



**Oregon Health Authority  
HIV Care & Treatment  
QUALITY MANAGEMENT PLAN  
CY 2015  
January 1-December 31, 2015**

**QUALITY STATEMENT**

The Oregon HIV Care and Treatment Program (HCT) is committed to developing, evaluating and continually improving a statewide, quality continuum of HIV care, treatment and supportive services that meets the identified needs of persons living with HIV and their families, ensures equitable access and decreases health disparities.

The HCT supports this mission by gathering data and information about the services delivered by HCT and its contractors, analyzing this information to measure outcomes and quality of services, reporting this analysis in order to identify areas requiring needed planning, and implementing improvement activities in order to meet program goals.

**QUALITY MANAGEMENT INFRASTRUCTURE**

The HCT is comprised of the HIV Community Services Program and CAREAssist, the State's AIDS Drug Assistance Program. The manager's of both the CAREAssist program and the HIV Community Services Program are responsible for providing staff management and program oversight to ensure quality management activities are implemented per the program's annual Quality Management Plan (QMP), and that quality assurance and improvement activities meet the expectations of funders. The Quality and Compliance Coordinator is responsible for convening the program's Quality Management Committee (QMC), participating in statewide quality improvement planning, implementing the program's QMP, monitoring and presenting outcomes and recommending improvement strategies. In addition, this position is responsible for coordinating contractor monitoring activities to include conducting site reviews, reviewing and following up on contractor reports and monitoring data quality. The Capacity Building and Grants Coordinator is responsible for participating as a member of the program's quality management committee to ensure program activities are aligned with the program's QMP. In addition, this position participates in contractor compliance activities and provides quality assurance and quality improvement related training and technical assistance. The HCT's

Financial Operations Analyst is responsible for monitoring fiscal compliance, to include monitoring budgets, expenditures and conducting financial site reviews.

Coordination of QMP activities also occurs with other Ryan White grantees in the State through the Quality Improvement Collaborative (QIC). The QIC is a committee that shares and coordinates quality management efforts across all Ryan White programs in Oregon. The collaborative includes representatives from Ryan White Part A, B, C and D programs; consumers; and key stakeholders from the Ryan White Part A and B planning groups. The committee meets quarterly to share information, and provide input on quality improvement planning and initiatives undertaken.

**HIV Care and Treatment Program Quality Management Committee**

The HCT QMC membership is comprised of individuals who have different responsibilities in the development, implementation, evaluation and support of the QMP. Each member serves an important role in helping ensure accountability and standardization of efforts, identifying gaps in care and fostering collaboration and sharing of knowledge. Members of the QMC are expected to participate in at least quarterly meetings.

The following table describes the current and potential membership of the QM Committee.

<b>Program Representation/Role</b>	<b>Resource/Area of Expertise</b>	<b>Current Status</b>
HIV/TB Community Services Manager	Ryan White (RWPB) Part B Programs Housing Programs	Participating
CAREAssist Program Manager	Ryan White (RWPB) Part B Programs CAREAssist	Participating
Quality & Compliance Coordinator	Quality management, compliance, data quality, site visits	Participating
Capacity Building & Grants Coordinator	Community client services, special projects, contractor training and education, report submission	Participating
CAREWare Database Specialist	CAREWare administration and generating reports	Participates as needed/requested
CAREAssist Lead worker	CAREAssist policies and procedures	Participating
Oregon Housing Opportunities Program (OHOP) Support Specialist	OHOP data collection and reporting	Participates as needed/requested
Information Technology Dept.	Database support for CAREWare, CAREAssist, and ServicePoint	Participates as needed/requested
Program Liaison,	Provides evaluation and reporting for the	Participates as

Program Design & Evaluation Services	HCT program.	needed/requested
HIV Surveillance	Lab uploads into database system, as well as Surveillance data and reports for the State of Oregon	Participates as needed/requested
HIV Consumer Representative	Person living with HIV/AIDS	Not yet contacted

