

**QUALITY
MANAGEMENT
PLAN
BOSTON EMA**

2018-2020



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

**Boston Public Health Commission
Infectious Disease Bureau
Ryan White Services Division**

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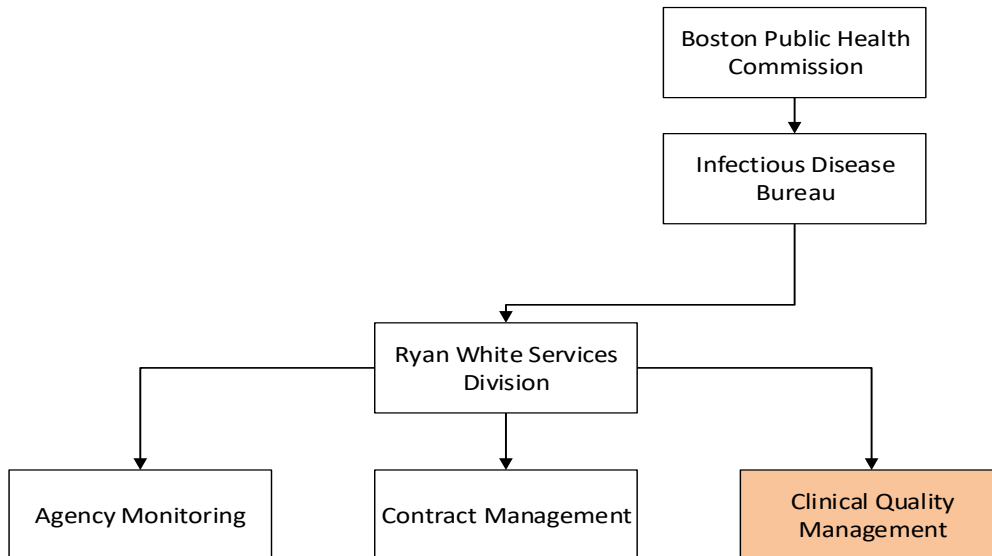
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Background & Introduction

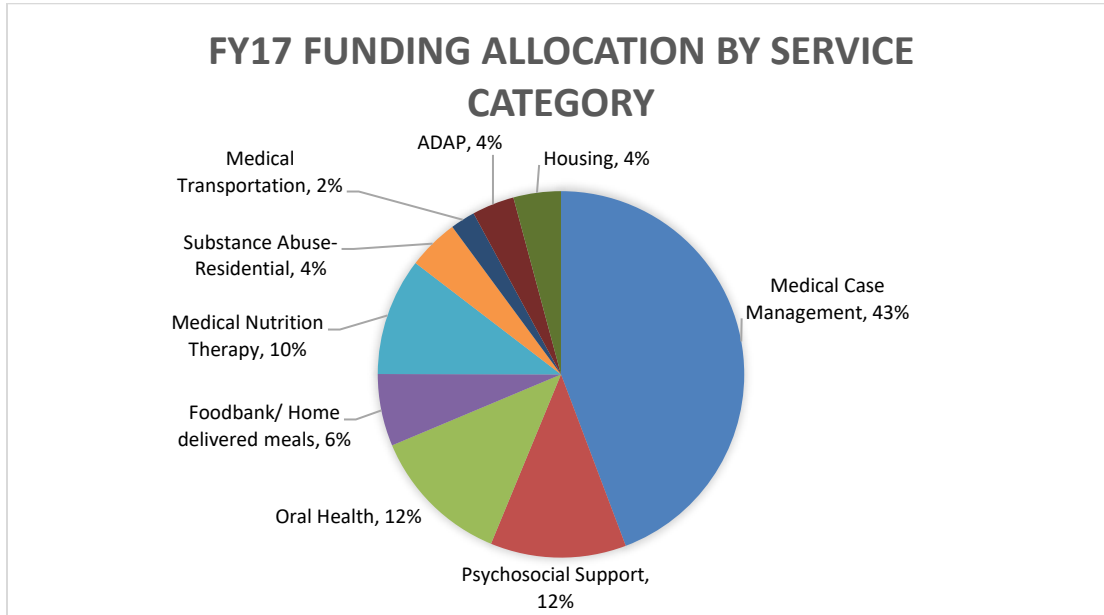
The Boston Eligible Metropolitan Area (EMA) consists of seven counties in Massachusetts (MA) and three in southern New Hampshire (NH). These seven counties (highlighted below) represent the Ryan White Part A service area.



