>CQMP Coordinator Dental providers Clinical and Support Services Coordinator Quality Mentor CAREWare system coordinator</p>
<p>2.4 By December 31, 2022, increase viral suppression to at least 87% among CPTETs’ HIV patients who received supportive services coordinated through contracted Coordinating Agencies, as follows:</p> <ul style="list-style-type: none"> • Medical Nutritional Therapy • Home and Community-Based Health Services • Oral Health Care • Non-medical Case Management Services 	<p>2.4.1 Generate quarterly performance reports regarding viral load suppression amongst CPTETs’ HIV patients who received selected supportive services through contracted CAs.</p> <p>2.4.2 Complementary HIV Services Unit (CHSU) quality mentors will monitor and assess</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • % of people with HIV that achieved viral load suppression among those that received medical nutritional services at CAs and clinical services at CPTETs. • % of people with HIV that achieved viral load suppression among those that received home and community-based health services through 	<p>Service providers (QM Committees) CQMP Coordinator CPTET Mentors CAREWare system Coordinators CHSU Coordinator CAs mentors</p>

<ul style="list-style-type: none"> • Housing • Emergency Financial Assistance • Medical Transportation 	<p>performance level individually by Coordinating Agency, quarterly.</p> <p>2.4.3 CHSU quality mentors will ask CAREWare Data Managers for a list on non-suppressed CPTETs' HIV patients by Coordinating Agency and service delivery category.</p> <p>2.4.4 CHSU Coordinator will discuss findings with CPTETs' quality mentors.</p> <p>2.4.5 CPTETs' quality mentors will investigate and discuss list of patients that received selected supportive services through CAs who did not achieve viral load suppression with CPTETs' Quality Committees; so they can validate the lists of unsuppressed patients.</p> <p>2.4.6 CPTETs Quality Committees' personnel will identify possible causes for not achieving viral load suppression for validated cases; so they can identify needs that could be overcome by other supportive services available through Coordinating Agencies.</p>	<p>contracted CAs and clinical services at CPTETs.</p> <ul style="list-style-type: none"> • % of people with HIV that achieved viral load suppression among those that received oral health care coordinated by contracted CAs and medical care at CPTETs. • % of people with HIV that achieved viral load suppression among those that received non-medical case management services at CAs and medical care at CPTETs. • % of people with HIV that achieved viral load suppression among those that received housing services coordinated by contracted CAs and medical care at CPTETs. • % of people with HIV that achieved viral load suppression among those that received emergency financial assistance through contracted CAs and medical care at CPTETs. • % of people with HIV that achieved viral load suppression among those that received medical transportation services coordinated by CAs and medical care at CPTETs. 	
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		Documentation resources: <ul style="list-style-type: none"> • Quarterly performance reports • CAREWare data system 	
<p>2.5 By December 31, 2022, comply with ADAP providers’ network (CPTETs and external HIV clinics) expected outcomes, as stated in the 2022 ADAP Providers’ Network Quality Management Plan.</p>	<p>2.5.1 Disseminate the ADAP Providers’ Network QM Annual Plan in January 2022.</p> <p>2.5.2 Request the commitment of the ADAP external network to integrate ADAP indicators in their local QM Annual Plan.</p> <p>2.5.3 Distribute updated PHS guidelines on the use of antiretroviral medications to the RWPBA service provider’s network and the PBM.</p> <p>2.5.4 Assess compliance with ADAP indicators per provider, quarterly.</p>	Compliance measure: ADAP Indicators: <ul style="list-style-type: none"> • 100% of ADAP applications for eligibility determination of <u>ADAP/PRHI with an alternate private health insurance plan, pure ADAP 01, pure ADAP 02, pure ADAP 03, HIAP and HIAP-Medicare beneficiaries</u> were received with all the required documentation. • 100% of all <u>ADAP/PRHI with an alternate private insurance plan, pure ADAP 01, pure ADAP 02, pure ADAP 03, HIAP and HIAP-Medicare</u> participants that complied with timely submitting all required documentation for eligibility confirmation. • 100% of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, were answered, modified, or justified (based on PHS treatment guidelines) within 30 days since being notified by the ADAP Program. 	<p>ADAP network ADAP Coordinator ADAP Data Analyst CQMP Coordinator</p>

