
AIDS MINISTRIES/AIDS ASSIST INTEGRATED CLINICAL QUALITY MANAGEMENT PLAN

January 1, 2021-December 31, 2021

Table of Contents

Quality Culture..... 3

 Mission Statement for Clinical Quality Management..... 3

 Purpose of the CQM Program 3

 The purpose of AMAA’s CQM program is to establish a coordinated approach in order to address quality assessment, evaluation, and process improvement for the care and services provided to all clients and community members. Improving programs and processes at AMAA will result in improved health outcomes for clients and others living in Indiana. 3

 2021 CQM Priorities:..... 3

 Leadership..... 4

 Clinical Quality Management Committee 5

 MEMBERSHIP 5

 MEETINGS 6

 COMMITTEE RESPONSIBILTIES 6

 Stakeholder Involvement 6

 Consumer Involvement..... 7

Performance Measures..... 8

Evaluation..... 8

 Updating the CQM Plan..... 8

 Capacity Building..... 9

Communication and Information Sharing 9

Appendix 10

 Performance Measures..... 10

Quality Culture

Mission Statement for Clinical Quality Management

The Mission of the AIDS Ministries/AIDS Assist (AMAA) Clinical Quality Management (CQM) Program is to ensure optimal health outcomes in Northern Indiana by constantly improving the quality of the programs.

Core Values of the CQM Program

- **Diversity:** Engage an inclusive group of knowledgeable and experienced employees and stakeholders to improve the quality of programming.
- **Integrity:** Maintain honesty, trust, and transparency as services and programs are improved to ensure optimal health for clients and the community.
- **Innovation:** Strive for innovative ways to improve the health outcomes of clients and community.
- **Collaboration:** Achieve optimal health outcomes for the Northern Indiana community through the involvement and participation of all stakeholders.

Purpose of the CQM Program

The purpose of AMAA's CQM program is to establish a coordinated approach in order to address quality assessment, evaluation, and process improvement for the care and services provided to all clients and community members. Improving programs and processes at AMAA will result in improved health outcomes for clients and others living in Indiana.

2021 CQM Priorities:

AMAA'S 2021 CQM PRIORITIES ALIGN WITH INDIANA'S 2020-2021 PRIORITIES AND INCLUDE:

- VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV IN INDIANA (PLWH)
- PREVENTION OF NEW HIV AND STD INFECTIONS

- STD PREVENTION THROUGH DISEASE INTERVENTION
- The following is a list of potential projects that AMAA will focus on for the 2021 calendar year. We will be looking at these projects to find ways to increase utilization and improve results.
 - DEFA (DIRECT EMERGENCY FINANCIAL ASSISTANCE)
 - We will look to decrease the utilization rate to increase self-sufficiency
 - ISDH FUNDED HOUSING
 - We will look to increase the rate that clients go to permanent housing by increasing clients monthly income
 - MEDICAL CASE MANAGEMENT
 - Increase viral suppression and medication adherence
 - NON-MEDICAL CASE MANAGEMENT
 - Increase viral suppression and increase retention in care
 - OUTREACH-LINKAGE TO CARE
 - Increase the # of clients that are linked to services
 - FOOD BANK
 - Increase viral suppression and increase utilization rate
 - PrEP
 - Increase retention in care

Infrastructure

Leadership

AMAA is a sub-recipient of the Ryan White HIV/AIDS Program (Part B grant) (and/or) CDC Prevention Funds.

These efforts aim to identify and address the most significant needs of PLWH and to maximize coordination, integration, and effective linkages across the RW-funded services in Indiana.

With the support of the Executive Director, the following staff position will be responsible for overall leadership of the CQM Program:

- **Client Services Director-**
 - Responsible for preparing for and leading bi-monthly CQM committee meetings
 - Participating in annual site visits
 - With the support of AMAA staff members on the CQM committee, CSD will introduce all quality related trainings and hold semiannual meetings
 - Attend any quality related trainings
 - Implement and compile data for all quality related projects

Clinical Quality Management Committee

The purpose of AMAA's CQM Committee is to serve as advisors to the CQM Program and to advise on performance measure evaluation and quality improvement activities across the services and prevention programs at the agency.

