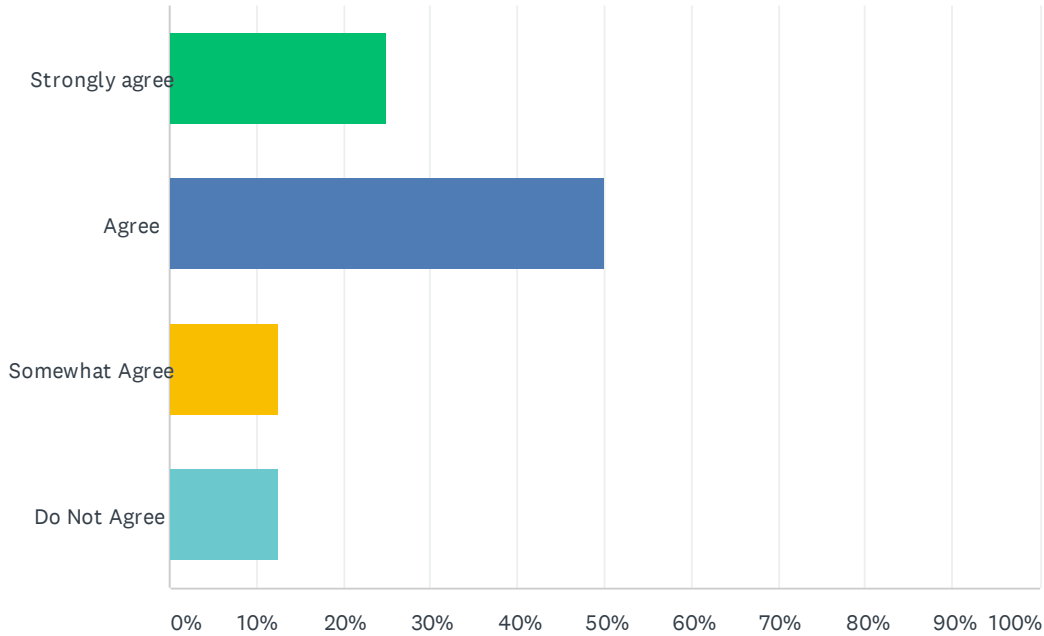


Q2 Activities and Projects: The Recipient (Miami-Dade County RWP) was clear in what the expectations and responsibilities were for a subrecipient agency that was prioritized for a Quality Improvement (QI) project.

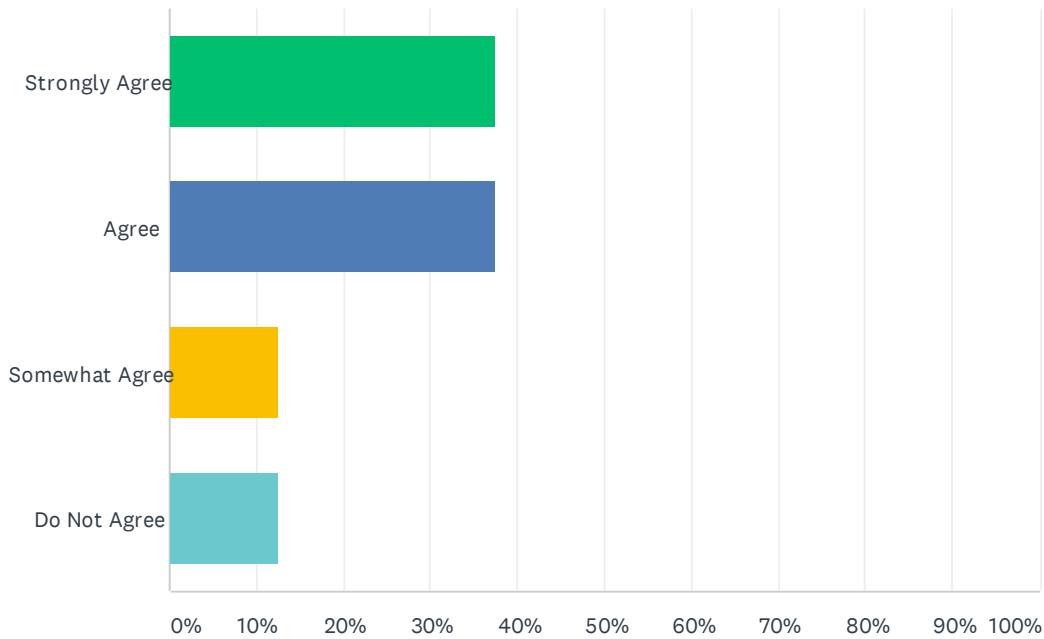
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	25.00%	2
Agree	50.00%	4
Somewhat Agree	12.50%	1
Do Not Agree	12.50%	1
TOTAL		8

Q3 Activities and Projects: The CQM Committee’s process for prioritizing my agency for a QI project was fair and based on objective data.