		<ul style="list-style-type: none"> 90% of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, modified, or justified (based on PHS treatment guidelines) by ADAP providers were, also, certified as resolved by the ADAP Program. <p>Documentation resources:</p> <ul style="list-style-type: none"> Quarterly ADAP quality indicators' progress reports. 	
2.6 By December 31, 2022, approve or deny 100% of ADAP/HIAP applications for eligibility determination within 14 days of receiving complete applications in the RW Part B/ADAP Program.	2.6.1 Assess the percentage of ADAP and HIAP applications for eligibility determination that were approved or denied within 14 days of ADAP complete applications received in the RW Part B/ADAP Program.	<p>Compliance measure:</p> <ul style="list-style-type: none"> 100% compliance with ADAP performance measure regarding ADAP and HIAP applications for eligibility determination approved or denied within 14 days of ADAP complete applications received in the RW Part B/ADAP Program. <p>Documentation resources:</p> <ul style="list-style-type: none"> ADAP compliance report 	ADAP Coordinator ADAP Data Analyst CQMP Coordinator

<p>2.7 By December 31, 2022, each CPTET will implement three (3) Quality Improvement Projects (QIPs) selected by the QGC to be implemented across all CPTETs.</p>	<p>2.7.1 Disseminate the December 2021 HAB/DOH performance report to each CPTET in January 2022.</p> <p>2.7.2 Identify baselines for each QIP in January 2022.</p> <p>2.7.3 Design and implement activities aimed to improve performance of selected indicators.</p> <p>2.7.4 Generate quarterly performance reports regarding DOH and HAB/HRSA performance indicators by means of CAREWare Data System.</p> <p>2.7.5 Disseminate quarterly performance reports.</p> <p>2.7.6 Discuss, review, and analyze data regarding QIPs at CPTETs' Quality Committees</p> <p>2.7.7 Assess compliance.</p> <p>2.7.8 Modify or continue implementing established activities/strategies according to findings observed through quarterly performance reports.</p>	<p>Compliance measure:</p> <p>HAB Indicators for QIPs-</p> <ul style="list-style-type: none"> 82% of CPTETs young people with HIV will achieve viral load suppression during the measurement period. <i>(target population defined in the Puerto Rico HIV Integrated Plan for Surveillance, Prevention and Treatment: 2017-2021)</i> 90% of new patients linked to HIV care within 30 days of HIV diagnosis. 70% of CPTETs' clinical case management patients comply with having a medical case management care plan and/or updated two (2) or more times in the measurement year. <p>Documentation resources:</p> <ul style="list-style-type: none"> PDSA cycle plan Performance Measures Reports CAREWare data system Service Provider QM Annual Plan CPTET Quality Mentor monitoring visits report Quality Improvement Project QIP progress reports 	<p>Service providers (QM Committees)</p> <p>CQMP Coordinator</p> <p>CPTET Quality Mentors</p> <p>CAREWare system Coordinator</p> <p>EIHA Coordinator</p>
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<p>2.8 By December 31, 2022, each Coordinating Agency (CA) will increase individual performance level to at least 2021 overall aggregated CAs' level of performance for continuance non-clinical case management and outreach performance measures selected by the CQMP; on the other hand, if individual CA performance level was greater or equal to aggregated data, then:</p> <ul style="list-style-type: none"> • Individual Coordinating Agency level of performance should increase by at least 5%; or • Individual Coordinating Agency should maintain performance level to at least 95% for non-clinical case management and outreach indicators whose performance level was already equal or above 95%. 	<p>2.8.1 Generate and disseminate the December 2021 performance measures reports to each CA in January 2022.