MEMBERSHIP

The following staff members and consumers will be consulted regarding performance measures and data collection and also serve as members of the CQM committee of the CQM Program:

1. Executive Program Director
2. Client Services Director
3. Non-Medical Case Manager
4. Medical Case Manager
5. Housing Staff
6. Prevention Staff
7. Finance/Admin Staff
8. Volunteers of America Staff
9. Board Member

10. Board Member
11. Consumer
12. Consumer
13. *Housing client?*
14. *Imani Unidad representation*

MEETINGS

The CQM Committee will meet bi-monthly, in January, March, May, July, September, and November 2021. If needed, the CQM Committee will also meet in December 2021 to finalize the 2022 Plan.

COMMITTEE RESPONSIBILITIES

Responsibilities
Actively participate in meetings, conference calls, and other activities
Review performance measure results and identify trends
Advise performance measures and indicators to assess and improve performance
Review and advise on updates to the CQM Plan annually
Advise the CQM Plan for the subsequent year
Advise CQM Program Evaluation
Participate in CQM and QI trainings
Advise on internal QI projects for the Agency
Advise on QI project recommendations
Act as a liaison between program areas and the CQM program

Stakeholder Involvement

The following are key stakeholders of AMAA's CQM Program and their roles and responsibilities.

Meals on Wheels provides frozen meals to qualifying clients

Volunteers of America provides mental health services helping to establish a “one stop shop” for clients

Healthy U Pharmacy is an in house pharmacy that will work with all clients’ insurance to fill prescriptions and deliver medications if necessary

Imani Unidad is a local social service agency that provides education in regards to primary and secondary prevention practices in order to reduce high-risk behaviors and increase self-image

Dr. Won Chung, who provides PrEP and HIV care to our Clients

St. Joseph Health System and Memorial Hospital of Beacon Health System are two main hospitals in our region. Many of the doctors serving agency clients belong to either health system

Indiana Legal Services, Center for the Homeless, South Bend Housing Authority, Indiana Health Center, Mosaic Health and Healing Arts, Indiana University South Bend, Olive Street Clinic, Bowen Center, and Oaklawn are additional service providers in the area that assist agency clients.

As AMAA moves through the cyclical process of quality management and improvement, stakeholders will be consulted on areas of improvement and potential collaborative strategies for improvement. AMAA will produce and mail newsletter to stakeholders bi-monthly to update them on agency information as well as quality improvement.

Consumer Involvement

In alignment with our core values of collaboration and transparency, it is essential to gain input from consumers. In addition to the CQM Committee, consumers will be involved in the CQM Program through the following mechanisms:

- Consumers participate in yearly client surveys- this will serve as an additional mechanism to solicit ideas/solutions/suggestions for the CQM Program (these surveys will be administered October-November of 2021)
- Consumer presence on Board of Directors
- Quarterly consumer forums with the Executive Director to obtain consumer feedback

- The CQM committee will also be holding focus groups that require consumer involvement on an as needed basis as pertains to ongoing CQM projects

Performance Measures

Performance measurement is a method that will be used to identify and quantify the critical aspects of the programs under the scope of the CQM Program and the Division. All measures are prioritized based on relevance, measurability, accuracy, and improvability. RWHAP will utilize the HIV/AIDS Bureau (HAB) measures for all RW funded categories. Non-RWHAP funded program measures are selected based on the priorities of those programs and their funders. The method described in HRSA Policy Clarification Notice 15-02 will be utilized to determine the amount of performance measures analyzed for each service category.

The performance measures and their data sources that have been selected to be monitored by the CQM Program can be found in the appendix.

Evaluation

The following types of evaluation will be used to review the CQM Program:

- **Utilize the Plan-Do-Study-Act tool to evaluate projects and confirm that the plan is sufficient**
- **The CQM Committee will also hold a group discussion to evaluate the work plan to assess the efficacy of the CQM program. This will be completed annually in May by the CQM Team**
- **Data trends**
- **Quarterly QI reporting form to ISDH**

Updating the CQM Plan

Annually in September, AMAA's CQM committee will discuss the CQM Plan and any needed revisions, based on the timeline and content of the ISDH CQM Plan that will be released annually. Select members of the CQM committee will then create a draft of the upcoming year's CQM Plan and bring it back to the full committee for review and revisions.