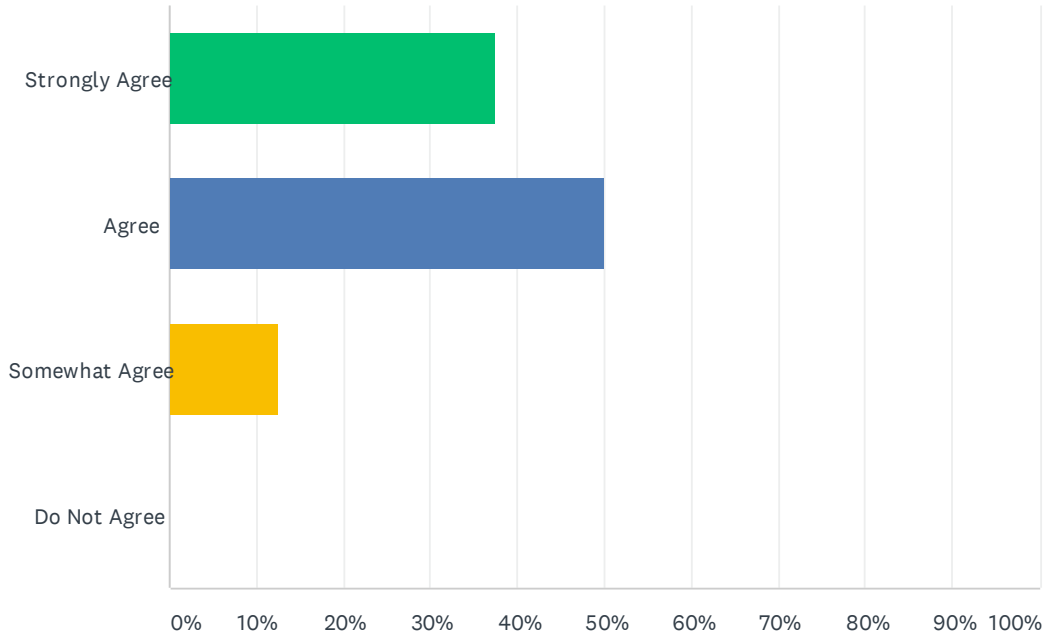
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	37.50%	3
Agree	37.50%	3
Somewhat Agree	12.50%	1
Do Not Agree	12.50%	1
TOTAL		8

Q4 Activities and Projects: Behavioral Science Research Corp. (BSR) provided my agency with the guidance and tools needed for the QI project(s).

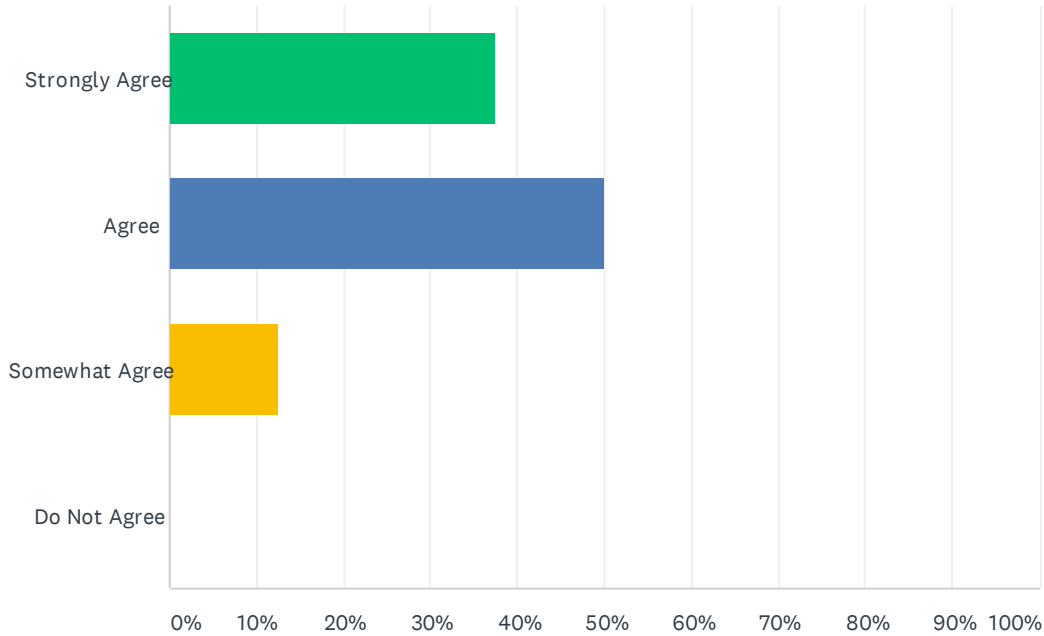
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	37.50%	3
Agree	50.00%	4
Somewhat Agree	12.50%	1
Do Not Agree	0.00%	0
TOTAL		8

Q5 Activities and Projects: The CQM Committee provided support and useful feedback in response to my agency’s periodic progress reports and presentations.