</p> <p>2.8.2 Identify baseline data, as of December 31, 2021, for each performance measure in January 2022.</p> <p>2.8.3 Establish expected outcomes, as of December 2022, for each CA non-clinical case management and outreach performance measure, in December 2021.</p> <p>2.8.4 Generate quarterly performance measures reports regarding CAs quality indicators by means of the CAREWare Data System, during calendar year 2022.</p> <p>2.8.5 Disseminate quarterly performance measures reports to each CA.</p> <p>2.8.6 Monitor and assess performance.</p>	<p>Compliance measure: CAs Continuance Non-Clinical Case Management and Outreach Quality Indicators:</p> <ul style="list-style-type: none"> • % of people with HIV who completed referrals originated by CPTETs' Clinical Case Managers for services supported by RWB funds that were coordinated through CAs. • % of people with HIV who received non-clinical case management services that complied with having a non-clinical case management care plan developed and/or updated two or more times in the measurement year. • % of people with HIV who received outpatient medical care that complied with having a non-clinical case management care plan developed and/or updated two or more times in the measurement year. • % of people with HIV who received home and community-based health services that complied with having a non-clinical 	<p>Coordinating Agencies (service providers) Complementary HIV Services Unit Coordinator/personnel CQMP Coordinator CAREWare Coordinators</p>
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		<p>case management care plan developed and/or updated two or more times in the measurement year.</p> <ul style="list-style-type: none"> • % of people with HIV who received nutritional supplements that complied with having a nutritional assessment by a registered dietician/nutritionist or a medical provider referral, and with having a non-clinical case management care plan developed and/or updated two or more times in the measurement year. • % of people with HIV who completed medical transportation referrals coordinated by CAs' personnel that complied with having a non-clinical case management care plan developed and/or updated two or more times in the measurement year. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Quarterly performance reports • CAREWare data system 	
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		<ul style="list-style-type: none"> • Coordinating Agencies' QM Annual Plan • Mentoring/TA site visit report • Areas for improvement identified 	
2.9 By December 31, 2022, each Coordinating Agency will implement at least one (1) Quality Improvement Project (QIP), based on attained performance level, as of December 2021.	<p>2.9.1 Disseminate the December 2021 CAs Performance Report to each agency.</p> <p>2.9.2 Select indicators with low performance level to develop and implement QIPs for ensuring performance improvement.</p> <p>2.9.3 Identify baselines for each QIP in January 2022.</p> <p>2.9.4 Establish target outcome for each QIP in January 2022.</p> <p>2.9.5 Design and implement activities and strategies to improve performance of selected indicators.</p> <p>2.9.6 Generate quarterly performance reports regarding CAs performance indicators by means of CAREWare Data System.</p> <p>2.9.7 Disseminate quarterly performance reports.</p>	<p>Compliance measure: Coordinating Agencies Performance Indicators for selected QIPs</p> <ul style="list-style-type: none"> • Increased performance level observed for selected QIPs by Coordinating Agency. <p>Documentation resources:</p> <ul style="list-style-type: none"> • PDSA cycle plan • Performance Measures Reports • CAREWare data system • Service Provider QM Annual Plan • Quality Mentor site visit report • Quality Improvement Project • QIP progress reports 	<p>Coordinating Agencies (service providers) Complementary HIV Services Unit Coordinator/personnel CQMP Coordinator CAREWare Coordinators</p>

