

**QUALITY  
MANAGEMENT  
PLAN**  
BOSTON EMA

2009



**Boston Eligible Metropolitan Area  
Ryan White Treatment Modernization Act Part A & MAI**

**Boston Public Health Commission,  
Infectious Disease Bureau,  
HIV/AIDS Services Division**

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## **Background & Introduction**

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The Boston EMA consists of seven counties in Massachusetts and three in southern New Hampshire. The Grantee for Part A and MAI funds is the Boston Public Health Commission's HIV/AIDS Services Division within the Infectious Disease Bureau. In FY 2008, 90 programs were available at 49 funded agencies. Twelve direct service categories exist including case management, client advocacy, dental services, drug reimbursement, food services, housing, mental health, peer support, primary medical care, substance abuse, and transportation, as well as Minority AIDS Initiative services including targeted case management and peer support. The Boston EMA was awarded \$13.1 million and served 6,191 clients in FY 2008.

The Boston EMA's Quality Management Program began in 1999, prior to the legislative requirement of such a program, with the appointment of subcontractors to determine a method to measure client outcomes and document clinical improvements. An array of quality management activities continue to be supported and managed by the Grantee's Quality Management Program. In 1996, the Grantee contracted with Suffolk University to begin designing a client-level outcome measurement system which has undergone two major revisions and continues to be a mandatory reporting requirement for all funded agencies. As of FY 2009, JSI Research and Training, Inc. (JSI) is responsible for continuing outcome measurement collection and analysis as well as evaluating the current outcome measurement system. A clinical chart review project began in conjunction with JSI in 2001 and continues biannually at Part A funded sites. In 2007, the Grantee additionally partnered with JSI to conduct consumer satisfaction surveys and needs assessments. These projects evolve and change each fiscal year according to research needs but continue to be a valuable source of information on consumer needs. Standards of Care for Part A services were first developed in 1995 for case management and client advocacy services by the Grantee and Part B as part of the case management collaborative. Over subsequent years, additional Standards were developed and updated in a collaborative process with Part B, the Planning Council, providers, and consumers to take into account the changes in HIV care since 1995. In 2004, a consolidation of existing Standards to a single set of Universal Standards took place, and in 2009 a complete set of Universal and service-specific Standards for all Ryan White Part A (including MAI) and Part B services was developed and distributed to agencies for implementation. The Quality Management Program continues to build upon historical projects such as the ones described above, and is also beginning some exciting new endeavors based on stakeholder input.

## **Statement of Purpose for the Quality Management Plan**

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The purpose of this document is to:

- Provide a clear understanding of quality management activities in the Boston EMA for all stakeholders.
- Describe the EMA's Quality Management infrastructure.
- Establish roles, responsibilities, and expectations for all components of the Quality Management Program.
- Identify annual quality management goals for the Boston EMA.
- Guide the development of future quality management activities.

## Quality Management Program Mission

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The Quality Management Program monitors and evaluates Ryan White Part A and MAI programs to continuously improve the quality of care for all clients in the Boston EMA and those impacted by the service delivery system.

## Quality Management Program Vision

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The Quality Management Program will hold itself to the highest internal standards to support a service delivery system that provides the highest quality of care. To achieve this, the Quality Management Program will:

- Share information, including current research and evaluation findings, with stakeholders.
- Consider and value the input of all stakeholders, including consumers.
- Incorporate clinical guidelines and best practices into quality management activities.
- Be integrated within client services and Planning Council activities.
- Recognize the importance of a comprehensive continuum of care, including a combination of core medical and support services.
- Utilize all available internal and external data sources in an effort to best understand the service population.
- Identify emerging needs and barriers to care in order to facilitate response.

## Definitions to Guide Quality Management Activities

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**Quality** is defined by the federal HIV/AIDS Bureau (HAB)/Division of Service Systems (DSS) as the degree to which a health or social service meets or exceeds established professional standards and user expectations. In order to continuously improve systems of care for individuals and populations, evaluation of the quality of care should consider the quality of inputs, the quality of the service delivery process, and the quality of outcomes.

**Continuous Quality Improvement (CQI)** is an ongoing process that involves service providers in ongoing activities to continuously improve service delivery. Activities include monitoring and evaluating inputs, processes, outputs, and outcomes. In contrast to quality assurance, which focuses on identifying and solving problems, CQI seeks to prevent problems and to maximize the quality of care. Steps in the CQI process include the following: 1) Plan – Identify problems (including their components-not just the big picture) and then plan strategies/tests that might result in improvements. 2) Do – Use strategies/tests that are designed to address problems. 3) Study – Collect and analyze data to see if strategies have resulted in improvements. 4) Act – If the strategies are effective, make them an ongoing activity. If they are not effective, return to the Plan stage. Use collected data to identify new ways to address problems.<sup>1</sup>

The **Quality Management Program** of the Boston EMA encompasses all quality management activities and consists of the Grantee's client services and specific Quality Management staff, the involvement of fiscal and data staff, quality management subcontractors, and the Boston EMA HIV Health Services Planning Council including the Evaluation Committee.

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<sup>1</sup> Ryan White HIV/AIDS Program Part A Program Manual, <http://hab.hrsa.gov/tools/parta/parta/ptAsec7chap4.htm#SecVIIChap4c>

## Organizational Structure of the Quality Management Program

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The Quality Management Program in the Boston EMA consists of three distinct but collaborative levels of leadership responsible for implementing Quality Management initiatives:

1. The Grantee and associated staff
2. The Boston EMA HIV Health Services Planning Council and associated committees
3. Quality Management subcontractors

### **1. The Grantee and associated staff: HIV/AIDS Service Division, Infectious Disease Bureau, Boston Public Health Commission**

*Director of the HIV/AIDS Services Division:* Supervises Quality Management Program Coordinators and all Quality Management activities. The Director makes major planning decisions in conjunction with the Quality Management Program.