## **INFLUENCE OF THE NATIONAL HIV/AIDS STRATEGY**

In 2010, the White House released the first National HIV/AIDS Strategy. The strategy focuses on a number of goals which aim to reduce new HIV infections, increase access to care and improve health outcomes for people living with HIV and reduce HIV-related health disparities. According to the Center for Disease Control and Prevention (CDC), “the ultimate goal of HIV treatment is to achieve viral suppression, meaning the amount of HIV in the body is very low or undetectable. This is important for people with HIV to stay healthy, live longer and reduce their chances of passing HIV to others.” The Health Resources and Services Administration (HRSA), the federal administrative agency for the Ryan White Program, plays a critical role in achieving the goals identified in the strategy by engaging and retaining clients in care in order to achieve and sustain viral load suppression.

The HIV care continuum consists of several steps required to achieve viral suppression. These steps include:

- Diagnosed with HIV infection
- Linked to care, meaning they visited a health care provider within three months after learning they were HIV positive
- Engaged or retained in care, meaning they received medical care for HIV infection
- Prescribed antiretroviral therapy to control their HIV infection
- Virally suppressed, meaning that their HIV viral load – the amount of HIV in the blood – is at a very low level

At the state and local levels, jurisdictions can use the HIV care continuum – compiled using local data – to determine where improvements are most needed and target resources accordingly.”<sup>1</sup> Client participation in HIV/AIDS care falls along a [continuum](#) , from not being involved in care

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<sup>1</sup> CDC.Understanding the HIV Care Continuum. [Fact sheet] December 2014. Available at: [http://www.cdc.gov/hiv/pdf/DHAP\\_Continuum.pdf#page=1&zoom=auto,-99,792](http://www.cdc.gov/hiv/pdf/DHAP_Continuum.pdf#page=1&zoom=auto,-99,792). Accessed from HAB Information Email, Volume 18, Issue 1, January 8, 2015

to full participation, with periods of time inconsistent engagement in care. A wide range of interventions can be used to encourage, support and enhance engagement in care.<sup>2</sup>

### **Focus on Viral Suppression**

The HIV Care and Treatment Program has been engaged in a number of efforts aimed at improving HIV viral suppression:

- Beginning in 2011, the program has worked to improve access to accurate and complete lab data by partnering with the State HIV Surveillance program to develop a mechanism to import Viral Load and CD4 data directly into CAREWare and CAREAssist databases. Currently, the program is importing data monthly that can be accessed by Medical Case Managers to help them monitor health outcomes and improve targeted follow-up for those clients who are not virally suppressed.
- VL suppression is as a key Performance Measure for FY2015 for all CAREAssist, Base and Supplemental funded programs.
- HIV Case Management Task Force meeting will be held in FY2015 to discuss changes to the Standards of Service which focus specifically on targeting actions and resources to persons who are not virally suppressed.
- The Integrated Planning Group will provide recommendations in CY 2015 on how the HIV care and prevention programs can further support medication adherence for people who are not suppressed to assist programs in planning program initiatives and the comprehensive plan.
- The HIV Surveillance Program is conducting a study to identify persons that were disengaged in HIV care and refer them to care and services through HIV case managers.
- Additional Part B Supplemental funding was obtained to provide Patient Navigator services to persons with co-occurring HIV and mental health and/or substance use issues who are experiencing multiple barriers to accessing and retaining HIV care. Clients with an unsuppressed viral load are identified as a priority population and will provide a variety of services to include, but not be limited to, health education, information and referral, health care navigation and health literacy education.
- Housing stability is a well documented intervention supporting and improving access to consistent HIV medical care and medication adherence. The OHOP program ensures enrolled clients stay connected to medical case management services as a condition of housing services, which results in access and retention to HIV medical care. Additional funding was prioritized in CY 2015 to expand housing services for persons who are virally unsuppressed or medically unstable.

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<sup>2</sup>Topic: Engagement in Care. HRSA/HAB Technical Assistance Resources, Guidance, Education & Training (TARGET).website. Accessed January 8, 2015 at: <https://careacttarget.org/category/topics/engagement-care>.

