NATIONAL QUALITY CENTER *Improving HIV Care.*

Developing an Effective Quality Management Program in Accordance with the Ryan White HIV/AIDS Treatment Modernization Act of 2006

Frequently Asked Questions

This document is intended to explore some of the questions most frequently asked by programs that receive funds from the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program). It is our hope that it will assist organizations who are just starting to implement quality management activities, as well as those providers seeking to restructure or improve their quality management programs. While we are making every attempt to cover the broad topics brought to our attention by providers as well as HRSA Project Officers, this is not intended to be a replacement for the Ryan White HIV/AIDS Program Guidance Manuals applicable to each Part and Program. For further detailed information, please visit HRSA's HIV/AIDS Bureau website at hab.hrsa.gov or contact the National Quality Center, funded by the HRSA HIV/AIDS Bureau to provide no-cost, state-of-the-art technical assistance to all Ryan White HIV/AIDS Program grantees to improve the quality of HIV care nationwide. Visit NationalQualityCenter.org or call at 888-NQC-QI-TA.

The following questions have been frequently asked and the corresponding answers are detailed in this document:

Ryan White HIV/AIDS Program and Legislative Quality Requirements

What is the 'Ryan White HIV/AIDS Treatment Modernization Act of 2006' and what is its overall purpose and is there an emphasis on quality management?

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted in 1990. It was subsequently reauthorized, amended and renamed the **Ryan White HIV/AIDS Treatment Modernization Act of 2006.** The Ryan White HIV/AIDS Program provides funding to cities, States, and other public and private entities to address the unmet health needs of persons living with HIV disease by funding primary health care and support services that enhance access to and retention in care. The Ryan White Program reaches over 530,000 individuals each year, making it the Federal Government's largest program specifically for people living with HIV disease.

Like many health problems, HIV disease disproportionately strikes people in poverty, racial/ethnic populations, and others who are underserved by healthcare and prevention systems. HIV often leads to poverty due to costly healthcare or an inability to work that is often accompanied by a loss of employer-related health insurance. Ryan White HIV/AIDS Program-funded programs are the "payer of last resort" by focusing on those persons living with HIV disease with low-incomes and who are uninsured or underinsured. Programs administered by or providing services of the Indian Health Service are exempt from the "payer of last resort" restriction for Parts A, B, and C.

A major focus of the Ryan White HIV/AIDS Program is not only to eliminate barriers to accessing care, but also to improve the quality of care that its clients receive. Legislative requirements found in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 direct grantees to **develop, implement, and monitor clinical quality management programs** to ensure that

- service providers adhere to established HIV clinical practices;
- quality improvement strategies include support services that help people receive appropriate HIV health care (e.g., transportation assistance, case management); and
- demographic, clinical, and health care utilization information is used to monitor trends in the spectrum of HIV-related illnesses and the local epidemic.

The National Quality Center's Quality Academy provides an online tutorial on the Ryan White HIV/AIDS Program's mandates and expectations for quality management [NationalQualityCenter.org/QualityAcademy].

How is "Quality" defined in the context of the Ryan White HIV/AIDS Program?

The HIV/AIDS Bureau (HAB) has defined "quality" as the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: a) the quality of the inputs, b) the quality of the service delivery process, and c) the quality of outcomes, in order to continuously improve systems of care for individuals and populations.

This definition has been adopted from the Institute of Medicine's definition (Institute of Medicine. 1990. Medicare: A Strategy for Quality Assurance, Vol. 2. ed. Kathleen Lohr. Washington, DC: National Academy Press).

What are the specific requirements regarding quality management and quality improvement in the Ryan White HIV/AIDS Program legislation?

The exact **legislative quality management requirements** vary slightly depending on the specific category of Ryan White HIV/AIDS Program funding. In general, the Ryan White HIV/AIDS Program legislation requires that a 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 (PHS) guidelines for the treatment of HIV/AIDS 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."