*Manager of Client Services:* Supervises Quality Management Program Coordinators and aids in Quality Management planning activities. The Manager makes major planning decisions in conjunction with the Quality Management Program as well as orchestrates the integration of other HIV/AIDS Services Division staff into Quality Management initiatives.

*Quality Management Program Coordinators:* Responsible for day to day management of all Quality Management activities. Two specific full-time Quality Management Program Coordinators oversee all subcontracted work, monitor client health and quality of life outcome progress, monitor service providers' adherence to Standards of Care, and work to ensure that stakeholders, including providers, have resources that can aid them in being successful. In addition, Quality Management Program Coordinators analyze available demographic and utilization data in order to monitor trends in the local epidemic, identify issues which may need additional research, and report back to stakeholders, including the Planning Council for service planning purposes.

*Client Services Program Coordinators:* Integrated into Quality Management initiatives wherever possible including reviewing evaluation products, participating in forums, determining research needs, and reviewing Standards of Care in order to maintain an inclusive Quality Management Program. Program Coordinators integrate findings from evaluation projects in their work with agencies.

*Other HIV/AIDS Services Division Staff:* Fiscal Coordinators and Data Staff also work in conjunction with Quality Management Program Coordinators to ensure that funded programs adhere to personnel Standards and report demographic and utilization data correctly. Future collaboration is also intended with the Communicable Disease Control's Data and Surveillance team within the Infectious Disease Bureau at the Boston Public Health Commission to improve data collection and analysis as well as enhance the Quality Management Program's ability to analyze data and decrease reliance on subcontractors. These collaborations promote high-quality service delivery and accurate data collection for the Ryan White Program.

### **2. Boston EMA HIV Health Services Planning Council and associated committees**

The Planning Council plays an integral role in directing the activities of the Quality Management Program. All evaluation products are presented to the Planning Council to be used in service delivery decisions. Specifically, the Evaluation Committee of the Planning Council aids Quality Management Program Coordinators in carrying the Quality Management vision forward by reviewing subcontracted evaluation products, determining where more information is needed, and recommending future

research and evaluation projects. The Evaluation Committee's unique composition of service providers, researchers, and consumers allows for diverse and informed decision making which helps drive the Quality Management Program.

### **3. Quality Management Subcontractors**

The Grantee utilizes subcontractors with expertise in medical record abstraction, data analysis, outcome measurement, and qualitative research to provide an accurate gauge of clients' health and quality of life statuses. Suffolk University's Center for Public Management is currently conducting a qualitative evaluation project gathering information on the aging HIV population. As part of the Quality Management Program, the Grantee has also contracted with JSI Research and Training, Inc. (JSI) since 1999 to conduct medical record abstraction, data analysis, and technical assistance to Part A Primary Medical Care sites in the Boston EMA. JSI also conducts yearly evaluation surveys concentrating on consumer satisfaction and needs assessments. Beginning in FY 2009, JSI now oversees outcome measurement collection and analysis as well. These long-term partnerships with Boston organizations allow for unique institutional knowledge about the EMA and its consumer population which ultimately benefits the overall Quality Management Program.

### **Available Resources**

Many resources are available to the Quality Management Program, including:

- **National Quality Center:** The National Quality Center's website, webcasts, and staff are often utilized by Quality Management Program Coordinators and shared with Program Coordinators and service providers.
- **HRSA/HAB:** HRSA/HAB offers technical assistance (TA) calls and webcasts on a number of topics relevant to data and quality of care.
- **Local Collaborative Groups:** Service providers participate in local groups, such as the HIV Networking Breakfast and Service Coordination Collaborative. These are a valuable source of information on current events and issues. The Quality Management Program will work closer with these groups in the future to share knowledge and identify any potential overlap in research.
- **Boston EMA HIV Health Services Planning Council:** The Planning Council consists of an array of service providers, policy makers, and consumers; this diversity of perspectives makes it an indispensable source of knowledge. Frequent educational presentations by stakeholders in the Boston EMA HIV service delivery system also make the Planning Council a valuable resource.
- **State Health Departments:** Collaborations with the Massachusetts Department of Public Health's Office of HIV/AIDS (MDPH) and New Hampshire's STD/HIV Section within the Department of Health and Human Services allow for access to pertinent data resources and research.
- **Data:** A wealth of data is available to the Quality Management Program, including internal client-level utilization and demographic data. Utilization, demographic, and outcomes data can be linked via client code as far back as 2002, making long-term trend analysis possible. Collaborations with state counterparts in Massachusetts and New Hampshire also allow for surveillance runs and unmet need estimates.
- **Quality Management Subcontractors:** Suffolk University and JSI have a depth of knowledge concerning HIV/AIDS research and current events and issues. Each has a connection to the community because of their years of collaboration with the Grantee that affords them success in both quantitative and qualitative data collection efforts. Their familiarity with the system allows them to be aware of potential improvements in data collection.

## **Performance Measurement**

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Performance measurement activities include clinical chart reviews, consumer surveys, client health and quality of life outcome measurement, estimating unmet need, and service utilization monitoring. The following section describes, in depth, performance measurement activities in the EMA.