## **PERFORMANCE MEASUREMENT**

In 2014, the QMC made changes to the performance measurements to better align with *The National HIV Strategy*, which identified three primary goals:

1. Reduce the number of people who become infected with HIV;
2. Increase access to care and improve health outcomes for people living with HIV; and,
3. Reduce HIV-related health disparities.

The QM Program measures performance in the following areas:

1. Core Measures:
  - a. Viral Load Suppression
  - b. Gap in Medical Care
2. Medical Case Management
  - a. Gap in Medical Care
  - b. Medical Case Management Care Plan
3. CAREAssist
  - a. Application Determination
  - b. Eligibility Recertification
  - c. Inappropriate Antiretroviral Regimen
4. System Measures
  - a. Housing Status
  - b. Linkage to HIV Medical Care

### **See Appendix A for Performance Measures**

Program goals identified on the Performance Measure data sheets, use the following definitions:

#### ***Active CAREAssist Client Definition:***

- *Client enrolled in CAREAssist program at any point during the reporting period, unless otherwise specified*

#### ***Active Part B Client Definition:***

- *Client enrolled into Part B program at any point during the reporting period, unless otherwise specified*
- *Client receives at least one Ryan White Part B funded service during reporting period*

#### ***≥ 18 Definition:***

- *Client meets active client definition*
- *Client is 18 years old during the entire 12 months of the calendar year*

#### ***Medical Visit Definition:***

- *A lab test entered in to the CAREWare database will be used as a proxy for a medical visit*

**Measurement Year:**

- The reporting time period from January 1 to December 31

**Frequency of performance measure data collection**

Contractors providing HIV case management services are required to enter client level data in the centralized CAREWare database. Contractors are also required to submit quarterly reports that include a narrative progress report, as well as a report on quality management activities. Furthermore, quality data is collected by contractors during the onsite review.

The Ryan White Part B QMP monitors our contractor’s and HCT Program’s CAREAssist and OHOP, by using data from various sources, to include CAREWare, ServicePoint, the CAREAssist database, HIV surveillance and the CAREAssist Pharmacy Benefits Management contractor.

**QUALITY ASSURANCE CONTRACTOR AND HCT PROGRAM MONITORING**

The following activities have been implemented to assess and monitor contractor and HCT Program service delivery and ensure quality improvement:

Activity	Contractor and HCT Program Monitoring	Frequency
Quarterly Progress Report	Contractors are required to submit a quarterly program report which provides a written evaluation of the contractor’s services delivery system. Service barriers, partnership and referral activities undertaken, staffing changes, and targeted quality improvement activities are also reported. The HIV Quality and Compliance Coordinator review each quarterly report and identify items requiring follow-up. Report information is used for program planning and evaluation purposes. Technical assistance is provided to the contractor as requested.	Quarterly
Contractor and OHOP program Client File Review	A Local Client File Review is conducted by each county based contract agency delivering medical case management services using a tool developed by HIV Community Services as a condition of contract. Quality indicators are reviewed resulting in a summary report submitted to HIV Community Services. The results are compiled into a statewide summary report and are utilized for planning and quality improvement activities. Compliance findings are followed up and may result in a plan to rectify deficiencies, technical assistance or incorporation into the case management training program curriculum to increase statewide compliance.  OHOP Housing Coordinators conduct an annual file review to	Annually