Further details are available at the HRSA HIV/AIDS Bureau website [hab.hrsa.gov].
Part A: hab.hrsa.gov/tools/title1/t1SecVIIChap5.htm
Part B: hab.hrsa.gov/tools/title2/t2SecVIIIChap5.htm
Part C: hab.hrsa.gov/tools/title3
Part D: hab.hrsa.gov/programs/factsheets/titleiv.htm

Are there any changes in the 2006 legislation in regards to quality management?

The legislative language in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 around quality management has not changed significantly from the Ryan White Reauthorization of 2000 legislation. While the word 'clinical' has been added to "quality management," it is critical for grantees to understand that all services, both core and supportive services, should be included in a quality management program. Because both contribute to the clinical outcome, both categories of service should be included in a quality management program.

What is the overall purpose of a quality management program?

HAB expects quality management programs to accomplish a three-fold purpose:

1. **Assist** direct service **medical providers** funded through the Ryan White HIV/AIDS Program in assuring that funded services adhere to Public Health Service Guidelines and established HIV clinical practice standards to the extent possible;
2. Ensure that strategies for improvements to quality medical care include vital health-related **supportive services** in achieving appropriate access and adherence with HIV medical care; and
3. Ensure that available **demographic, clinical and health care utilization information** is used to monitor the spectrum of HIV related illnesses and trends in the local epidemic.

What are the main characteristics of a sound quality management program?

HAB expects sound quality management programs to be patient focused and should have the following key characteristics:

1. Be a **systematic** process **with** identified **leadership**, **accountability**, and **dedicated resources** available to the program;
2. **Use data** and measurable outcomes to determine progress toward relevant, evidenced-based benchmarks;
3. **Focus on linkages**, efficiencies and provider, and client expectation in addressing outcome improvement;
4. Be a **continuous process** that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement activities (i.e., Joint Commission on the Accreditation of Hospitals Organization (JCAHO), Medicaid, and other HRSA Programs); and
5. Ensure that **data collected are fed back** into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes.

What are the core elements of a sound quality management (QM) program? How can I assess my quality program?

Although each Part has different quality expectations, here are the core elements across all Ryan White HIV/AIDS Program funding:

- Development of a comprehensive clinical quality management infrastructure, including routine QM meetings with cross-functional representation
- Description of QM program in a written quality plan, with a clear indication of responsibilities and responsible parties
- Designated leaders for quality improvement and accountability
- Development and/or adaptation of quality indicators for key clinical and service categories and routine performance measurement of key care aspects
- Use of data to improve the organization's performance on key services and link of performance data results to quality improvement activities
- Inclusion and involvement of key stakeholders in your quality program, including consumers, and sharing of performance data with program staff

To assess your quality program using a standardized **quality management assessment tool**, visit the National Quality Center website at NationalQualityCenter.org for Part-specific QM program assessment tools. These tools, which include scoring details, allow programs to assess key elements of their QM program to find areas for improvement and development.

Quality Terminology

What is the difference between quality improvement (QI) and quality assurance (QA)?

Quality improvement (QI) refers to conducting activities aimed at improving processes to enhance the quality of care and services. This approach to continuously study and improve

care processes is used to meet the identified needs of service recipients. This term is also referred to concepts of continuous quality improvement (CQI) and total quality management (TQM).

Quality assurance (QA) refers to a broad spectrum of evaluation activities aimed solely at ensuring compliance with pre-established quality standards. Quality Assurance activities can identify and prioritize areas for potential quality improvement projects. These two approaches can thus build upon one another.

What is the difference between quality improvement and evaluation?

Quality improvement (QI) generally describes ongoing monitoring, evaluation and improvement processes aimed by improving prioritized service and care aspects. It is a patient/client-driven philosophy that focuses on preventing problems, addressing system over individual performance issues, and maximizing quality of care outcomes.