### **Clinical Chart Reviews**

The Quality Management program has contracted with JSI since 1999 to conduct medical record abstractions at nine funded Primary Medical Care sites. JSI is responsible for collecting data every two years as well as analyzing all data collected. Clinical chart review reports and special evaluation reports using these data are produced every other year, creating a constant stream of incoming knowledge for Quality Management staff. JSI is also responsible for the dissemination of feedback to the clinical sites and site-specific data is made available to the Grantee. To focus attention of the clinical staff on the quality management findings, JSI staff prepare summary presentations for each clinic and deliver them via webcast, conference call or in person for staff use and discussion. The information focuses on the key process and clinical indicators, comparing earlier rounds of data collection with the most recent round, to examine trends and identify areas in need of further improvement. Discussions explore underlying problems or successes from the individual providers' perspectives and generate new questions and requests for focused technical assistance.

Clinical performance indicators include medical visits, CD4 count, PCP prophylaxis, antiretroviral therapy, Hepatitis A and B vaccinations, Hepatitis C treatment when applicable, pneumococcal vaccination, and pap smears among female clients. Clinical outcomes collected are viral load suppression, most recent viral load, most recent CD4 count, and hospitalizations.

Special evaluation reports in FY 2008 included an analysis of recently diagnosed clients, retention rates for Primary Medical Care, and assessing potential disparities, all of which compared data to findings since 1999 where possible. In addition to the clinical indicators above, the recently diagnosed report analyzed reasons for HIV testing, use of partner counseling and referral services, risk reduction counseling, number of CD4 counts, HAART side effects and interruptions, tuberculosis screenings, STD screenings, glucose and cholesterol screenings, breast cancer screenings, and pregnancies and HAART use. The report concerning potential disparities also analyzed missed recommended medications and inconsistent laboratory monitoring. It is the intention and vision of the Quality Management Program to continue these thorough analyses each year based on recommendations from the Planning Council.

### **Standards of Care**

The Planning Council, in conjunction with BPHC and MDPH, has developed Standards of Care for all services. These Standards are based on existing public health service guidelines specific to HIV care. In FY 2003, a workgroup consisting of the Grantee, MDPH, members of the Planning Council, providers, and consumers consolidated the existing individual Standards of Care into a single "Universal" set that applied to all providers funded for services through Ryan White Part A, Part B, and MA state funds. The revised Universal Standards of Care became effective in FY 2004 and applied to most funded service categories, however, there were still stand-alone standards in place for several categories.

In FY 2005, the Grantee enhanced its ability to track program compliance with the Standards through the development of special monitoring tools, the Standards of Care checklist and performance summary. The tools were incorporated in FY 2006 as part of the overall site visit process. QM staff

review the Standards with agency staff and programs are assigned a score based on how many standards are met. The score is reported back to the agency in the letter of findings from the site visit.

During FY 2008, the Grantee and MDPH completed a Standards of Care review process which yielded one single document that includes the revised Universal Standards of care, as well as service specific standards for all Part A, Part B, and state funded programs. This was another collaborative effort and feedback was elicited from providers, consumers, and the Planning Council. The updated Standards were officially introduced at the FY 2009 Part A Provider Training and the comprehensive document was used for site visits beginning in FY2009.

### **Consumer Surveys**

Consumer input is an integral part of the Quality Management Program. Gathering consumer input has been a priority since 2000 with the development of a set of focus groups and surveys to people living with HIV (PLWH) in the Boston EMA. This project, called *Voices of Experience*, was conducted again in 2003. During FY 2007, service-specific consumer satisfaction surveys were conducted by JSI for Case Management, Peer Support, and Food services. These surveys served as a pilot for a larger consumer needs assessment spanning FY 2008 and FY 2009 in conjunction with MDPH. Because inclusion of all consumers is a high priority for the Quality Management Program, the current needs assessment was distributed in four languages (English, Spanish, Haitian-Creole, and Portuguese). The survey was designed and piloted to ensure it understood the needs of consumers, both in physical layout and in content and language. The availability of the survey in multiple languages and multiple mediums including online, phone, and paper as well as interviews with underrepresented populations (such as the homeless, illiterate, and uninsured), lessens barriers in data collection and provides the Quality Management Program with trusted and credible data to inform decision-making at several levels. Methodology includes strategies for hard to reach populations, such as those not in care. JSI is responsible for collecting and analyzing data from the surveys. However, a data set will be shared with the Quality Management Program for possible future analysis.

### **Outcome Measurement**

Health outcomes and quality of life outcomes are collected, analyzed, and used as indicators of the success of the service delivery system. Outcome measurement reports are collected from providers on each client served once every six months and include the following outcomes and optimal definitions:

#### *Health Outcome Measures*

1. CD-4 counts – client has a CD-4 count greater than 500
2. Viral load – client has HIV viral load less than 75 or an undetectable level
3. Maintenance of primary medical care – client has kept all scheduled primary medical care appointments in the past six months
4. Adherence to prescribed HIV related medical therapies – client always adheres to HIV-related medical therapies as prescribed

#### *Quality of Life Outcome Measures*

5. Impact of side effects from HIV related medical therapies – client has no side effects or side effects are not impacting activities of daily living
6. Mental health status – client shows no indication of mental health problems
7. Access to psychosocial support – client is fully connected to psychosocial support when needed
8. Level of self-sufficiency – client is able to manage all day to day activities