	comply with the Housing and Urban Development (HUD) program and contract requirements. The annual OHOP chart review includes an assessment of program database records to measure progress in meeting program objectives. The review tool includes federal compliance criteria outlined in the Office of HIV/AIDS Housing HOPWA Grantee Oversight Resource Guide. Based on the annual review findings, program staff identifies one or two quality improvement activities.	
Ryan White Services Report	Contract agencies enter required data elements into the program's centralized CAREWare database. Data entered includes demographics, service utilization, primary medical and insurance provider information, household status and income data. The HIV Community Services Program provides contract agencies with a detailed data report in January identifying those data elements that are missing or questionable and provides technical assistance to assure accurate information is reported.	Annually
CAREAssist Data Report	The CAREAssist program reports outcomes on the CAREAssist Data Report (ADR) according to the guidelines and definitions provided by HAB. All data for the ADR comes from the client level database that also interfaces with databases for the PBM, the HIV Surveillance Program, and state financial management systems.	Annually
OHOP Data clean-up	The OHOP program engages in ServicePoint data input monitoring, which results in data clean up to ensure required HUD data elements are accurately reported in ServicePoint prior to annual reporting.	Bi-annually
On-Site Review	Part B funded agencies participate in an annual onsite review with regional, CBO providers and triennially with county based Health Department providers, which includes an entry interview to identify challenges, successes and barriers providing services. The review includes an in depth chart review, data quality and financial review. Data collected during these reviews are compiled and presented to the local contract agency identifying successes and areas of improvement and summarized in a Site Visit Report. When a contractor's performance does not meet the performance standards, a corrective action plan is submitted to the program. Compliance issues require a written plan and may result in a second site review within 90 days. Corrective action plans and activities are monitored for completion. An on-site review may be implemented at any time for agencies that are experiencing problems identified in any of the monitoring activities listed above.	Annually for Community Based Organizations  Triennially for County Based Health Departments

## **Improvements and additions to monitoring activities:**

FY2014 contractors are reporting on activities aimed to improve coordination with local jails, implement strategies to increase knowledge and skill in working with persons experiencing trauma, and report on coordination with Coordinated Care Organizations (medical health care system in Oregon).

FY2015, the HIV Community Services program will provide technical assistance to contractors to further enhance local quality management planning and activities. Quality improvement will be a significant focus of onsite reviews, which includes a comprehensive client chart and system delivery review.

Ongoing Activities and monitoring include:

- Contractors participate in the HIV Case Management Task Force, which identifies system improvements by reviewing quality trends and provides recommended changes to the standards of service and other program requirements.
- Technical assistance and ongoing training opportunities are available to contractors to ensure program and fiscal compliance, and to assist partners in monitoring quality indicators. In addition, the program provides extensive CAREWare support, which includes developing contractor requested custom reports and locally identified performance measures.

## **Contractor Corrective action process**

Corrective action requested by the HIV Community Services ranges from informal requests to formal reports submitted to the County or agency Board of Commissioners. Informal requests include Care Services Budget revisions requested by the Financial Operations Analyst due to non-compliance with administrative or other charges. In addition, quarterly CAREWare Financial Reports, Administrative Fiscal reports and Expenditure reports are monitored by the Financial Operations Analyst. Reports are analyzed to ensure accuracy in reporting and service delivery. Reports that require corrective action are sent back to the contractor for explanation and/or revision. Formal corrective action may be requested as a result of the annual Local Client File Review or On-Site Review. If a fiscal or programmatic deficiency are identified that warrants corrective action, HIV Community Services will notify the contract agency in writing. Deficiencies noted will require a Corrective Action Plan submitted by the contractor in writing and include specific descriptions of the items needing correction, the plan for correcting the problem identified, and a timeline for resolution. The program provides technical assistance to assist an agency in reaching compliance expectations as needed and/or requested by the contractor. Corrective Action plans resulting from an onsite review may result in additional site visits to ensure the issues have been rectified.

CAREAssist follows the state contracting division's requirements for corrective action, follow-up and resolution for contractors. Within the contracts division, financial penalties are defined within the contract for specific elements of the scope of work.

## **CAPACITY BUILDING MONITORING AND ACTIVITIES**

Capacity building involves projects to review and enhance systems of care in improvement in the following areas:

1. The capacity to collect accurate data
2. The capacity to meet HRSA reporting requirements
3. The capacity to share data to determine QI needs

The HIV Care and Treatment program's quality management plan and evaluation studies have been instrumental in making program improvements to program design and services. In addition, trended data is used to shape the direction of the program. The program will continue to improve the process of using data to develop multi-year goals associated with viral load suppression and ensure HIV case managers use the available data to develop client level performance measure. Medical Case Managers are encouraged to use this data to determine those clients needing additional follow-up. Beginning in FY2015, the program will review this data for each contractor site in CAREWare, develop standards to enhance service delivery to persons who are in medical care but are not suppressed across programs (CAREAssist, case management, adherence programs), and target training and technical assistance for contractors aimed at increasing the overall percent of clients with a suppressed viral load.