Evaluation is comprised of systemic studies conducted periodically or on an ad-hoc basis to assess how well a program or system of care is working. Types of evaluation include process or implementation evaluation, outcome evaluation, impact evaluation and cost-benefit and cost-effectiveness evaluation. Although quality improvement methods can be used as part of an evaluation portfolio, they usually do not involve enough methodological rigor, because their emphasis is to produce data for immediate use to improve care and service delivery.

For further information about evaluation, the HIV/AIDS Bureau has developed the Evaluation Monograph Series to assist Ryan White HIV/AIDS Program grantees in designing and implementing evaluation studies [available at hab.hrsa.gov]. Another resource is the following guide: “Performance Measurement and Evaluation: Definition & Relationships,” developed by the United States General Accounting Office [available at www.gao.gov].

Is there a difference between a quality management program and a quality management plan or are those terms the same?

Although those terms are very similar, they are used to describe different concepts.

The term ‘**quality management program’** encompasses all grantee-specific quality activities, including the formal organizational quality infrastructure (e.g., committee structures with stakeholders, providers and consumers) and quality improvement related activities (performance measurement, quality improvement projects and quality improvement training activities).

A **quality management plan** is a written document that outlines the grantee-wide quality management program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. Examples of quality management plans are available through the National Quality Center.

Building an Effective Quality Management Program

How do we put together a quality management program?

It is important to have a quality management (QM) program responsive to consumer needs with priorities supported by the leadership, by the providers in a service system, and by planning bodies. These priorities and the variety of quality activities should be routinely communicated to all program and provider staff.

The quality management program development includes the

1. Formation of a sustainable quality infrastructure which includes the quality committee structures with stakeholders, providers and consumers as well as a written quality management plan to guide and direct the overall program;
2. Development of performance measurement systems to collect clinical and non-clinical data;
3. Initiation of quality improvement activities to improve key service areas as prioritized by internal and external stakeholders; and
4. Routine involvement of consumers and their families to ensure that the delivery of services is responsive to their changing needs, as defined by these communities.

The Health Resources and Services Administration HIV/AIDS Bureau (HAB) **Quality Management Technical Assistance Manual** provides guidance outlining a nine-step approach for implementing an effective quality management program. This Manual [available at http://hab.hrsa.gov/tools/QM/] outlines the following steps:

Step 1: Confirm Commitment of Leadership & Establish Supportive Organizational Structure
Step 2: Establish Quality Management Plan
Step 3: Determine Performance Measures & Collect Baseline Data
Step 4: Analyze Data
Step 5: Develop Project-Specific CQI Plan
Step 6: Study and Understand the Process
Step 7: Develop and Implement an Improvement Plan
Step 8: Re-measurement
Step 9: Celebrate Success

Other helpful quality improvement models include the **HIVQUAL Model**, developed by New York State Department of Health AIDS Institute [www.HIVQUAL.org] and the Logic Model, developed by United Way of America [National.UnitedWay.org]. Visit the NQC website at NationalQualityCenter.org for assessment tools to evaluate your quality management program and the NQC's Quality Academy [NationalQualityCenter.org/QualityAcademy] to access free online tutorials on developing an effective quality management program.

Should we have a staff member designated just for quality management activities?

A hallmark of a solid quality management program is the clear delineation of quality-related responsibilities among staff. Whether a grantee decides to dedicate a full-time person or portion

of a staff person's scope of work depends on active patient caseload, the HIV care delivery system, available resources and other organizational variables. Designating a job function to quality activities assures that those activities will become a priority and that quality improvement will become part of the day-to-day operations of an organization or agency.

Examples of quality-related job descriptions are available from the National Quality Center.

What role do senior leaders play in our quality management program?

Quality management programs are most successful when led and supported by the leadership of the HIV program. Leaders can promote a quality improvement culture and create an environment that is conducive to establishing changes.