	<p>2.9.8 Discuss, review, and analyze data regarding QIPs at CAs' Quality Committees.</p> <p>2.9.9 Monitor and assess compliance.</p> <p>2.9.10 Modify or continue implementing established activities/strategies according to findings observed through quarterly performance reports.</p>		
<p>2.10 By December 31, 2022, engage or re-engage in ADAP or any other medications' program at least 85% of people with HIV identified as out of care and not receiving ADAP services at the CPTETs, out of those that were linked to medical care through MAI Program's interventions.</p>	<p>2.10.1 CPTETs' out of care HIV patients (i.e.: people with HIV not receiving HIV medical care and not collecting ADAP HIV medications during a period of six (6) months) will be identified on a quarterly basis; by means of CAREWare and PBM database systems, respectively.</p> <p>2.10.2 Individual databases including people with HIV identified as out of care at each CPTET are generated by the CAREWare Data Manager, quarterly.</p> <p>2.10.3 People with HIV identified as out of care will be referred to corresponding</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • <u>85%</u> of patients identified as out of care at CPTETs reached by MAI personnel and linked to medical care, will be re-engage in ADAP services or any other medications' program through MAI interventions. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Medical Record • CAREWare data report • PBM data 	<p>CAREWare system coordinator MAI Coordinator CQMP Coordinator</p>

	<p>CPTETs' MAI HIV Care Liaison workers.</p> <p>2.10.4 MAI HIV Care Liaison workers will implement outreach interventions to contact people with HIV included in their corresponding CPTETs' databases.</p> <p>2.10.5 CAREWare Data Manager links updated CPTETs' MAI HIV Care Liaison workers databases with PBM databases to validate that people with HIV linked to medical care through MAI Program's interventions were engaged or re-engaged in ADAP or any other medications' program.</p> <p>2.10.6 CAREWare Data Manager generates a report to the MAI Project Coordinator regarding the number and percentage of CPTETs' out of care HIV patients that were reached and linked to medical care and, also, were engaged or re-engaged in ADAP or any other medication program, twice a year.</p>		
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Component: Capacity Building

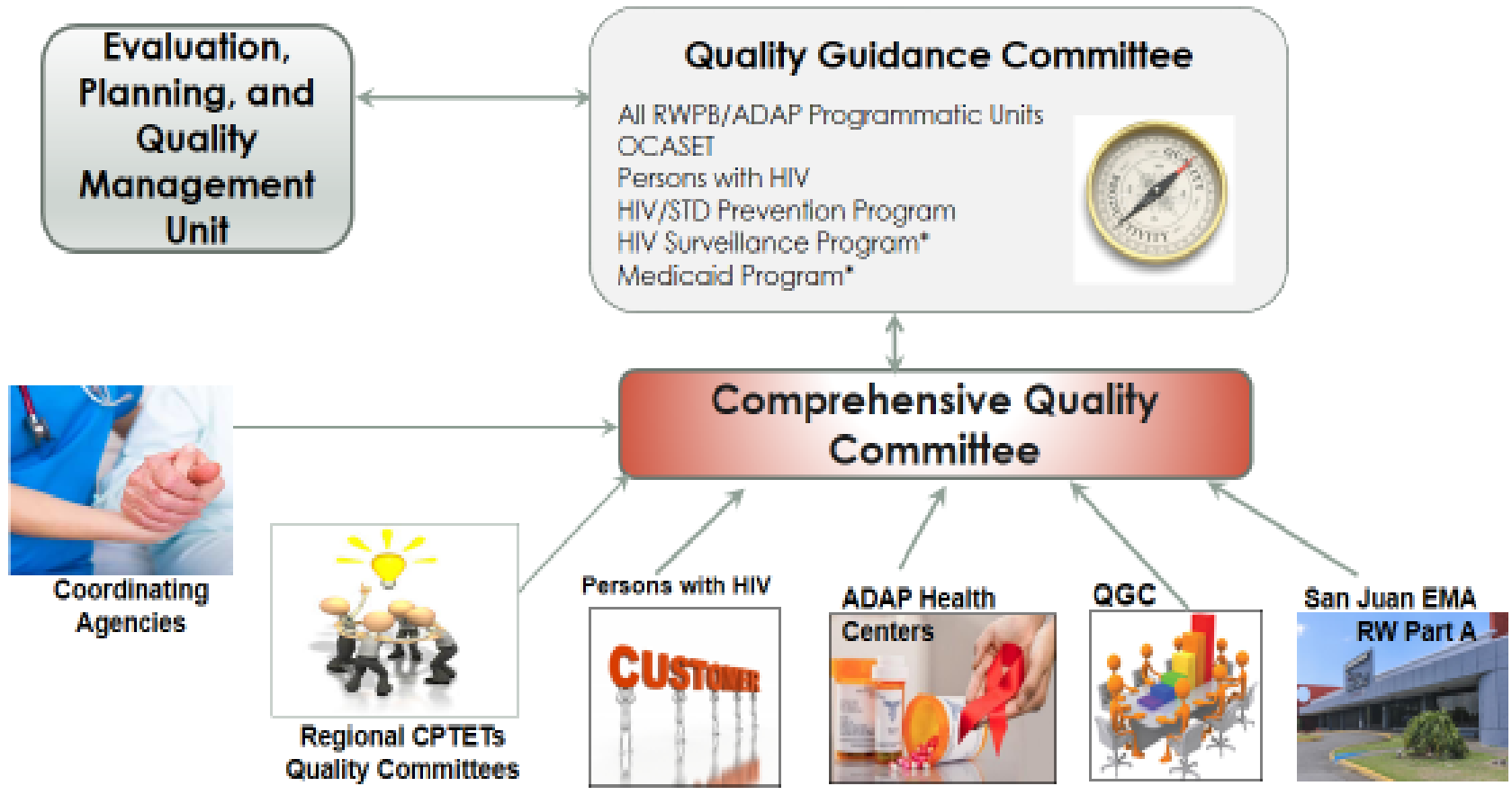
Goal 3: Improve clinical and psychosocial resources capacity and skills about quality and best practices to strengthen the Ryan White Part B/ADAP Quality Management Program during calendar year 2022.