## 9. Housing status – client has stable and satisfactory housing

Suffolk University has collected these outcomes since 1996. Originally, the outcome measures were unique to each service and included 85 outcomes in total. Two major revisions have occurred since the original design resulting in 15 outcomes for all services in 2001 and finally the current nine outcomes developed and implemented in 2007. These major revisions occurred with input from the Planning Council and service providers and the tool is reviewed informally each year within the Evaluation Committee. In both formal and informal reviews, Quality Management Program Coordinators and Evaluation Committee members consider outcome definitions and prioritization. The nine outcomes above have been matched to the previous outcomes to allow for historical data comparisons across years. As of FY 2009, JSI is now responsible for collecting and analyzing data in addition to educating the Planning Council and appropriate committees on pertinent findings. Due to a consistent client code, outcome data can be linked with utilization and demographic data to analyze use patterns, population differences, and outcomes based on service mixture. Such analyses have occurred in prior fiscal years and will be included in the FY 2008 Annual Outcomes Report in fall 2009.

While the Quality Management Program currently collects all Group 1 and most Group 2 HRSA/HAB Clinical Performance Measures, Quality Management Program Coordinators have been comparing all HRSA/HAB Performance Measures with data capabilities within the Boston EMA. The Quality Management Program is beginning to design systems that will make it possible to collect more performance measures in the future.

An important quality management initiative in FY 2009 is to reevaluate the method through which outcome measures are analyzed. It is a priority for the Quality Management Program to remain innovative in methodology through reevaluating the outcome measurement system. *Please see the Evaluation section for more information on how the outcome measurement system is being reviewed.*

### **Unmet Need**

JSI is also responsible for estimating the unmet need for HIV primary care in the Boston EMA. Using outpatient medical claims data and hospital discharge data from Massachusetts and New Hampshire, JSI has utilized the University of California- San Francisco's unmet need framework to estimate the number of HIV positive and aware individuals who have not had receipt of the following three components of HIV care during a defined 12-month period: 1) viral load test, 2) CD4 count, or 3) antiretroviral therapy. Analysis included a comparison of clients who had met and unmet need and identification of potential disparities by gender, age, race/ethnicity, and place of residence. This report was the first which utilized a variety of data sources and it is the Quality Management Program's goal to update this analysis yearly to ensure knowledge of underserved populations and their distribution.

### **Service Utilization Monitoring and Joint Database Procurement**

The Boston Public Health Commission HIV/AIDS Services Division regularly collects service utilization data from all funded programs. Currently, this data is entered and stored in a local database accessible by BPHC HIV/AIDS Program Staff. This data serves as proof of service delivery for programs, and allows BPHC HIV/AIDS Program Staff to monitor the performance of funded agencies. Specifically, BPHC HIV/AIDS Program Staff reviews actual utilization data and compares it to expected utilization by gender, race/ethnicity, mode of HIV transmission, and service category to ensure programs are reaching their target populations and providing their contracted services.

In order to enhance utilization data collection and monitoring, the Boston Public Health Commission HIV/AIDS Services Division (Part A), the Massachusetts Department of Public Health Office of HIV/AIDS (Part B), and the Division for Perinatal, Early Childhood and Special Health Needs (Part D) are working together to procure a joint database system. This joint database will facilitate data submission and compliance with reporting requirements for agencies that receive funding from BPHC and MDPH under Ryan White Parts A, B and D. By simplifying the data submission process, particularly that around new Client Level Data requirements, and reducing the administrative burden for providers, the new database will improve overall data quality across programs in Massachusetts and Southern New Hampshire. Currently, the project is scheduled to become operational during FY 2010.

### **Results and Dissemination**

Results from reports and research are disseminated by various means including the Boston Public Health Commission website, provider forums, email communication to providers, and multiple presentations at the Planning Council and committee meetings. The information collected through subcontractors' work is important for funded agencies in the services they provide and also for the Planning Council in their decision-making processes. The Quality Management Program reviews all reports and uses the information to monitor trends or changes in populations, identify gaps of knowledge, and share with providers to inform best practices at their agencies. Often, information gathered throughout the year informs future evaluation projects, which is a trend the Quality Management Program plans to continue where appropriate.

### **Participation of Stakeholders**

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Quality Management stakeholders include people who influence decisions about resource allocation, groups that help develop and review annual evaluation projects, participants of evaluation projects, and anyone affected by the findings of evaluation projects. Participation varies across stakeholders; several examples are included below. Because there are so many stakeholders to relay information *to* and receive feedback *from*, it is important to have a communications plan. Communication modes and intervals are included throughout this section.

- **Grantee Staff** – Client Services staff contribute to quality management by participating in report-review teams. As subcontractors submit evaluation reports, the two Quality Management Program Coordinators and one Client Services Program Coordinator review and edit. This strategy helps improve the reports while providing an opportunity for staff to learn about quality management initiatives. The HIV/AIDS Services Division Data team also contributes by running special reports from the database and working closely with the Quality Management team to create the annual Service Utilization report. Finally, Planning Council Support (PCS) staff are engaged in quality management through special evaluation trainings offered to Council members, by helping the Evaluation Committee create their year-end report, and through quality management presentations at Planning Council meetings.

*Communication:* The Quality Management Program Coordinators have weekly meetings with one another, and monthly meetings with the management team, to discuss the status of evaluation projects. There is regular communication with Client Services Program Coordinators about quality management issues at their respective agencies. Quality Management Coordinators collaborate with Client Services Coordinators at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarters for client outcome collection. Quality Management Coordinators also work closely with the Data team twice a year on the Service Utilization Report and the Annual Outcomes Report.