However, sometimes it is difficult to engage senior leaders who have competing priorities. Emphasizing HRSA quality requirements for funding can be a helpful starting point. Training for senior leaders, as well as staff, on the basics of quality improvement can also help to get everyone speaking the same language and to focus on quality improvement.

The National Quality Center's Quality Academy [NationalQualityCenter.org/QualityAcademy] offers a tutorial entitled "Leading a Quality Effort," which covers the role of senior leadership in making quality an organizational priority. The HIVQUAL Workbook also provides more information on identifying and engaging leaders and is available at www.HIVQUAL.org and NationalQualityCenter.org.

We are a small agency funded to provide case management services only. Where do we get started?

At first, the development of a quality management program can seem overwhelming, especially for small agencies with limited staff and administrative personnel. Steps towards quality improvement are intended to be guiding principles that, if fully implemented, will lead to a strong sustainable quality management program. However, the most important step for you to take is to "get started."

Start with a self-assessment of your organization's approach to quality and efforts that are in place. For example:

(a) You may already have data available to inform quality activities (such as number of "missed appointments" or acuity levels of clients in case management);
(b) You may have a team of case managers who are always finding ways to link clients into HIV care (maybe this group can serve as your first quality improvement project team);
(c) You may be doing formal or informal client satisfaction assessment and have a history of responding to client suggestions for improvement; or
(d) You do regular chart reviews to make sure program requirements such as "verification of HIV status" are in place.

It is critical to start with those activities, whether or not they are labeled "quality improvement," that are already in place to assess and improve aspects of your service delivery. This will jump-start your efforts to build a sustainable quality program.

Best practices and examples are available at www.NationalQualityCenter.org and at www.HIVQUAL.org.

When selecting specific indicators, it will also be helpful to look at the performance measures that have been identified by HAB as priorities [www.hab.hrsa.gov/special/habmeasures.htm]. In addition to the adult and adolescent clinical performance measures that HAB has created, case management performance measures will also be released in the near future.

How do we incorporate quality improvement into day-to-day activities of a Ryan White HIV/AIDS Program-funded grantee?

A variety of approaches can be employed to integrate quality improvement activities into your day-to-day operations, whether you are an individual Ryan White HIV/AIDS Program-funded provider, a Ryan White HIV/AIDS Program grantee or administrative agency, or a Ryan White HIV/AIDS Program planning body.

Performance data collection, tracking systems and improvement strategies can be folded into daily workflow. At the individual agency, each staff member should be included on some level to promote shared accountability leading to buy-in on all levels. Job descriptions should include quality program activities for every position. At the system level, all contracts should include specific language about expected quality improvement activities, regular reporting and targeted outcome goals.

Training of all stakeholders about quality improvement tools and techniques is very important. Understanding that the focus of quality improvement is improving systems of care, not evaluating individual agency or personnel performance, will help alleviate the most common resistance to undertaking quality improvement initiatives. Encourage dialogue and suggestions about improving care delivery from every level of the system of care to further enhance stakeholder commitment to a quality management program.

In an EMA, TGA, consortia or network model, who is responsible for ensuring the quality of services?

The Ryan White HIV/AIDS Program grantee of record is ultimately responsible for assuring that quality services are being delivered in tandem with their network service providers. The individual administrative or lead agency, regardless of being a Part A, B, C or D program, is responsible for ensuring the quality of services provided by each of the subcontractors.

Although the methods vary by grantee, the most effective models have included quality activities as part of the RFP process and service contracting. This approach will ensure that each individual agency establishes its own quality management program. When data from multiple providers across the EMA, TGA, consortia or network are aggregated, a picture of the service-continuum can often be established, highlight grantee-wide patterns and offer concrete baselines for improvement activities.

Administrative agencies should also use system-wide performance data results to ensure that subcontracted service providers with fewer resources receive adequate technical assistance and support.

How does HIPAA impact quality improvement activities?