Objective	Activities	Measurements/Indicators	Responsible Party
<p>3.1 By December 31, 2022, the QGC will provide TA through lectures, workshops, coaching, consultation, mentorship, or educational interventions to CPTETs and Coordinating Agencies' personnel on clinical and quality matters according to identified capacity and technical assistance needs.</p>	<p>3.1.1 Coordinate or provide training on technical assistance needs identified by means of group exercises and findings of programmatic/ fiscal monitoring visits.</p> <p>3.1.2 Design and develop 2022 Capacity Building Plan based on identified TA needs.</p> <p>3.1.3 Coordinate TA/trainings as per existing need assessment with external (Northeast/Caribbean AIDS Educational and Training Center/ AETC) as well as internal resources.</p> <p>3.1.4 Consistently disseminate PHS guidelines to all CPTET medical directors.</p> <p>3.1.5 Disseminate information on existence of the PR RW Clinical Quality Management Program to people with HIV.</p> <p>3.1.6 Disseminate information on Center for Quality Improvement and Innovation (CQII) and</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • At least 5 trainings conducted. • 100% of training scheduled will be conducted. • 90% of TA requested will be attended. • Disseminate PHS guidelines within 15 days of their date of publication. • 100% of AETC/CQII webinar will be disseminated. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Group exercise reports of technical assistance needs identified. • Training assistance sheet • Mentor site visit reports • Power point presentations • TA reports • Evidence of PHS guidelines receipts • 2022 Capacity Building Plan 	<p>CQMP Coordinator QGC members ADAP Coordinator Quality Mentors Complementary HIV Services Unit Coordinator AETC staff</p>

	Northeast/Caribbean AIDS Educational and Training Center (AETC) webinars to all service providers' network.		
3.2 By January 21, 2022, acknowledge CPTETs, ADAP external network providers and Coordinating Agencies that showed outstanding achievements in monitoring and putting QI actions into practice, thus exceeding their level of compliance with HAB/HRSA clinical performance measures and expectations.	<p>3.2.1 Establish award categories.</p> <p>3.2.2 Develop or determine assessment criteria/ requirements for granting awards per established categories.</p> <p>3.2.3 Analyze data regarding granting processes.</p> <p>3.2.4 Determine providers who exhibited outstanding achievements in monitoring and putting QI actions into practice, according to evaluation/ assessment criteria, per award category.</p>	<p>Compliance measure:</p> <ul style="list-style-type: none"> • Number of awards granted. <p>Documentation resources:</p> <ul style="list-style-type: none"> • Evaluation/assessment report to identify awarded providers per established category • Awards signed by Part B Director 	CQMP Coordinator Part B Director Ad Hoc Committee