- **Subcontractors** – The Quality Management program utilizes two subcontractors for evaluation projects: JSI Research and Training Institute, Inc. and Suffolk University Center for Public Management. JSI and Suffolk have the expertise, technical skills, and capacity needed to administer quality management studies in the Boston EMA. Subcontractors help design the studies, analyze the data, and communicate the results to the Planning Council. Since JSI manages the client level outcome system, the JSI team also joins the Quality Management Program Coordinators for outcome-related technical assistance visits.

*Communication:* The Quality Management Coordinators manage the Evaluation contracts and communicate with Suffolk and JSI frequently. The management team and Coordinators have initial meetings with the subcontractors to plan the fiscal year’s projects and activities. Planning meetings are held throughout the year, as needed. JSI and Suffolk are also required to submit quarterly progress reports to the Grantee.

- **Evaluation Committee** – This formal committee of the Planning Council is a fundamental part of the Quality Management team. Members of the Evaluation Committee provide feedback while reports are in draft stage, review research protocols/tools, and help shape the overall Quality Management Program. Each year, the Evaluation Committee includes suggestions for future evaluation projects in their annual year-end report. The following year’s committee often focuses on one of the suggested projects. Throughout the year, Suffolk and JSI present preliminary findings at committee meetings.

*Communication:* The Quality Management Coordinators attend the monthly Evaluation Committee meetings and communicate directly with the Chair or with PCS staff when draft reports are submitted for review. Subcontractors present evaluation study findings at Evaluation Committee several times throughout the course of the Planning Council cycle.

- **Planning Council** – The Evaluation Committee represents the larger Planning Council in regard to quality management projects and activities. However, Suffolk and JSI attend at least one Planning Council meeting during the cycle to present and discuss findings from their respective evaluation projects. The Quality Management Program Coordinators present the annual Service Utilization report to the Council, in addition to any pressing quality management issues.

*Communication:* The Quality Management Coordinators attend the monthly Planning Council meetings and present about evaluation studies, client health/quality of life outcomes, and service utilization over the course of the Planning Council cycle.

- **Providers** – Providers are engaged in quality management through the annual Provider Training, where they meet the Quality Management team and learn how to submit electronic outcome data. The subcontractors usually need the cooperation of providers while performing evaluation studies; the training is a way to introduce providers to the annual quality management initiatives and explain how they can help make the projects successful. All service providers also have the option to request quality management technical assistance throughout the year.

*Communication:* The Quality Management team communicates directly with Providers at the end of the 2<sup>nd</sup> and 4<sup>th</sup> quarters for client outcome submission. Every other year during an agency’s site visit, a Quality Management Coordinator reviews the Standards of Care with staff

to ensure their Part A and/or MAI programs are providing the quality of service expected by BPHC. Providers can also request technical assistance for outcome submission or compliance with the Standards of Care at any point throughout the fiscal year.

- **Consumers** – It is absolutely essential to engage consumers in quality management. Consumers regularly participate in annual evaluation studies. Providers help spread the word about Grantee-sponsored studies to ensure consumer participation. Consumers participate in the Evaluation Committee, interviews, focus groups, and satisfaction surveys. Additionally, the Quality Management team presents evaluation project results at the Consumer Committee, another formal Planning Council committee. The Grantee also collaborates with the Massachusetts Department of Public Health’s Consumer Office and in research project design. Finally, the Grantee continues to work closely with the Boston area Service Coordination Collaborative, which is made up of consumers, providers, and other community members.

*Communication:* The Quality Management Program Coordinators attend Consumer Committee at least two times over the course of the Planning Council cycle to present evaluation study findings. Quality Management Coordinators also facilitate an annual PCS training on evaluation, which consumers often attend.

- **Other Ryan White Program Parts** – The Boston EMA Ryan White Part A program works closely with the Part B program on evaluation projects and quality management capacity building. The Quality Management Coordinators and the management team have collaborated with the state for large-scale consumer needs assessments, the Standards of Care revision, on-going chart reviews, and procurement of a joint database.

*Communication:* At an executive level, the Part A and Part B programs communicate on a regular basis. Staff from both programs attend planning meetings with subcontractors for joint evaluation efforts. Finally, a representative from the Part B program attends the monthly Planning Council meetings.

- **Community** – The Quality Management Program engages the community through networking at external trainings, supporting advocacy initiatives (ie. CAEAR Coalition), and posting evaluation reports on the Boston Public Health Commission’s public website.

*Communication:* Evaluation reports are available on the BPHC website (<http://www.bphc.org/programs/infectiousdisease/hivaidstesting/services/diseaseinformation/hivaidsservicesdivision/ryanwhitepartaqa/Pages/Home.aspx>). Reports and slides from PCS trainings are available on the Boston EMA Planning Council website (<http://www.bostonplanningcouncil.org>).

## Evaluation

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In addition to monitoring the quality of HIV/AIDS services available in the Boston EMA, the Quality Management team seeks to evaluate and improve the internal quality management structure and activities. The Quality Management Program Coordinators, Client Services staff, and HIV/AIDS Services management team use various methods to assess how quality improvement is accomplished. The following section includes both system-wide monitoring and evaluation and internal evaluation activities

## **System-wide Monitoring and Evaluation**

*Contract Management:* Every Part A and MAI funded agency must submit quarterly progress reports to the Grantee. For agencies that provide direct services, the progress reports include client demographic and utilization data for that quarter. For JSI and Suffolk, the two evaluation subcontractors, the quarterly reports include updates about individual evaluation projects. The Quality Management team arranges meetings and conference calls with JSI and Suffolk to discuss projects, as needed. Regular communication about ongoing evaluation projects helps to prevent issues and allows the Quality Management Program Coordinators to help shape the reports/studies.