Capacity Building

AMAA will seek to build a culture of quality by integrating Quality Improvement trainings into each staffed position. All existing staff members have completed the assigned Quality Academy tutorials. The Client Services Director will meet with each new staff member to introduce Quality Management, as well as monitor the employees' progress in completing the Quality Academy Trainings. Upon completion of the trainings, the staff member will present all staff certificates to Client Services Director. Staff will also be heavily involved in implementing all Quality Improvement projects that are initiated by CQM Committee. Certain staff members will also be the sole individual collecting data for various CQM projects.

Communication and Information Sharing

Semiannually, in June and December, the CSD will hold an all-staff meeting to provide updates regarding quality projects. CSD will also integrate games that teach quality improvement into staff meetings twice per year in March and September. We include a "QI corner" spotlight into each Client newsletter to update Client's on QI results/progress. To share our progress with stakeholders, ED will include a "QI corner" into the quarterly newsletter. CSD will also relay Viral Suppression finding to the COC committee quarterly.

Appendix

Performance Measures

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
Non-medical Case Management	HIV Viral Load Suppression	<p>Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.</p> <p>Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</p> <p>Denominator: The number of patients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management visit in the measurement year</p> <p>Exclusions: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic • Risk Factor: <ul style="list-style-type: none"> ○ MSM <ul style="list-style-type: none"> ○ AA ○ White ○ Hispanic ○ IDU • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Measurement Period: 12 months-calendar</p> <p>Reporting Frequency: Quarterly</p> <p>Site Target: 98%</p> <p>Site Baseline: 91%</p>	CaseManager & eHARS
Non-medical Case Management	Retention in care (NMCM)	<p>Description: Percentage of patients, regardless of age, with a diagnosis of HIV who were</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White 	<p>Measurement Period: 12 months-calendar</p>	HIVE

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		<p>reviewed for continual eligibility two or more times during the measurement year.</p> <p>Numerator: The number of patients enrolled in the HSP who were reviewed for continual eligibility two or more times during the measurement year at least 150 days apart.</p> <p>Denominator: The number of patients enrolled in HSP.</p> <p>Exclusions: Patients who died or moved out of state during measurement period.</p>	<ul style="list-style-type: none"> ○ African American/Black ○ Hispanic ● Risk Factor: <ul style="list-style-type: none"> ○ MSM <ul style="list-style-type: none"> ○ AA ○ White ○ Hispanic ○ IDU ● Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM ● Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Reporting Frequency: Quarterly</p> <p>Site Target: 98%</p> <p>Site Baseline: 96.97%</p>	
Medical Case Management	HIV Viral Load Suppression	<p>Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.</p> <p>Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</p>	<ul style="list-style-type: none"> ● Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic ● Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM ● Age: <ul style="list-style-type: none"> ○ 13-24 	<p>Measurement Period: 12 months-Calendar</p> <p>Reporting Frequency: Monthly</p> <p>Site Target: 91%</p> <p>Site Baseline: 86.7%</p>	eHARS, Internal MCM tracker

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		<p>Denominator: The number of patients referred for medical case management services during the measurement year.</p> <p>Exclusions: PrEP patients, patients diagnosed with HIV (new intakes), and patients who died or moved out of state during the measurement year.</p>	<ul style="list-style-type: none"> ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 		
Food Bank	HIV Viral Load Suppression	<p>Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.</p> <p>Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</p> <p>Denominator: The number of patients, regardless of age, with a diagnosis of HIV who had at least one food bank service in the measurement year</p> <p>Exclusions: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Measurement Period: 12 months (July 1-June 30)</p> <p>Reporting Frequency: Quarterly</p> <p>Site Target: 92%</p> <p>Site Baseline: 85.9%</p>	eHARS & CaseManager
Food Bank	Utilization Rate	<p>Description: Percentage of consumers who received nutritional assistance from the internal food pantry during the measurement year.</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic 	<p>Measurement Period: 12 months (July 1-June 30)</p>	Internal Pantry Tracker