In FY2014, a data quality plan was developed, initially identifying the reports that need to be generated for the CAREWare and ServicePoint databases and outlining procedures for data collection in these databases. Reports are generated and data completeness checks, validation, and data cleaning occur at least two months prior to annual report submission. Contractors are contacted and provided technical assistance to ensure that their data is accurate and complete prior to submission to reporting agencies. This data quality plan will be expanded in 2015 to include the CAREAssist database, and encouraging contractors to utilize reports to routinely complete a review and clean-up their data throughout the year to increase the capacity for the program to collect and report accurate data for HRSA reporting requirements.

The databases monitored in the Data Quality Plan are as follows:

- CAREAssist, used by the CAREAssist program.
- CAREWare, used by Ryan White Part B contractors
- ServicePoint, used by the housing coordinators.

<b>2015 QI Capacity Building Goal</b>	<b>Activity</b>	<b>Person(s) Responsible</b>
Changes to reporting requirements and revisions made to data entry requirements are reflected in materials provided to contractor.	Update User Manuals for all databases as changes occur and communicate these changes to contractors; review annually.	Capacity Building & Grants Coordinator and Quality & Compliance Coordinator
New service delivery staff will input service data and chart accurately.	Complete an informal chart review of new service delivery staff within 3 months of hire date.	Nurse trainer, contractor Supervisor and/or Quality & Compliance Coordinator
Contractors and HCT Programs will complete data quality activities.	Ensure contractors and HCT Programs are running reports and fixing data entry problems annually. Provide technical assistance and training, and encourage contractors to identify and fix data entry missing or incorrect fields more frequently, by running quarterly reports.	Quality & Compliance Coordinator and Capacity Building & Grants Coordinator
The Data Quality Plan (DQP) will be revised to increase the breadth of the plan to include additional monitoring activities.	The DQP will be revised to add additional areas of monitoring service delivery data and aligning the data in the databases with reporting requirements and QI activities.	Quality & Compliance Coordinator; Capacity Building & Grants Coordinator; IT Data specialist
Data will be used in reports to identify and guide QI activities and monitoring.	Reports will be generated and reviewed by QMC to identify and/or monitor quality issues/concerns, and will result in a QI initiative to address the issue. QMC will prioritize based on previous performance and outcomes.	Quality & Compliance Coordinator; QMC

## **QUALITY IMPROVEMENT GOALS**

Quality improvement goals are established priorities which the QM program identifies annually to direct its efforts and resources towards. Goals are measurable and realistic and establish a threshold at the beginning of the year for each goal. The Ryan White Part B program reviews HIV/AIDS Bureau performance measure recommendations annually and compares these to quality of care trends as identified by the stakeholders listed in this report. Quality improvement

goals are identified based on recommendations from the program’s various planning groups and stakeholders, data quality analysis, quality assurance monitoring outcomes, and based on trended performance data. The QMC evaluates the recommendations, reviews the data, and sets the annual QI goals in order to improve previous performance rates and outcomes. QI projects are then identified and prioritized to address the QI annual goals.

**See Appendix B for the 2015 Quality Improvement Projects**

**PARTICIPATION AND COMMUNICATION WITH STAKEHOLDERS**

The following table describes the groups and agency stakeholders currently involved in HIV care activities and in providing data for the QM Committee.