*Site Visits:* As part of the overall monitoring process, the Grantee visits agencies once every two years to conduct an in-depth review of the funded programs. An extensive Monitoring Tool is used to facilitate a discussion that touches on every aspect of service, including program strengths and challenges, staff policies, clients' rights, cultural competency, fiscal procedures, and many other areas of program operation. The Quality Management Program Coordinator also reviews the Standards of Care with a staff member from the agency. Ultimately, the Quality Management Coordinator calculates a score that indicates how well the program meets the Standards, which allows agencies to gauge the quality of their service.

*Client Satisfaction Surveys:* Clients play an important role in evaluating HIV/AIDS services in the EMA. During the site visit process, agencies are asked how they evaluate services. Many agencies use client satisfaction surveys to gather feedback. Client feedback not only reflects upon the agency itself, but also upon the Grantee's internal evaluation processes. If the Grantee-Planning Council partnership is productive *and* the Grantee-agency partnership is developed, then ultimately clients will receive a high quality of care. Since client feedback is so crucial when evaluating quality of care, the Evaluation Committee has incorporated several large-scale client satisfaction studies as part of the annual evaluation projects.

## **Internal Evaluation**

*Quality Management Team Meetings:* The Quality Management Program Coordinators have weekly check-in meetings to discuss the status of projects, upcoming deadlines, and any pressing issues. This helps set manageable goals and keeps the program running efficiently. The Program Coordinators also schedule monthly meetings with the management team to keep them informed about quality management activities. Frequent meetings promote the sharing of information and help prevent issues from arising.

*Standards of Care Review:* The Standards of Care were recently reviewed by an advisory group, which was made up of various stakeholders, staff from the Boston Public Health Commission, and staff from the Massachusetts Department of Public Health. The group conducted a thorough assessment of the Standards to make sure they are still in line with the quality of service that is expected. Recommendations were incorporated and one comprehensive document was created. In the future, this important review process will be built into the annual Quality Management Plan update. The Standards of Care are not likely to change drastically from year to year since many Standards are based on fundamental healthcare policies and practices. However, reviewing the document as part of the overall update provides an opportunity to revise, if necessary.

*Evaluation Committee/Planning Council:* The main charge of the Evaluation Committee is to evaluate the QI activities of both the Grantee and subcontractors. This committee is the "voice" of the Planning

Council when deciding on annual evaluation projects and reviewing evaluation reports. The larger Planning Council assesses the efficiency of the Grantee's administrative mechanisms, like service category prioritization, rapid allocation of funds, and the distribution of funds among priority goals.

*Annual Quality Management Plan Update:* The Quality Management Coordinators will review the Quality Management Plan at the end of every fiscal year. This process will include updating the annual quality goals, reviewing the Standards of Care, developing ways to incorporate evaluation study findings into service delivery, and general assessment of Quality Management Program and quality improvement activities.

*Outcome Measurement System Review:* The client outcomes measurement system, historically managed by Suffolk, is now part of JSI's quality management contract. A special JSI evaluation project for FY 2009 is an analysis of the current outcomes system. This includes a comparison of the current outcomes to HRSA/HAB's suggested clinical care performance measures and priorities. JSI will also assess the appropriateness of collecting all nine outcomes from all providers, regardless of what service they are funded for. The outcomes system has not been explored since 2007, so this is an important, timely project. The Grantee will consider JSI's recommendations on how to adapt and improve the system.

*National Quality Center (NQC) Part A Program Assessment Tool:* The Quality Management team will be utilizing this tool for the first time in order to assess the Boston EMA Part A program. This will allow the Quality Management Program Coordinators to build goals around specific areas for improvement. The completed assessment will be included as an attachment in the FY2010 Quality Management Plan.

## **Capacity Building**

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Capacity building includes technical assistance, training opportunities, and the spread of quality improvement performance measurement systems and activities. The following section describes the various ways quality management capacity is built among agencies, the Planning Council, and the Grantee.

### **Agencies**

#### *Quality Management Technical Assistance and Training*

Throughout the year, Providers can request technical assistance for any issues related to outcome collection and submission. If there is a request for technical assistance, a Quality Management Coordinator and a representative from JSI (the subcontractor that manages the client-level outcome system) will visit the agency and conduct an in-person training. Also, Providers are encouraged to contact the Quality Management Program if they experience staff-turnover or have new staff members learning the outcome system.

For FY 2010, the QM team, in collaboration with Suffolk and JSI, will plan a Quality Management Provider Forum. The purpose of the forum will be to share and discuss findings from recent Grantee-sponsored evaluation projects. Subcontractors will present about their on-going research projects and facilitate discussions on how to connect research to practice. An interactive forum will give providers the opportunity to hear the results of evaluation projects directly from the researchers and explore practical strategies to apply the findings to service delivery.

### *Service System Planning*

In response to the changing needs of consumers in the Boston EMA, the Grantee will be facilitating a series of discussions with stakeholders about the service system. The “one size fits all” model of care is no longer optimal for PLWH in the EMA. The Grantee is interested in hearing from consumers, providers, funders, other Ryan White program parts, policy-makers, and other stakeholders about how services can be adapted to fit the needs of a diverse service population.