HIPAA (Health Insurance Portability and Accountability Act) regulations are intended to standardize the way health care data are exchanged in order to streamline the processing of health care transactions, reduce the volume of paperwork and increase patient protection of confidential medical record and data. While safeguarding patient information, HIPAA includes specific exemptions to allow for quality management activities.

Consult with your organization/Ryan White HIV/AIDS Program grantee/administrative agency to determine how HIPAA impacts your program and what procedures they have put into place to assure compliance. Additional information regarding HIPAA can be found at www.cms.hhs.gov/hipaa.

Quality Indicators and Data Collection

What makes a good quality indicator?

A well-defined quality indicator should meet the following four main criteria:

- **Relevance**: Does the indicator relate to a condition that occurs frequently or have a great impact on patients?
- **Measurability**: Can the indicator realistically and efficiently be measured given the grantee's finite resources?
- **Accuracy**: Is the indicator based on accepted guidelines or developed through formal group-decision making methods?
- **Improvability**: Can the performance rate associated with the indicator realistically be improved given the limitations of your clinical services and patient population?

The actual indicators selected by a program should match the type of services provided by your program and answer key questions about those services. See the National Quality Center website for sample indicators and a step-by-step guide, "Measuring Clinical Performance: A Guide for HIV Health Care Providers," to learn more about developing indicators and data collection [NationalQualityCenter.org].

What indicators should we be examining?

The first step in choosing an indicator is to determine what you want to know about the quality of care and services in your system. Starting with accepted or commonly agreed standards of care or services is always a good first step.

If you provide **clinical care**, your performance indicators should focus on whether or not you are providing HIV care that meets accepted standards of care that are in adherence to federal Public Health Service Guidelines, State or local treatment guidelines. If you provide **case management** services, an indicator you should measure is adherence to established or commonly agreed case management standards of care, such as whether clients are linked to

HIV primary care. For certain services, such as outreach, national standards are not established but local standards may be in place and should be used as indicated.

Ask yourself the following questions before getting started:

- What is the performance standard that you want to measure?
- What did you say you were going to accomplish?
- How do you know that you were successful? Do you have data that support key goals and objectives?
- What data would you be able to provide to demonstrate this success?

It is also important to consider key performance measures that have been identified by HAB as priorities [**www.hab.hrsa.gov/special/habmeasures.htm**]. Additional measures have been developed by the NQC from the Department of Health and Human Services (DHHS) expert guidelines panels, which are available at the National Quality Center [NationalQualityCenter.org]. Both are offered as suggested tools in the ongoing quest to provide the best possible care for persons living with HIV.

Other helpful resources include:

a) The U.S. Department of Health and Human Services website with federal guidelines documents for the medical management of HIV infection [aidsinfo.nih.gov];
b) The National Quality Center website for sample indicators and a step-by-step guide, "Measuring Clinical Performance: A Guide for HIV Health Care Providers," to learn more about developing indicators and data collection [NationalQualityCenter.org];
c) New York State Department of Health AIDS Institute's website [www.HIVQUAL.org] for clinical and case management quality indicators and related resources; and
d) The Quality Academy [NationalQualityCenter.org/QualityAcademy], developed by the National Quality Center, offers four online tutorials on the topic of performance measurement.

Are there a minimum number of indicators that we should monitor?

While the HIV/AIDS Bureau has not identified a set number of indicators that are required, it has outlined a series of clinical performance measures that are deemed important [www.hab.hrsa.gov/special/habmeasures.htm]. As your agency considers which indicators to monitor, these measures should be reviewed. The indicators you select should reflect the variety of services provided, the number of patients/clients served by the grantee, State or external agency requirements and availability of resources to collect performance data.

Key strategies to assess the quality of care and services include prioritization of key aspects of care and related indicators, and collection of just enough data to draw conclusions for improvements. You can start small and increase the number of indicators over time. The most important point is to get started and measure the quality of clinical and non-clinical HIV services grantee-wide.