**Attachment 1: Puerto Rico Quality Improvement Program Organizational Structure
Ryan White Part B/ADAP Program**

**Ryan White Part B/ADAP Program
Clinical Quality Management Program Organizational Chart**



* Ex-Officio Members

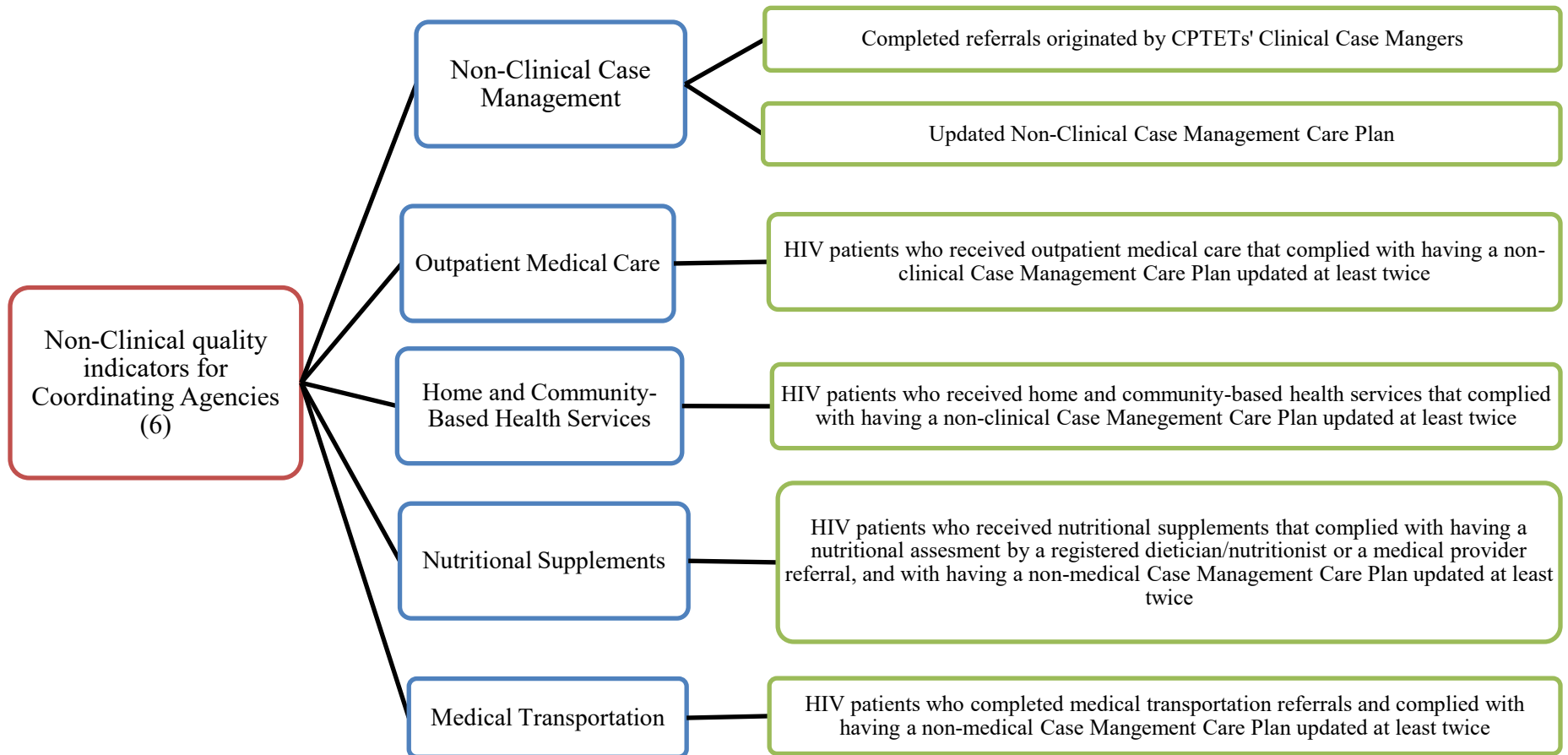
Core Measures	
CORE-01 Viral Load Suppression	CORE-02 Prescription of ARV Therapy
CORE-03 HIV medical visits frequency	CORE-04 GAP in HIV medical visits
CORE-05 PCP Prophylaxis	CORE-06 Annual retention in care (<i>new measure</i>)
Clinical Measures (Adults and Adolescents)	
HAB-09 Hepatitis C screening	HAB-10 HIV risk counseling
HAB-11 Lipid screening (<i>reinstated measure</i>)	HAB-12 Oral exam (only in CLET)
HAB-13 Syphilis screening	HAB-14 TB screening
HAB-15 Chlamydia screening	HAB-16 Gonorrhea screening
HAB-17 Hepatitis B screening	HAB- 23 Substance abuse screening
DOH-14 Screening for clinical depression and follow-up plan	DOH-15 Sustained Viral Load Suppression (<=200)
DOH-16 Sustained Viral Load Suppression (<=50)	
Case Management Measures	
DOH-01 Medical case management visits	DOH-10 Case Management: Individual care plan
DOH-11 Gap in HIV medical visits among patients receiving case management services	DOH-12 Case Management: HIV medical visits frequency
System Measure	
DOH-13 Early linkage to HIV medical care	