The first major service discussion, hosted jointly by the Grantee and the Department of Public Health’s Office of HIV/AIDS, was a Case Management Provider Forum. The format of the meeting encouraged group discussion and the sharing of information. The goal of the next meeting, coming up in the fall, is to bring consumers, providers, and funders together to discuss the future of HIV/AIDS services in the Boston EMA.

### *Direct Provider Feedback*

Client Services Program Coordinators give Providers feedback on a quarterly basis in response to agency quarterly progress reports. The report includes a narrative, client demographic information, and client utilization data. The Coordinator reviews all of this information and may recommend actions based on the agency’s progress. Another way the Grantee provides feedback on service delivery is through the Standards of Care performance summary, which is included in the site visit follow-up process. The performance score allows Providers to develop improvement goals around specific Standards.

The Quality Management Program incorporates agency/program-specific projects into the annual portfolio of subcontracted evaluation projects. In FY 2008, the Grantee contracted with Suffolk University to complete agency-specific outcome reports for all forty-eight Part A and/or MAI funded agencies. Staff from each agency were interviewed and asked to provide input regarding the format of the report template, which allowed Suffolk to create reports that were valuable to the agencies. The Grantee has received considerable positive feedback about the reports; providers believe the data is useful for setting internal benchmarks, including in presentations, and incorporating into grants when pursuing funding. For this fiscal year, the outcome-related projects are being managed by JSI; JSI will continue to generate agency-specific reports.

In the future, the Quality Management Coordinators will review each agency’s quality management initiatives during site visits. The Coordinators will review Quality Management Plans, if available, and discuss the continuous quality improvement strategies employed by the agency.

## **Planning Council**

### *Input on Quality Management and Evaluation Initiatives*

While the Planning Council plays a central role in *all* Grantee activities, it is especially important to building quality management capacity. The Evaluation Committee helps develop evaluation protocols, reviews tools and surveys, and provides feedback while reports are in draft stages. In addition, the Quality Management Coordinators and subcontractors present evaluation study findings to the Consumer Committee and the full Council. It’s essential to have the support of the Planning Council when purchasing evaluation projects. The Grantee has an obligation to ensure that each Council member not only understands the importance of evaluation studies, but realizes the influence the Council has on the HIV/AIDS service delivery system in the Boston EMA.

### *PCS Evaluation Training*

Planning Council Support staff offer several optional trainings to members of the Planning Council. One of the annual trainings is “Understanding Evaluation Materials,” facilitated by the Quality Management Coordinators. This covers the structure of the Quality Management Program, different types of evaluation study designs, how evaluation studies are used to inform service delivery, and various interactive exercises using actual evaluation reports.

### **Grantee**

#### *National Quality Center Technical Assistance Webcasts*

The Quality Management Program Coordinators occasionally participate in the monthly NQC webcasts. The presentations provide a unique opportunity for Quality Management Programs across the country to share information. Client Services staff are invited to join the webcasts and often provide a different perspective on the topic presented. This builds quality management capacity among the team and serves as a refresher for staff members who are not directly working in quality improvement.

## **Updating the Quality Management Plan**

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The Quality Management Program Coordinators will be responsible for initiating the review and update of the Quality Management Plan at the end of each fiscal year. Annual quality goals will be developed using the previous years’ evaluation study results, site visit findings, service utilization data, and the annual client outcomes report. In addition, the Standards of Care will be reviewed and updated, if necessary. The Quality Management team will create a draft plan that will be reviewed by the Client Services manager, the Director of the HIV/AIDS Services Division, a Client Services Program Coordinator, and the Evaluation Committee. Quality Management Coordinators will incorporate feedback from the review team and a final plan will be signed off by the Coordinators, management, and the Chair of the Evaluation Committee.

## **Potential Future Quality Management Projects**

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The Evaluation Committee presented the following recommendations to the Grantee for consideration for next year’s projects:

1. Explore differences in needs and services by geographic area (e.g. the South Shore, North Shore, New Hampshire, etc.).
2. Evaluation of the needs of rural populations and how they differ from those of more urban areas.
3. Evaluate the characteristics of programs or services that yield better outcomes, with the intention of finding a best practices model.
4. Evaluation project which looks at the Council’s list of priorities to ascertain whether these priorities are consistent with the community’s perceived need.
5. Broaden consumer satisfaction survey to evaluate all Planning Council service categories.
6. Focus on subpopulations (i.e. long-term infected people, people of low SES, people with substance abuse issues, etc.)
7. Evaluate the impact of health care reform.
8. Examine the youth population (under 21) and how they access care, whether services address their needs, etc.