The National Quality Center (NQC), in collaboration with expert representatives of the federal HIV Guidelines Committees and New York State Guidelines Committees, has developed a set of suggested performance measures for clinical HIV care. These measures represent a resource for grantees across Parts who are interested in expanding their portfolio of quality performance measures [NationalQualityCenter.org].

Is it enough to just focus on clinical care and not look at support services?

No. All critical services should be held to standards of quality and integrated in a comprehensive quality management program. We know that supportive services can enhance an individual's ability to adhere to his/her clinical care. If you provide both clinical care and supportive services, you will need to assess the quality of both. In case you provide only clinical services and refer your patients to other organizations for case management services, you may want to assess the referral process and/or referral completion rate promoting continuity and coordination of HIV care.

One of the key elements in most quality improvement theories is to develop systems of care that are built around the needs of patients. In addition to supportive services, a sound quality management program also focuses on the flow of health care delivery systems and other administrative processes.

How do we avoid duplicate data collection for quality improvement activities for multiple funding sources and regulatory entities?

Duplicative data entry is a burden for many health care organizations. Avoiding this barrier, HIV programs need to apply multiple strategies since many external funding and regulatory agencies ask for similar data sets. Try the following strategies to minimize duplicative efforts: a) map out various data collection requirements, including types of measures, indicator definitions and data sampling expectations to find those performance measures that satisfy multiple funding sources; b) promote measures that overlap with HIV programs across the Ryan White funding continuum, in particular for Part A and Part B Programs and grantees that work within a network; c) adapt existing electronic data sets so that these data systems can print out various reports for multiple funders; and d) bring key stakeholders together to formulate data collection expectations that embrace all existing data requirements and implement those in the respective HIV programs.

Setting up Quality Improvement Teams

Who should be part of the quality improvement teams?

Teams should include those at the individual provider or organizational level who are affected by the processes under review and improvement. At some point everyone in your organization should be engaged in at least one quality improvement project team. You want to avoid having the same people on all teams, except in small programs where staffing may be the determining factor.

For Part A and Part B grantees, teams should include all appropriate stakeholders who represent the quality efforts at the agency and system-wide planning level. This should include: representatives from funded providers across multiple Ryan White HIV/AIDS Program Parts (clinical and non-clinical), Planning Council representation, consortium representation, grantee or administrative agency staff responsible for quality management activities, information

systems staff, representatives from local, City and State Departments of Health, and representation from local agency consumer advisory boards or PLWHA committees.

What strategies can be used to engage busy physicians?

Clinical providers have many competing priorities in today's healthcare system and quality management activities are not always on the top of the list, though clearly they care about the quality of care they provide to their patients.

Here are some strategies that have been helpful for other grantees to tackle this issue:

1. Make sure that clinicians are part of the process of choosing the performance indicators, data reporting mechanisms and tools for data collection; this approach will utilize their expertise and enthusiasm;
2. Highlight some projects that have improved care so that they can see how the process can work and how it can positively impact their practice;
3. Provide basic education about quality improvement and demonstrate how the quality of other programs in the continuum of care can impact a clinician's practice; and
4. Build quality improvement discussions into existing meetings and fora so that additional meetings do not need to be scheduled.

How do we deal with difficult personality styles that are not always conducive to good teamwork?

Some people are born team players and seem to understand innately how to work with a group of people to achieve a common goal. Some people aren't. Individuals used to being in charge and making unilateral decisions may have a difficult time adapting to a system that promotes a team approach to decisions. However, it is important to remember that human beings are highly adaptable. Teamwork is a skill that can be taught and nurtured. Remain optimistic and give each team member ample time to adjust.

Sometimes team pressure alone will help to neutralize difficult personalities. When an individual continues to exhibit behavior that is counterproductive to the process, senior leadership may need to step in, and in some cases, the individual may be asked to leave the team. The important thing to remember is that no one individual should be allowed to hamper the momentum of the team.