The recipient for Part A funds is the Boston Public Health Commission's (BPHC) Ryan White Services Division, which is within the Infectious Disease Bureau (IDB). The Quality Management (QM) program serves to guide the efforts of the Ryan White Services Division in ensuring high quality HIV services are delivered by all subrecipients.



In FY 2017, the Boston EMA was awarded \$14.8 million dollars to fund 65 programs at 30 agencies, serving a total of 5,188 clients across nine different service categories. Service categories and funding allocation is described in the chart below.



Timeline of Quality Management Activities

1995 - 2009	<ul style="list-style-type: none"> Established universal HIV service guidelines Established external system to collect client level outcome data
2013	<ul style="list-style-type: none"> Partnered with RDE Systems to create a new cloud-based client level data system, e2Boston
2015	<ul style="list-style-type: none"> Launched client level Outcomes Module in e2Boston
2017	<ul style="list-style-type: none"> Revised Ryan White Services Standards of Care
2018	<ul style="list-style-type: none"> Establish a CQM Committee Initiate and support quality improvement projects to elevate health outcomes (particularly viral suppression), consumer care, and consumer satisfaction Train agencies in quality improvement methodologies and processes Update performance measure portfolio to track agency-specific metrics. Create a library of QI resources on the CQM website at http://bphc.org/whatwedo/infectious-diseases/Ryan-White-Services-Division/Pages/Quality-Management.aspx
2019	<ul style="list-style-type: none"> 25% of Part A funded agencies have an HIV-specific quality management plan 25% of Part A agencies have completed one quality improvement activity Agencies will begin to communicate regularly with CQM staff regarding QI activities, receiving TA from CQM staff if needed

	<ul style="list-style-type: none"> ▪ <i>Agencies will receive quarterly performance measure reports to engage with data on their agency-specific activities</i>
2020	<ul style="list-style-type: none"> ▪ <i>50% of Part A funded agencies will have a HIV-specific quality management plan</i> ▪ <i>100% of Part A agencies will have completed one quality improvement activity</i>

Italics represent future events

Mission

The Clinical Quality Management Program (CQM) will work with all subrecipients to continuously improve the care and health outcomes among People Living with HIV/AIDS (PLWH/A) in the Boston EMA, particularly around consumer care, consumer satisfaction, and health outcomes.

Vision

The CQM program will improve consumer care, health outcomes, and consumer satisfaction for PLWH/A throughout the Boston EMA by utilizing all available data to understand needs in the service population, present this data to stakeholders to steer QM/QI projects, educate subrecipients, consumers, and the community about QM/QI, and facilitate QI activities with our subrecipients.

FY 2018-2020 Goals, Measures & Objectives

The goals for the Boston EMA from 2018-2020 are to create a culture of continuous quality improvement within BPHC and all funded subrecipients, as well as to increase the viral suppression rate of PLWH/A within the coverage area from 87% to 90%, aligning with the HIV Care Continuum. The first goal identified was to grow the CQM Program and build capacity for providing TA to subrecipients. During FY18, the BPHC CQM Program will focus on creating a culture of continuous quality improvement by instating and supporting a CQM Committee, establishing a system to track and communicate performance measure data, and engaging and supporting subrecipients in implementing QI projects within their agencies. The second goal was selected with consideration of data from a variety of sources and publications within the EMA. We drew upon the goals listed in the Boston EMA Integrated Care Plan (ICP), BPHC service utilization data extracted from e2Boston (the Part A database), surveillance data provided by Massachusetts Department of Public Health (MDPH) and New Hampshire Department of Health and Human Services (NHDHHS), as well as survey data gathered from agencies within the EMA. During FY18, the BPHC CQM Program will focus on increasing the rate of viral suppression in the EMA by working with agencies to improve their client outcomes through improvements in agency-specific performance measures. The following is a summary of the EMA goals and the supporting objectives through which they will be accomplished. A rubric of these program goals can be found in *Appendix A*.

Goal 1: To create a culture of Continuous Quality Improvement within the Ryan White Services Division of Boston Public Health Commission and among subrecipients of the Ryan White Part A Boston EMA Grant.

