



Quality Management Plan Work Plan Update

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City of
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Agenda

- Quick overview of QM Plan
 - Presentation of Work Plan
 - Questions and feedback
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QM Plan

- Requirement of HRSA's PCN 15-02
 - Roadmap of CQM activities
 - Updated annually
 - DHH uses checklist from HRSA to ensure all needed components are included in document
 - One main component is the Work Plan which covers goals, objectives, and action steps
 - DHH took an extra step and noted how Work Plan objectives align with specific aspects of the NHAS, Philadelphia Integrated Plan, and Philadelphia EHE Plan
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2024 Work Plan

- Some goals were reworked, while others are entirely new
 - New goals focus on consumer involvement and health equity
- Due to the length of the Work Plan, we will be summarizing the action steps for this presentation
 - Full Work Plan includes staff responsible, timeline, and outcome for each step





Breakdown of Work Plan

Goals	Objectives	Action Steps
Goal 1	6	41
Goal 2	7	12
Goal 3	4	19
Goal 4	4	13





Goals for 2024

Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Goal 2: Develop and evaluate processes for O/AHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Goal 3: Ensure regional services are reflective of the needs of PWH by increasing the systematic and recurrent collection, dissemination, and use of consumer input in the recipient and subrecipients' CQM programs

Goal 4: Improve capacity of recipient and subrecipients to promote health equity by incorporating regional health disparity data and capacity building resources into CQM activities





Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Objective 1: Monitor and evaluate improvements in access to and initiation of status neutral HIV treatment and care

Action steps summary:

- Collect & evaluate data (LSHS PDEs, EHE Triannuals, PDEs, PMRs, TFRs)
- Collect & evaluate iART PM data & incorporate into QIPs
- Public-facing EHE dashboard





Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Objective 2: Apply a QI perspective to review and provide feedback on Corrective Action Plans (CAPs) submitted from providers with identified issues during bi-annual DHH appointment availability calls and periodic PrEP availability calls

Action steps summary:

- O/AHS Secret Shopper Calls (incl. 1st appt. within 4 days, CAP reviews, reports)
 - Linguistic info into reports
 - Assist with PrEP call writeups
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Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Objective 3: Re-evaluate barriers reported by patients who have been reengaged in care through Field Services and incorporate results into CQM program, including provider QI projects

Action steps summary:


- Obtain barriers to care; develop DTC feedback reports
 - DTC reports to Health Equity Officer for review & QI input
 - Feedback to providers (DTC & HE) for incorporation into QIPs as needed
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Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Objective 4: Initiate QIPs with DHH funded Prevention, MCM, and O/AHS programs using coaching model in order to improve performance across identified areas

Action steps summary:

- Relevant training updates for ISU staff (key aspects of O/AHS, MCM and Prevention services)
 - ISU hosting EvaluationWeb user group
 - Assess Prevention reports and OAHS/MCM PM data for potential QIP topics
 - Provide training & TA to Prevention, O/AHS & MCM providers during QIP process
 - Evaluate results of QIPs, disseminate outcomes & use as guide for next cycle
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Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Objective 5: Continue collaboration between DHH ISU and EHE Team around aligning CQM activities

Action steps summary:

- Ongoing meetings with EHE team to identify potential QIP areas
- Finalize EHE Evaluation Plan







Goal 1: Conduct and evaluate activities that enhance recipient and subrecipient CQM programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals

Objective 6: Create and offer innovative trainings for providers to enhance their quality management skills

Action steps summary:

- Develop online CAREWare 6 training for providers
 - Continue discussions regarding CAREWare centralization
 - Develop new trainings for subrecipients & provide TA/resources
 - Offer optional Lunch & Learns
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Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 1: Create a process to share O/AHS program contact information with Testing providers biannually in order to expedite linkage of newly diagnosed individuals and those lost to care

Action steps summary:

- O/AHS providers identify primary & secondary contacts for Testing providers
 - O/AHS contact form distributed 2x year to Testing providers
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Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 2: Continue to update and share O/AHS program contact information with MCM providers biannually in order to support monitoring of treatment adherence and to improve health outcomes

Action steps summary:

- O/AHS providers identify primary & secondary contacts for MCM providers
 - O/AHS contact form distributed 2x year to MCM providers
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Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 3: Establish and complete a process to update and share MCM provider contact information with O/AHS programs biannually in order to support linkage and retention in care