ADAP Performance Measures¹

Percent of ADAP applications for eligibility determination of <u>ADAP/PRHI with an alternate private health insurance plan, pure ADAP 01, pure ADAP 02, pure ADAP 03, HIAP and HIAP-Medicare beneficiaries that were received with all the required documentation.</u>
Percent of all <u>ADAP/PRHI, pure ADAP 01, pure ADAP 02, pure ADAP 03, HIAP and HIAP-Medicare</u> participants that complied with timely submitting all required documents for eligibility confirmation.
Percent of all inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, modified, or justified (based on PHS treatment guidelines) within 30 days since being notified by the ADAP Program.
Percent of all answered, modified, or justified inappropriate ARV Regimen components, funded by ADAP, and identified by the PBM, that were answered, by ADAP providers, and were, also, certified as resolved by the ADAP Program.
Percent of ADAP and HIAP applications for eligibility determination that were approved or denied within 14 days of ADAP complete applications received in the RW Part B/B ADAP Program.

¹ Revision based on HRSA's PCN-21-02

Coordinating Agencies (CAs) Performance Measures



Viral Load Suppression among CPTETs' HIV patients who received supportive services coordinated through contracted Coordinating Agencies

- % of people with HIV that achieved viral load suppression among those that received medical nutritional services at CAs and clinical services at CPTETs.
- % of people with HIV that achieved viral load suppression among those that received home and community-based health services through contracted CAs and clinical services at CPTETs.
- % of people with HIV that achieved viral load suppression among those that received oral health care coordinated by contracted CAs and medical care at CPTETs.
- % of people with HIV that achieved viral load suppression among those that received non-medical case management services at CAs and medical care at CPTETs.
- % of people with HIV that achieved viral load suppression among those that received housing services coordinated by contracted CAs and medical care at CPTETs.
- % of people with HIV that achieved viral load suppression among those that received emergency financial assistance through contracted CAs and medical care at CPTETs.
- % of people with HIV that achieved viral load suppression among those that received medical transportation services coordinated by CAs and medical care at CPTETs.