Objective 1: Support a CQM Committee that develops the CQM Plan and corresponding activities.

Objective 2: Develop a portfolio of performance measures, maintained by the CQM Program, that are meaningful to subrecipients.

Objective 3: Engage 100% of subrecipients in at least one QI project within the fiscal year focused on improving health outcomes, consumer care, or consumer satisfaction.

Goal 2: To increase viral suppression among PLWH/A in the Boston EMA from 87% to 90% by 2020.

Objective 1: Increase the percentage of subrecipients regularly measuring client satisfaction from 0 to 50% by 2020.

Objective 2: Increase the percentage of clients who are retained in HIV-related medical care from 62 to 65% by 2020.

Objective 3: Increase the percentage of clients who report excellent adherence to their HIV-related medication from 77 to 80% by 2020.

Components of Quality Management

The three necessary components of a successful CQM program are infrastructure, performance measurement, and quality improvement. The Boston Public Health Commission (BPHC) CQM program has developed each of these components as outlined in HRSA Policy Clarification Notice (PCN) 15-02, with the support of HRSA technical assistance, and in collaboration with the BPHC Accreditation and Quality Improvement Team. Together these components support the overall programmatic aims and objectives, including a system to track data and progress, and have built-in evaluation components for accountability. Each component is described in detail below.

Infrastructure

According to Policy Clarification Notice (PCN)-15-02, appropriate and sufficient infrastructure is needed to make a Clinical Quality Management program a successful and sustainable endeavor. There are eight elements that an ideal infrastructure consists of, each of which are described in detail below.

Leadership: The Ryan White Part A Clinical Quality Management Program is housed within the Ryan White Services Division, one of the four major departments within the Infectious Disease Bureau of the Boston Public Health Commission. Both the Ryan White Services Division Director and the Infectious Disease Bureau Director are committed to building a sound and sustainable Ryan White Part A Clinical Quality Management program. Furthermore, quality improvement is a priority of the Boston Public Health Commission and work has been done to align the Ryan White Services Division Quality Management Plan with the Boston Public Health Commission Quality Improvement Plan.

Committee: This formal committee will work with the Clinical Quality Management team to monitor the progress of CQM goals and objectives. The CQM committee will help guide quality management activities for the Boston EMA, review and provide feedback on quality management tools and documents and contribute to a formal, annual evaluation of the CQM program. The committee will meet six times

per year and committee members will be composed of various stakeholders in the HIV/A community including consumers, subrecipients and representatives from Massachusetts and New Hampshire Health Departments. Membership lasts one year and committee members will have the option to extend membership for up to five years.

Dedicated Staffing: In 2017, two new staff members were hired to work as Clinical Quality Management Senior Program Coordinators. They are responsible for the daily management of all QM activities and oversee the subcontracted work, monitor health outcome progress, and work to ensure that subrecipients have the tools and resources to develop their own successful quality management programs. Additionally, all Ryan White Services Division (RWSD) staff are expected to understand the basic principles of quality management and quality improvement and be able to communicate that knowledge to subrecipients or community partners. Finally, BPHC also maintains contracts with several other organizations to fulfill quality management needs. These organizations include:

- John Snow Inc. (JSI): JSI is a non-profit public health consultant and research organization with expertise in research design and data analysis. For the past 10 years, BPHC has contracted with JSI to perform a clinical chart review of HAB performance measures. This chart review is the only way BPHC is able to obtain clinical outcomes and it is critical in monitoring clinical performance and progress.
- BPHC Accreditation and Quality Improvement Team (AQI): The AQI team at Boston Public Health Commission is a highly skilled department with extensive knowledge in applying quality improvement methodology and in conducting trainings.

Dedicated Resources: In addition to the technical assistance supplied by HRSA, CQM Staff receives training in quality improvement methodology from the BPHC QI team and completed six months of technical assistance from HRSA in building a quality management program. As outlined in the CQM Plan goals, BPHC is also preparing to train subrecipients in quality improvement methodology. In addition to QI resources, the CQM Program staff collect and analyze data from a variety of sources and use it to write the annual utilization report and implementation plan, create the CQM Plan and contribute to other decision-making processes within the division.