Effective team meetings will have:

a) timed agendas distributed in advance of the meeting;
b) meeting ground rules agreed to by the participants;
c) clearly defined roles for key participants such as the chair, facilitator, recorder, etc.;
d) a clearly defined purpose for the meeting; and
e) meetings that start and end on time.

A Ryan White HIV/AIDS Program training module entitled "Effective Meetings" can be accessed at hab.hrsa.gov/tools/training. The National Quality Center's Quality Academy [NationalQualityCenter.org/QualityAcademy] offers free related online tutorials entitled "Using Teams to Improve Quality" and "Managing Resistance to Change" as well as four tutorials on organizational change.

How can we ensure consumer input in our quality improvement activities?

All services funded by the Ryan White HIV/AIDS Program are required to include consumer input. Consumers who currently provide you with input can serve as a good starting point. Even if they are too busy to participate, they can often help find other consumers. Input from individuals who utilize your services is imperative for being able to provide the highest quality services possible. Consumers provide a unique perspective on all aspects of your program including system flow, HIV care components, and language and cultural issues.

While suggestion boxes and open requests for feedback can be helpful, well done satisfaction surveys, even short ones, as well as focus groups with specific objectives provide opportunities for feedback, building a stronger foundation for meaningful input from consumers in the long run.

Those tools should be developed with input from consumers. This is where an active consumer advisory board (CAB) can be instrumental. Additionally, many grantees invite consumer representatives to join their quality management committees and to participate in quality improvement projects, incorporating consumer feedback to improve HIV care and services.

Helpful resources include:

a) "A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs," developed by the New York State Department of Health (NYSDOH), shares strategies and best practices collected for involving consumers in quality improvement;
b) the first validated HIV-specific satisfaction survey, called "Patient Satisfaction Survey for HIV Ambulatory Care," with core questions for HIV ambulatory care settings and additional modules (case management, substance use, women's health, etc.). This publication has been developed by the NYDOH and is available at www.HIVQUAL.org or NationalQualityCenter.org;
c) "Making Sure Your HIV Care is the Best it Can Be" is a curriculum developed by the NYDOH to teach self-advocacy and empowerment to help consumers assess the quality of their care and partner with providers to make health decisions. This tool can be used to train and support your consumer representatives to enable them to better provide input on quality related issues [available at NationalQualityCenter.org]; and
d) the National Quality Center website has a dedicated page for resources on consumer involvement, empowerment, and self-management [NationalQualityCenter.org or ihi.org/IHI/Topics/HIVAIDS/ConsumerInvolvement.htm].

Overlap of External with Ryan White HIV/AIDS Program Quality Expectations

I don't just provide HIV/AIDS services and I already have a quality management program, do I have to implement another one just for Ryan White HIV/AIDS Program services?

The requirements of the legislation indicate that you must implement an effective quality management program. While the legislation does not mandate that the quality program focuses

exclusively on HIV/AIDS services, it is important to remember that other health issues may not present the same issues and opportunities for improvement.

It may be possible to extend the existing quality management program, but it must include indicators that are pertinent to HIV disease and quality improvement activities that focus on key aspects of HIV care.

Does the Ryan White HIV/AIDS Program quality management process supersede my current organizational standards and compliance measures?

No. Some organizations are accredited and have other types of standard compliance measures in place. This process is meant to complement existing systems, not replace them. For example, regulatory organizations, such as JCAHO, State and local Departments of Health all have external regulatory requirements that are incorporated into the organization's plan to ensure that the organization meets strict regulations. If the accrediting and regulatory bodies' requirements match those of the Ryan White HIV/AIDS Program, then there is no need for duplication.

When in doubt, develop a crosswalk (map or grid delineating quality requirements and measures from each regulatory organization in order to identify where requirements and measures match) with the accrediting bodies' regulatory requirements and those of the Ryan White HIV/AIDS Program.