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		<p>Numerator: The total number of unduplicated clients served nutritional assistance during the measurement year</p> <p>Denominator: The total number of clients served during the measurement year.</p> <p>Exclusions: None</p>	<ul style="list-style-type: none"> • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Reporting Frequency: Yearly</p> <p>Site Target: 55%</p> <p>Site Baseline: 40.6%</p>	
ISDH Housing	HIV Viral Suppression	<p>Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.</p> <p>Numerator: Number of patients (who access ISDH housing) in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</p> <p>Denominator: The number of patients, regardless of age, with a diagnosis of HIV who accessed ISDH housing during the measurement year.</p> <p>Exclusions: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic • Risk Factor: <ul style="list-style-type: none"> ○ MSM <ul style="list-style-type: none"> ○ AA ○ White ○ Hispanic ○ IDU • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 	<p>Measurement Period: 6 months (April 1-September 30, 2021 October 1, 2021-March 31, 2022)</p> <p>Reporting Frequency: Semiannually</p> <p>Site Target: 87%</p> <p>Site Baseline: 80%</p>	eHARS, & CaseManager

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
			<ul style="list-style-type: none"> ○ 55-64 ○ 65+ 		
Outreach-Linkage to Care	HIV Viral Suppression	<p>Description: The percentage of HIV+ patients who have been lost to care for >12 months, who were linked back to services through intensive Case Management.</p> <p>Numerator: Number of patients (who were linked back to care) in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</p> <p>Denominator: The total number of clients linked to care in the last 12 months through the Linkage to Care program.</p> <p>Exclusions: None</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic • Risk Factor: <ul style="list-style-type: none"> ○ MSM <ul style="list-style-type: none"> ○ AA ○ White ○ Hispanic ○ IDU • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Measurement Period: 12 months-calendar</p> <p>Reporting Frequency: Quarterly</p> <p>Site Target: 80%</p> <p>Site Baseline: 76.4%</p>	eHARS & CaseManager
Direct Emergency Financial Assistance (DEFA)	HIV Viral Load Suppression	<p>Description: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic 	<p>Measurement Period: 12 months (July 1- June 30)</p> <p>Reporting Frequency:</p>	

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		<p>Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year</p> <p>Denominator: The number of unduplicated clients who have received financial assistance within the measurement year.</p> <p>Exclusions: Patients diagnosed with HIV (new intakes) and patients who died or moved out of state during the measurement year.</p>	<ul style="list-style-type: none"> • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Quarterly</p> <p>Site Target: 90%</p> <p>Site Baseline: 83.5%</p>	<p>CaseManager & eHARS</p>
	Utilization Rate	<p>Description: Percentage of clients who received financial assistance during the measurement year</p> <p>Numerator: The number of unduplicated clients who have accessed financial assistance during the measurement year</p> <p>Denominator: The total number of times that clients have accessed financial assistance during the measurement year</p> <p>Exclusions: None</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White ○ African American/Black ○ Hispanic • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Measurement Period: 12 months (July 1-June 30)</p> <p>Reporting Frequency: Yearly</p> <p>Site Target: 73%</p> <p>Site Baseline: 58.6%</p>	<p>Internal DEFA Tracker</p>
PrEP	Retention in Care	<p>Description: Percentage of patients referred to services during the measurement year who were retained in care</p>	<ul style="list-style-type: none"> • Race/Ethnicity: <ul style="list-style-type: none"> ○ White 	<p>Measurement Period: 12 months-calendar</p>	<p>Internal PrEP tracker</p>

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source
		<p>Numerator: Number of individuals who attended initial visit, follow-up visit, and have been taking medications for 3 months or more</p> <p>Denominator: Number of clients who were referred to the PrEP navigator</p> <p>Exclusions: None</p>	<ul style="list-style-type: none"> ○ African American/Black ○ Hispanic • Gender: <ul style="list-style-type: none"> ○ Women ○ Transgender <ul style="list-style-type: none"> ○ MTF ○ FTM • Age: <ul style="list-style-type: none"> ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ 	<p>Reporting Frequency: Quarterly</p> <p>Site Target: 25%</p> <p>Site Baseline: 10.2%</p>	