Quality Management Plan: The CQM Plan has been drafted by the CQM Program Coordinators and reviewed by the RWSD Director, the Clinical Quality Management Committee, and other members of the RWSD team. Its goals and objectives shall be assessed regularly for progress and updated annually.

Consumer Involvement: The purpose of the CQM program is to improve patient care, satisfaction, and health outcomes for PLWH/A. Therefore, the involvement of those living with HIV/A is critical to programmatic success. There are several consumers on the CQM committee and it is a priority of the CQM program to integrate a consumer voices into its overall vision and goals.

Stakeholder Involvement:

- Planning Council: Several members of Planning Council sit on the Clinical Quality Management Committee and the RWSD CQM team is responsible for presenting utilization data each year to the planning council. Additionally, there will be a presentation given to the Planning Council each year detailing activities of the CQM Committee and CQM Program throughout that year.

- Subrecipients: BPHC staff is working with subrecipients to identify meaningful and useful performance measures and will provide quality improvement trainings to subrecipients based on agency specific needs and objectives.
- MDPH/ NHDHHS: BPHC CQM staff are working to create partnerships and collaboration opportunities with both the Massachusetts and the New Hampshire Health Departments, which receive Ryan White Part B funding. Both state agencies have seats on the BPHC CQM Committee and quality management staff attend the Quality Management events hosted by New Hampshire and Massachusetts.

Evaluation: Thorough and comprehensive evaluation has been built into every component of the CQM Plan. This includes internal evaluation through the tracking of the CQM Goals and Objectives, a process and impact evaluation of the CQM committee, and soliciting evaluations from subrecipients and other stakeholders.

Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes (on an individual or population level), and patient satisfaction. According to HRSA policy, there should be a separate performance measure for each service category, and highly funded service categories should have two performance measures. There are four main criteria utilized in the selection of performance measures:

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

BPHC will work with HRSA and subrecipients to identify performance measures that are relevant, measurable, improvable, and accurate for each service categories. Although the measures are still in draft form, a copy of them can be found in Appendix B.

Data Tracking: Most of the performance measures identified are already being tracked on e2Boston, the cloud based electronic data system used to collect demographic and service utilization data from subrecipients. The Clinical Quality Management Program Coordinators will be responsible for extracting performance data from e2Boston and tracking it in a separate database each quarter. There are several service categories that have elected to use 'client satisfaction' as their indicator. For this measure the CQM program staff will devise a system for the collection and analysis of client satisfaction surveys.

Reporting and Disseminating Results: The Clinical Quality Management Coordinators will also be responsible for compiling performance measures and summarizing them in quarterly reports that will be distributed to each subrecipient. The reports will monitor agency-specific performance as well as performance across each category. The format will be user-friendly as it will ideally be used as a means for providers to track their own progress and identify opportunities for quality improvement activities. Additional reports are released annually which summarize client demographic and client service utilization. Results from reports will additionally be shared through the BPHC website, at the planning council and to the various other RWSD stakeholders.

Clinical Chart Review: JSI will continue to be responsible for evaluating the quality of care through a clinical chart review project conducted every year at subrecipient sites that are also clinical sites providing medical case management. This information provides a foundation for agencies to initiate quality improvement projects. JSI will also be responsible for the dissemination of feedback to the clinical sites and this site-specific data is made available to the grantee (BPHC). To set the stage for quality improvement projects, JSI staff will prepare a summary presentation which it will deliver via webcast, conference call, or in person. They will also prepare individual reports to be delivered to each clinic for subrecipient use and discussion. The information in these reports and presentations will focus on 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 improvement. Discussions will explore underlying problems or successes from the individual providers' perspectives and generate new questions and requests for focused technical assistance. The Quality Management team will arrange meetings and conference calls with JSI to discuss projects as needed. Regular communication about this ongoing project will allow the CQM Program Coordinators to help shape the reports/study each year. The clinical performance indicators that will be evaluated in the chart review are in line with HAB measures including: 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.

Quality Improvement

Quality improvement activities, aimed at improving client care, health outcomes, and client satisfaction are an integral component of an effective quality management program. The BPHC CQM Program has elected to use the Institute for Health Care Improvement (IHI) Model for Improvement as our defined Quality Improvement Methodology. This model is described below, along with our intended quality improvement activities.