Action steps summary:

- MCM providers identify primary & secondary contacts for O/AHS providers
 - MCM contact form distributed 2x year to O/AHS providers
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Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 4: Develop an evaluation process to measure referral of unsuppressed O/AHS clients to MCM services

Action steps summary:

- Continue to evaluate implementation schedule of PHL25 performance measure






Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 5: At co-located sites, integrate O/AHS and MCM QIPs where possible to foster collaboration

Action steps summary:

- Involve both O/AHS and MCM staff in QIPs






Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 6: Establish a process to improve coordination between Testing, O/AHS, and MCM services

Action steps summary:

- Reconvene MCM Workgroup
- Meet with providers to address barriers in the region






Goal 2: Develop and evaluate processes for OAHS, MCM, and Testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach

Objective 7: Establish and help organize a peer sharing network for programs where they can learn from each other's QI work

Action steps summary:

- Update list of peer sharing network participants
- Distribute updated list to participants






Goal 3: Ensure regional services are reflective of the needs of PWH by increasing the systematic and recurrent collection, dissemination, and use of consumer input in the recipient and subrecipients' CQM programs

Objective 1: Assess recipient's capacity to obtain and incorporate consumer feedback into CQM program activities

Action steps summary:

- Compile current resources of consumer feedback in place at DHH
- Outline identified resources for further QI work







Goal 3: Ensure regional services are reflective of the needs of PWH by increasing the systematic and recurrent collection, dissemination, and use of consumer input in the recipient and subrecipients' CQM programs

Objective 2: Assess subrecipients' capacity to obtain and incorporate consumer feedback into QIPs

Action steps summary:

- Refine Organizational Assessment (OA)
 - Use OA at start of new QIP cycle to explore providers' level of consumer involvement in CQM activities
 - Distribute resources to providers on strengthening consumer involvement in CQM activities
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Goal 3: Ensure regional services are reflective of the needs of PWH by increasing the systematic and recurrent collection, dissemination, and use of consumer input in the recipient and subrecipients' CQM programs

Objective 3: Refine process to obtain and incorporate consumer feedback into DHH QM Plan on a regularly scheduled basis

Action steps summary:

- Present QM Plan to HIV Integrated Planning Council and subcommittees





Goal 3: Ensure regional services are reflective of the needs of PWH by increasing the systematic and recurrent collection, dissemination, and use of consumer input in the recipient and subrecipients' CQM programs

Objective 4: Share and review QM plan, including workplan, with key stakeholders and incorporate their feedback into both documents

Action steps summary:

- Review QM Plan and Work Plan with ISU QM team, CQM Committee, and DHH Leadership and staff





Goal 4: Improve capacity of recipient and subrecipients to promote health equity by incorporating regional health disparity data and capacity building resources into CQM activities

Objective 1: Analyze and disseminate data on regional health disparities to key stakeholders including subrecipients

Action steps summary:

- Identify EMA-wide disparities and present at Annual QM Meeting





Goal 4: Improve capacity of recipient and subrecipients to promote health equity by incorporating regional health disparity data and capacity building resources into CQM activities

Objective 2: Conduct evaluation of recipient and subrecipient health equity activities

Action steps summary:

- Assist Health Equity Officer with reviewing health equity related activities such as health equity plans
- Develop performance measures, evaluation process, and QIPs for health equity initiatives






Goal 4: Improve capacity of recipient and subrecipients to promote health equity by incorporating regional health disparity data and capacity building resources into CQM activities

Objective 3: Develop health equity resources for subrecipients to apply to their CQM work

Action steps summary:


- Assess status of health literacy trainings for all O/AHS, MCM, and Testing providers
 - Offer health literacy guide during QIPs to providers who have completed health literacy training
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Goal 4: Improve capacity of recipient and subrecipients to promote health equity by incorporating regional health disparity data and capacity building resources into CQM activities

Objective 4: Increase capacity of CQM staff to incorporate health equity activities into QI projects with subrecipients

Action steps summary:

- Participate in Aging and HIV training to increase knowledge and help develop QM/QI activities
 - Discuss CQM health equity initiatives with Health Equity Officer
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Questions or Comments



Thank you for your time today!

We hope to return later in 2024 with more updates.