## Annual Quality Goals

GOAL	RESPONSIBLE PARTY	ACTION STEPS	TARGET COMPLETION DATE	PROJECTED/POSSIBLE FY10 GOAL
<b>Goal 1: To monitor and evaluate services using guidance from the newly developed QM plan</b>				
<b>Objective 1:</b> Monitor the quality of services provided by conducting site visits in conjunction with Client Services staff	QM Coordinators, HIV/AIDS Services Division	<ul style="list-style-type: none"> <li>• Discuss QM plans with providers and educate providers on how to write QM plans where necessary.</li> <li>• Quantify providers' compliance of Service Care Plans, assessments, consent forms, and required client documentation.</li> <li>• Identify providers' internal evaluation methods.</li> </ul>	On-going each year. FY09 site visits will be completed February 2010.	Continue conducting site visits.
<b>Objective 2:</b> Measure providers' compliance to Universal and Service-Specific Standards of Care at the EMA level	QM Coordinators	<ul style="list-style-type: none"> <li>• Create tracker for all FY09 site visits utilizing updated 2009 Standards of Care (50% of agencies since site visits occur every 2 years).</li> <li>• Culminate results and calculate a baseline score for FY2010.</li> </ul>	February 2010	After FY2010 site visits are conducted, 100% of agencies will have Standards of Care scores recorded and a complete baseline can be calculated.
<b>Objective 3:</b> Identify clinical indicators which need improvement using chart reviews.	JSI, QM Coordinators	<ul style="list-style-type: none"> <li>• Compare updated chart review findings with previous findings.</li> <li>• Communicate with JSI re: differences.</li> <li>• Based on findings, create action steps.</li> <li>• QM coordinators participate in TA calls with Primary Medical Care providers.</li> </ul>	February 2010	Implement action steps for improvement.
<b>Objective 4:</b> Collect outcome measurement reports on all Boston EMA clients and analyze findings to monitor the Health and Quality of Life statuses of the service population.	JSI, QM Coordinators	<ul style="list-style-type: none"> <li>• Present at Provider Training in March.</li> <li>• Remind agencies of submission dates, how to submit.</li> <li>• Clean data upon receiving.</li> <li>• Share data with JSI for analysis.</li> <li>• In conjunction with JSI, determine analyses for Annual Report (Part A &amp; MAI separately).</li> </ul>	February 2010	Determine any special population differences or any areas to do further research.

GOAL	RESPONSIBLE PARTY	ACTION STEPS	TARGET COMPLETION DATE	PROJECTED/POSSIBLE FY10 GOAL
<b>Goal 2: Gather population-specific information where needed to better understand the Boston EMA service population</b>				
<b>Objective 1:</b> Update unmet need estimate for FY 2009 in order to determine the percentage of PLWH in the Boston EMA not connected to Primary Medical Care	QM Coordinators, JSI, MA & NH state collaborators	<ul style="list-style-type: none"> <li>• Gather outpatient medical claims data &amp; MA hospital discharge data (2006) in conjunction with updated surveillance data.</li> <li>• Utilize the UCSF's unmet need framework to estimate the number of PLWH who have not had receipt of the following three components of HIV care during 2007: 1) viral load test, 2) CD4 count, or 3) HAART.</li> <li>• Disseminate results to all stakeholders</li> </ul>	October 2010	Update 2010 Unmet Need report with new surveillance, discharge, and Medicaid data.
<b>Objective 2:</b> Explore needs of clients aged 50+ as it has been identified as an emerging population with special needs.	QM Coordinators, Suffolk University	<ul style="list-style-type: none"> <li>• Design focus group discussion guide and interview tool in collaboration with Suffolk University</li> <li>• Analyze results internally to create further action steps from findings</li> <li>• Disseminate results to all stakeholders</li> </ul>	February 2010	Possibly another project from findings.
<b>Objective 3:</b> Determine the needs, access, and barriers to care of the EMA population through completion of the Statewide/EMA-wide consumer needs assessment survey.	JSI, QM Coordinators, state collaborators, Statewide Consumer Advisory Board (CAB), Planning Council	<ul style="list-style-type: none"> <li>• Meet consistently with JSI and other stakeholders to develop tools, determine sampling methodology, and review preliminary data.</li> <li>• Determine analysis priorities.</li> <li>• Consider findings to inform service delivery.</li> <li>• Disseminate results to all stakeholders</li> </ul>	December 2010	Possibly another project from findings.  Possibly service-specific satisfaction surveys.
<b>Objective 4:</b> Identify population-specific studies for FY 2010	QM Coordinators, HIV/AIDS Services Division, Evaluation Committee, other Infectious Disease Bureau staff as necessary	<ul style="list-style-type: none"> <li>• Meet with Evaluation Committee to discuss list of possible projects.</li> <li>• Review proposals from Suffolk University and JSI</li> <li>• Consider findings from FY2009 projects and any further research needs.</li> </ul>	March 2010	Conduct population-specific research. Share plans with Service Coordination Collaborative (SCC), MDPH, Statewide CAB to decrease duplication

				of studies.
GOAL	RESPONSIBLE PARTY	ACTION STEPS	TARGET COMPLETION DATE	PROJECTED/POSSIBLE FY10 GOAL
<b>Goal 3: To increase the capacity of providers and HIV/AIDS services division staff</b>				
<b>Objective 1:</b> Gather and disseminate resources to facilitate the spread of quality improvement activities and performance measurement systems.	QM Coordinators	<ul style="list-style-type: none"> <li>• Assess QM website content every month to make sure it is updated.</li> <li>• Email providers information about upcoming webcasts and trainings.</li> <li>• Continuing networking with groups and organizations (SCC, Statewide CAB)</li> <li>• Consider possibility of a QM forum in FY2010 including EMA specific research findings and education on BPHC QM initiatives.</li> </ul>	On-going	On-going each year.
<b>Objective 2:</b> Develop and implement QM plan to increase capacity of QM staff and determine clear QM coordinator responsibilities, QM activities, and QM goals.	QM Coordinators, HIV/AIDS Services Division leadership, Evaluation Committee	<ul style="list-style-type: none"> <li>• Develop plan using Program Assessment Tool.</li> <li>• Gather feedback from Evaluation Committee</li> <li>• Implement Plan</li> </ul>	October 2010	Update QM plan for FY2010.