IHI Model for Improvement: The model for improvement is made up of a set of fundamental questions that drive all improvement and the Plan-Do-Study-Act (PDSA) Cycle. These Fundamental Questions are:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

QI Culture Assessment: At the end of each fiscal year and with the guidance of the CQM Committee, the BPHC Clinical Quality Management staff will administer a QI Culture assessment to all subrecipients. The purpose of this assessment is to gauge QI related strengths and to identify opportunities for improvement.

QI Training for Subrecipients: In order accommodate the various needs of subrecipients and levels of Quality Improvement expertise and infrastructure, BPHC Quality Management Staff plans to offer tiered opportunities for quality improvement training, ranging from basic introductory 3-hour quality improvement trainings to long-term technical assistance and advanced coaching.

Ryan White QI Learning Collaborative: Ultimately the BPHC Quality Management Staff would like to engage all Ryan White Part A subrecipients in a Quality Improvement Learning Collaborative. This is intended to be a forum for subrecipients to share quality improvement projects, compare best practices, and

exchange ideas related to quality management activities. The collaborative will be comprised of monthly phone calls and quarterly convenings with an opportunity to share projects and present storyboards.

Capacity Building

Recipient

The BPHC CQM Program staff will be trained by BPHC's Accreditation and Quality Improvement Team (AQI) in QI methodology and receive TA and mentorship from them in leading the CQM Program. The AQI team is an internal program at BPHC composed of QI experts. The focus of this team is on quality improvement for programs within the organization, as well as maintaining the accreditation of our health department. This team will also train the CQM Program staff to conduct QI trainings with providers and with other Ryan White Services Division teams.

Subrecipients

The CQM Program staff will partner with the AQI team to conduct QI trainings with agencies. Each agency will undergo a specified curriculum or otherwise show that they have received the skills and training in some other way to conduct QI projects. The CQM staff will also provide TA to subrecipients for the planning, implementation, and evaluation of their QI projects.

Internal Program Evaluation

Clinical Quality Management Plan: The CQM staff will review the overall CQM plan, as well as focus on the goals and objectives on an annual basis, completing the process and producing a revised plan by the beginning of the next Fiscal Year. Within the CQM plan we will include lessons learned from the previous year and adjust our goals and objectives as needed. The plan will be reviewed and approved by the Quality Management Committee and the RWSD Director.

Clinical Quality Management Committee: The CQM program staff will evaluate their execution of the CQM committee by collecting evaluations at the end of each meeting that will survey the preparedness of the staff, the applicability of the topics, and overall productiveness of the committee. Additionally, at the end of the fiscal year, the committee will produce a report on all the activities that the CQM committee took part in throughout the year. This report will be written by the BPHC CQM staff, with participation from the committee, and will be published on the CQM website.

Agency QI projects: The CQM staff will collect data in a variety of ways to evaluate performance regarding the training of subrecipient staff in QI and providing TA for QI projects. The CQM staff use an evaluation tool to survey the subrecipients for knowledge and skills in QI at the beginning, as well as at the end of a training or project. Lastly, the CQM staff will rely on utilization and outcomes data to evaluate success of individual QI projects.

Performance Measures: Performance measures, definitions, and indicators will be reviewed every six months. At the end of each fiscal year, the CQM team will compile a report detailing outcomes on performances measures for each subrecipient, service category and for the EMA overall.

Definitions

Clinical Quality Management (QM) Program encompasses all clinical quality management activities and consists of the Recipient's Client Services and Clinical Quality Management staff, the involvement of fiscal and data staff, quality management subrecipients, the Boston EMA HIV Health Services Planning Council, and the EMA Quality Management Committee.

Quality Assurance (QA) refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards. The primary aim of quality assurance is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. QA is identified as focusing on "outcomes," and CQI is identified as focusing on "processes" as well as "outcomes."

Clinical Quality Improvement (QI) refers to activities aimed at improving performance related to clinical outcomes. It is an approach to the continuous study and improvement of the process of providing services to meet the needs of the individual and others.

Plan, Do, Study, Act (PDSA) Cycle is a model of improvement used to test and implement changes in a real work setting.

- Plan: Identify problems
- Do: Use strategies/tests that are designed to address the problem
- Study: Collect and analyze data to see if strategies have resulted in improvements
- Act: If the strategies are effective, make them an ongoing activity; if not, return to the plan stage

Standards of Care (or Service Standards) are the minimal level of services or care that a Ryan White HIV/AIDS Program (RWHAP) funded subrecipient offer within a state, territory or jurisdiction.