<b>QM Stakeholders</b>	<b>QM Participation</b>	<b>QM Data</b>
Consumer (People living with HIV/AIDS)	<ol style="list-style-type: none"> <li>1. Participate in QMC, QIC and IPG.</li> <li>2. Participate in Surveys and other special studies.</li> </ol>	
HIV Medical Case Management Task Force	<ol style="list-style-type: none"> <li>1. Identify quality of care issues or concerns in Part B service area.</li> <li>2. Provides recommendations on standards of service.</li> </ol>	PM and CQM data, site visits, chart reviews and CAREWare reports are utilized to recommend improvements to the Standards of Care and statewide data improvement initiatives.
Integrated Planning Group (IPG)	<ol style="list-style-type: none"> <li>1. Identify quality care issues or concerns in the State of Oregon.</li> <li>2. Identify needed services and/or programs.</li> <li>3. Provide recommendations on program goals and activities.</li> </ol>	Data and outcomes data are utilized to develop the HIV/VH/STI Integrated Comprehensive Plan. This includes improvement activities to address identified service needs and gaps, including developing goals and objectives that impact service priorities and resource allocation.
CAREAssist Advisory Group	<ol style="list-style-type: none"> <li>1. Identify quality care issues.</li> <li>2. Identify needed services and/or programs.</li> <li>3. Provide recommendations on program goals and activities.</li> </ol>	Quality data is utilized to inform decisions about program and service improvements in CAREAssist.

Quality Improvement Collaborative	1. Receive updates pertaining to the QMP.	1. Share general program information across state organizations and agencies, 2. Share ideas for quality improvement initiatives 3. Provide a space for innovative collaboration.
RW Contractors: <ul style="list-style-type: none"> <li>• Regional</li> <li>• County</li> </ul>	1. Provide data on services provided via reports. 2. Participate in chart review. 3. Participate in QI projects. 4. Ensure service delivery and standards of service according to contract requirements.	Data is provided when requested for technical assistance and training purposes, as well as from chart reviews, site visits, data quality, and feedback from report submissions. Contracted providers are encouraged to use data to identify opportunities for outreach efforts and specific program and clinical interventions for increasing client engagement and retention in care.

### **QUALITY MANAGEMENT PLAN EVALUATION**

The QMC will be charged with evaluating the QM Plan (QMP) as follows:

1. Determining the effectiveness of the Quality Management infrastructure to decide whether there is need for improvement in how quality improvement work is accomplished.
2. Reviewing annual QMP goals and identifying outcomes and areas of improvement. Evaluating the QI activities to determine whether the annual QI goals are met.
3. Reviewing whether the performance measures are appropriately identified, and evaluate if new measures should be introduced.

To ensure a useful and current QMP, it is essential to update the plan in a systematic and consistent manner. The process upon which the QMP will be updated is explained in the table below.

<b>QMP Evaluation</b>	<b>Timeline</b>
<p>QI projects, performance measurement goal updates, Data Quality Plan updates, and updates to the QMP will be forwarded to the Quality &amp; Compliance Coordinator by RW Part B program staff, QMC members, and Stakeholders, and will be shared with the QMC for review, modification, and final QMP approval.</p>	<p>Quarterly Review Annual approval</p>
<p>The QMC will evaluate the QMP by answering the following questions:</p> <ol style="list-style-type: none"> <li>1. What QI goals were achieved during the previous measurement year?</li> <li>2. a) What performance measurement goals were met in previous measurement year? b) Are results in the expected range? If so, how?</li> <li>3. How were stakeholders informed of performance measure results?</li> <li>4. a) Did our current QM infrastructure work? b) Where are there areas for improvement in our current infrastructure?</li> <li>5. a) Did we do what we said we were going to do for each measure and each QI project? b) Why or why not?</li> <li>6. a) Are our measures meaningful to helping us understand HIV care systems in Ryan White Part B delivery systems in Oregon? b) Are they helping us identify whether or not we need to make changes?</li> </ol>	<p>Annual</p>