In order to avoid duplicative data collection, explore those performance indicators that can be used for multiple reporting purposes.

Ryan White HIV/AIDS Program Funding for Quality Management

Do quality management activities count against the administrative cap?

Each Ryan White HIV/AIDS Program or Part defines administrative costs differently for the grantee, administrative agency, lead/fiscal/fiduciary agency or contracted provider. In some cases, quality improvement activities are considered clinical or programmatic expenses. Others include quality management as an administrative cost. Part B, for example, has a grantee budget category called "Planning and Evaluation" for Non-Administrative, Non-Service activities, which includes program evaluation. Check with each program to appropriately allocate the funds in the budget.

Is there funding available to help programs establish quality management systems?

Ryan White HIV/AIDS Program funds can be used to support quality efforts. The exact amount of funding that can be utilized for quality management is dependent on the Ryan White HIV/AIDS Program or Part. Check with each program/Part to ensure the allowable maximum is not exceeded.

For example, Part A and Part B grantees may use up to 5 percent of Ryan White HIV/AIDS Program funding received or $3,000,000, whichever is less, for quality management activities, in addition to the percentage of funding allocated for administrative costs. Costs may include, but are not limited to quality activities such as: 1) chart review; 2) peer-to-peer review activities; 3) data collection to measure health outcomes or indicators; and 4) other types of activities related to the development or implementation of a clinical quality improvement program. While the focus and ultimate goal of quality management is improved health status for clients, the quality management program looks beyond clinical services to include consideration of both supportive services that link clients with health care and community/population outcomes.

Resources for Quality Improvement/Management

Are experts available to assist us in establishing a quality management program?

In 2004, the HIV/AIDS Bureau funded the establishment of the National Quality Center (NQC) to assist grantees of all Parts to build capacity for quality improvement. Technical assistance (TA) is available to Ryan White HIV/AIDS Program funded grantees in the form of: 1) resource libraries (website, listserv, dissemination of quality improvement publications, etc), 2) training and educational workshops, and 3) on-site consultation.

Please visit the NQC website at NationalQualityCenter.org. Other resources include the National HIVQUAL Project which provides on-site consultation to Part C and D grantees [www.HIVQUAL.org]. Because these national quality initiatives are funded by HAB, NQC and HIVQUAL provide their consultative services at no-cost to Ryan White HIV/AIDS Program-funded grantees.

Any Ryan White HIV/AIDS Program grantee in need of assistance for quality improvement can submit a request to receive on-site technical assistance from the NQC. You can either access a TA Request Form online [visit NationalQualityCenter.org] or by contacting your HRSA Project Officer.

If you are interested in independently contracting with an external consultant, it is important to inquire about the consultant's level of quality knowledge, past experience of quality activities and understanding of the Ryan White legislative quality requirements to ensure their level of experience matches your needs.

Where can I get more information about quality improvement?

Each industry and field of service has its own definitions of quality management, quality assurance, and quality improvement.

Keeping with the spirit of the Ryan White HIV/AIDS Program's commitment to quality, HRSA has clearly defined quality management expectations and produced several quality

improvement publications to highlight examples from other grantees. Many resources are available at the HRSA's HIV/AIDS Bureau website [hab.hrsa.gov].

Other helpful websites include the **National Quality Center** [NationalQualityCenter.org], the **National HIVQUAL Project** [www.HIVQUAL.org], both administered by the New York State Department of Health AIDS Institute, and the Institute for Healthcare Improvement [www.IHI.org], containing quality improvement measures, tools and resources.

The Quality Academy [NationalQualityCenter.org/QualityAcademy], developed by the National Quality Center, is an online modular learning program on quality improvement in HIV care. It features 20 online tutorials, each 15-25 minutes long, for self-paced learning. There is no cost to participate and tutorials range from beginner to advanced in level.