Recipient in this case the Boston Public Health Commission is the principal recipient of the Ryan White Part A grant from HRSA. The recipient will implement work plans to ensure that the project's goals and objectives are achieved in an efficient and timely manner.

Subrecipient is an entity that receives a sub award from a recipient or another subrecipient under an award of financial assistance and is accountable to the recipient or other subrecipient for the use of the federal funds provided by the sub award.

e2Boston is a cloud-based electronic data system used to collect demographic and service utilization data from subrecipients.

Demographic Data are client characteristics; such as, race, ethnicity, age and gender.

Service Utilization Data are units of services, types of service and service dates.

Appendix A: FY 2018 Annual Quality Goal

Goal 1: To create a culture of continuous quality improvement within the Ryan White Services Division and among Boston EMA Part A Subrecipients

Objective 1: Support a CQM Committee, representative of the EMA that meets at least six times per year, and that develops the CQM Plan and corresponding activities.

ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
1. Establishment of the first CQM Committee through guidance from a HRSA TA, recruitment of members, and creation of a committee charter.	BPHC CQM Staff	End of FY 2018
1. The CQM Committee will conduct regular meetings during which data is presented and reviewed and decisions are voted on that influence the work of the BPHC CQM Program.	BPHC CQM staff and CQM Committee members	End of FY 2018
2. Both process and impact evaluations will be conducted on CQM Committee activities. Process evaluations will be conducted through evaluation forms completed by the CQM Committee members at the end of each meeting. Impact evaluation will be completed at the end of each fiscal year to evaluate CQM Committee activities	BPHC CQM staff and CQM Committee members	End of FY 2018
3. There will be an established set of activities for which the CQM Committee is responsible for each year	BPHC CQM Staff and CQM Committee members	End of FY 2019
4. CQM Committee will represent the demographic makeup of the Boston EMA accomplished through strategic recruitment and outreach.	BPHC CQM Staff	End of FY 2020

Objective 2: Develop a robust portfolio of performance measures and data displays that are meaningful for each service category and subrecipients by 2020

ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
1. BPHC will have an efficient system (judged by how easy to navigate, enter data, and understand data in the system) for tracking data on a quarterly basis.	BPHC CQM staff	End of FY 2018
2. There will be a practice of evaluating performance measures annually to make sure they are meaningful for our agencies and the goals of the Boston EMA. This evaluation process will include reviewing and collecting input on performance measures with agencies, as well as through analysis of data that was collected throughout the year.	BPHC CQM staff and subrecipient staff	End of FY 2018

3. The CQM Program will develop a "user friendly" report do deliver to subrecipients to communicate about performance measure data on a quarterly basis.	BPHC CQM staff	End of FY 2019
4. Performance measure data will be shared with the Planning Council, the CQM Committee, etc. to be used in guiding decisions on future CQM Plans, future funding for service categories, and other Ryan White Part A activities.	BPHC CQM staff	End of FY 2019

Objective 3: Engage 100% of subrecipients on a quality improvement project focused on improving health outcomes, consumer care, or consumer satisfaction by 2020.

ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
1. All providers will have received a QI training	BPHC CQM staff and AQI team	End of FY 2018
2. BPHC will maintain a library of QI resources on the CQM website	BPHC CQM staff	End of FY 2018
3. BPHC staff will have a system for subrecipients to request and receive TA for QI projects.	BPHC CQM staff and AQI team	End of FY 2018
4. There will be regular communication with subrecipients regarding CQI projects including monthly calls or correspondence to collect information on QI projects (PDSA cycles, projects plans, troubleshooting, etc.), and to receive updates on QI activities.	BPHC CQM staff and subrecipient staff	End of FY 2019
5. BPHC will host an annual CQM conference during which subrecipients will be able to present story boards of QI projects and we will host speakers on the importance of QI in improving health outcomes for PLWH/A	BPHC CQM staff	End of FY 2020

Goal 2: To increase viral suppression among PLWH/A in the Boston EMA from 87% to 90% by 2020

Objective 1: Increase percentage of patients regularly measuring client satisfaction from 0-50% by 2020

ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
1. Develop a tool to measure client satisfaction that can be utilized by subrecipients	BPHC CQM STAFF	End of FY 2018
2. Pilot the created client satisfaction survey at a few agencies to identify best practices in terms of distribution, collection, and analysis	BPHC CQM Staff and Subrecipient Staff	End of FY 2018
3. Integrate survey into sub-recipient work plans	Subrecipient Staff	End of FY 2019
4. If necessary, develop QI projects to increase # of clients filling out survey	Subrecipient Staff	End of FY 2020

Objective 2: Increase the percentage of clients who are retained in HIV-related medical care from 62-65% by 2020		
1. Identify meaningful way to measure and report retention in HIV-related medical care in E2 Boston	BPHC CQM Staff	2018
2. Input performance measure data into E2 Boston on a monthly basis for all clients	Subrecipient Staff	2019
3. Develop Quality improvement projects to increase retention in care rates	Subrecipient Staff & BPHC CQM Staff	2020
Objective 3: Increase the percentage of clients who report excellent adherence to their HIV-related medication from 77-80% by 2020.		
1. Identify meaningful way to measure and report adherence to HIV-related medication on E2 Boston	BPHC CQM Staff	2018
2. Input performance measure data into E2 Boston on a monthly basis for all clients	Subrecipient Staff	2019
3. Develop Quality improvement projects to increase medication adherence rate	Subrecipient Staff & BPHC CQM Staff	2020

Appendix B: FY 18 Performance Measures Targets

Service Category	Performance Measure	FY17 Descriptive Statistics	FY 18 Target %	Numerator Description	Denominator Description	Frequency of data Collection	Source
Medical Case Management 15 Programs	Viral Suppression	Mean: 86.6 Median: 86.3 Max: 93 Min: 86.3	90%	Number of clients from the denominator with a HIV viral load of less than 75 copies/mL at last HIV viral load test during the measurement year	Number of clients who received Ryan White Part A medical case management services and had at least one viral load test completed in the past measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2boston
Medical Case Management 15 Programs	Gap in HIV Medical Visit	Mean: 25%	20%	Number of clients from the denominator who did not have a medical visit in the measurement year	Number of clients who received Ryan White Part A medical case management services and had a care engagement date in the prior measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2boston
Non- Medical Case Management 7 Programs	Care Adherence	Mean: 79% Median: 81% Max: 100% Min: 35%	85%	Number of clients from the denominator who report their 'Care Adherence' as 'Excellent'	Number of clients who received Ryan White Part A non- medical case management services in the past measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2boston
Oral Health 1 program	Dental Visits	35%	40%	Number of clients from the denominator who had a dental visit within the past measurement year	Number of clients who received ANY Ryan White Part A services in the measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2boston
Oral Health 1 Program	Retention in Care	42%	45%	Number of clients from the denominator that had care engagement date in the current measurement year	Number clients who received Ryan White Part A Oral Health services and had a care engagement date in the prior measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2Boston

Psychosocial Support 11 Programs	Access to support network	Mean:86.8% Median:91% Max: 100% Min: 63%	90%	Number of clients from the denominator who report their 'Access to support network' on the outcome measure as either 'fair/good' or 'excellent'	Number of clients who received Ryan White Part A psycho-social support services in the measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2Boston
Residential Substance Abuse 2 Programs Reporting	HIV Medication adherence	Mean: 94% Median: 94% Max: 100% Min: 89%	97%	Number of clients from the denominator who report their 'Medication Adherence' on the outcome measure as 'excellent'	Number of clients who received Ryan White Part A residential substance use services in the measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2Boston
Medical Transportation 15 Agencies Reporting	Gap in HIV Medical Visit	Mean: 29%	25%	Number of clients from the denominator who did not have a medical visit in the measurement year	Number of clients who received Ryan White Part A Medical Transportation services and had a care engagement date in the prior measurement year	Quarterly, in staggered one-year increments: Mar 1-Feb 28; June 1-May 31; Sept 1-Aug 31; Dec 1-Nov 30	e2Boston
Housing Services 3 Programs Reporting	Consumer Satisfaction						
Food Bank/Home Delivered Meals 3 Programs Reporting	Consumer Satisfaction						
Medical Nutrition Therapy 1 program reporting	Consumer Satisfaction						

Appendix C: Program Logic Model