APPENDIX A: 2015 Performance Measures

<b>HIV Care and Treatment (HCT) Program 2015 PERFORMANCE MEASURES</b>				
<b>HCT Program</b>	<b>Performance Measure</b>	<b>Performance Outcome Measure</b>	<b>Numerator</b>	<b>Denominator</b>
<b>CAREAssist</b>  Funding: RW Part B ADAP	Viral Load Suppression	90% of clients have a HIV viral load < 200 copies/mL at last HIV viral load test during the year.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
	Application Determination	95% of ADAP applications approved/denied for new ADAP enrollment within 14 days (2 weeks) of ADAP receiving complete application in the year.	# of applications that were approved or denied for new CAREAssist enrollment within 14 days (two weeks) of CAREAssist receiving a complete application in the CY.	# of complete CAREAssist applications for new CAREAssist enrollment received in the CY.
	Eligibility Recertification	95% of ADAP enrollees reviewed for continued ADAP eligibility 2 or more times a year.	# of CAREAssist enrollees who are reviewed for continued CAREAssist eligibility at least two or more times (at least 150 days apart in the CY).	# of clients enrolled in CAREAssist in the CY.
	Inappropriate Antiretroviral Regimen	90% of indentified inappropriate antiretroviral regimen (ARV) prescriptions resolved in the year.	# of antiretroviral (ARV) regimen prescriptions that are resolved by the CAREAssist program during the CY.	# of inappropriate ARV regimen prescriptions that are identified by CAREAssist during the CY.
<b>HIV Community Services</b>  Funding: RW Part B Base	Viral Load Suppression	90% of clients have a HIV viral load les than 200 copies/mL at last HIV viral load test during the year.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
	MCM: Gap in Medical Visits	90% of clients have a medical visit in the last 6 months.	# of clients who had at least one CD4 or VL lab report in the last 6 months of the CY.	# of clients who had at least one CD4 or VL lab in the first 6 months of the CY.
	MCM: Care Plan	90% of MCM clients have a MCM Nurse Care Plan developed and/or updated 2 or more times a year.	# of clients assigned to MCM who had a MCM care plan developed or updated 2 or more times in the CY.	# of clients assigned to MCM in the CY.
	Housing Status	95% of clients have stable	# of clients who were not homeless or unstably	# of clients receiving HIV

		housing.	housed in the CY.	case management services in the CY.
	Linkage to HIV Medical Care	90% of clients attend a routine medical visit within 3 months of Diagnosis, as measured by VL (lab test).	# of clients who have a CD4 or VL lab test within 3 months of HIV diagnosis.	# of clients with a new HIV diagnosis during the CY.
<b>HIV Community Services</b> Funding: RW Part B Supplemental Pharmacist-led MCM Adherence Services	Viral Load Suppression	70% of clients have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
<b>HIV Community Services</b> Funding: RW Part B Supplemental Engagement Advocate Services	Viral Load Suppression	50% have a suppressed HIV viral load after 12 months of service enrollment.	# of clients with a HIV viral load < 200 copies/mL at last HIV viral load test during the calendar year (CY).	# of clients with at least one viral load test during the CY.
	Gap in Medical Visits	90% of clients have had a medical visit within 6 months of program enrollment.	# of clients who have a CD4 or VL lab report within 6 months of enrollment during the CY.	# of clients enrolled for at least 6 months, or had a CD4 or VL lab if completed program within 6 months, during the CY.
<b>OHOP</b> Funding: Formula, OHBHI & OSSCR	MCM: Care Plan	95% of clients had contact with case manager/benefits counselor with the schedule specified in client's individual service plan	# of clients who had a MCM care plan developed, or updated at least 2 times, in the CY.	# of OHOP clients assigned to MCM in the CY.
	Housing Status	90% of clients maintain or obtain housing stability.	# of clients who were not homeless or unstably housed during the CY.	# of clients receiving HIV case management services during the CY.

## APPENDIX B: 2015 Quality Improvement Projects

<b>2015 HIV Care and Treatment (HCT) Program Quality Improvement Goals and QI Projects</b>		
<b>QI Goal</b>	<b>QI Project Summary</b>	<b>HCT Program</b>
Under development: Currently on the Quality Management Committee (QMC) Agenda for review.	Under development.	

Note: QI Goals, QI Projects and Form revisions are identified and approved by the HCT QMC.