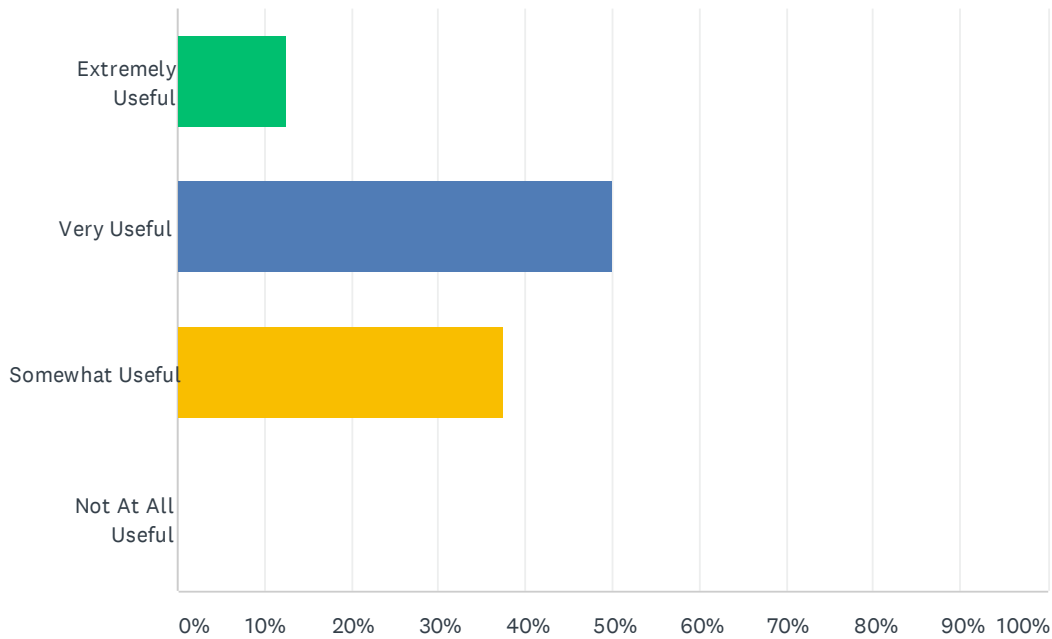
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly Agree	37.50% 3
Agree	50.00% 4
Somewhat Agree	12.50% 1
Do Not Agree	0.00% 0
TOTAL	8

Q6 Quality Improvement Support: How useful was BSR’s initial planning with my agency in identifying a QI project?

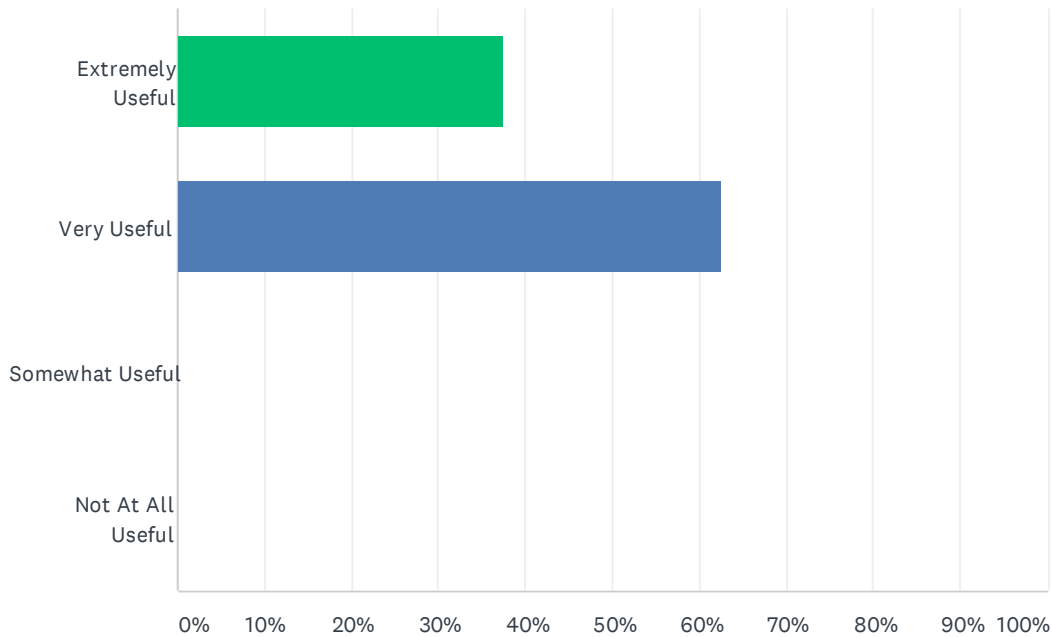
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely Useful	12.50%	1
Very Useful	50.00%	4
Somewhat Useful	37.50%	3
Not At All Useful	0.00%	0
TOTAL		8

Q7 Quality Improvement Support: How useful was BSR’s ongoing technical assistance as my agency worked through Aim Statements, root cause analysis, description of my agency’s actual QI intervention(s), and other aspects of our Plan-Do-Study-Act (PDSA) cycle(s)?

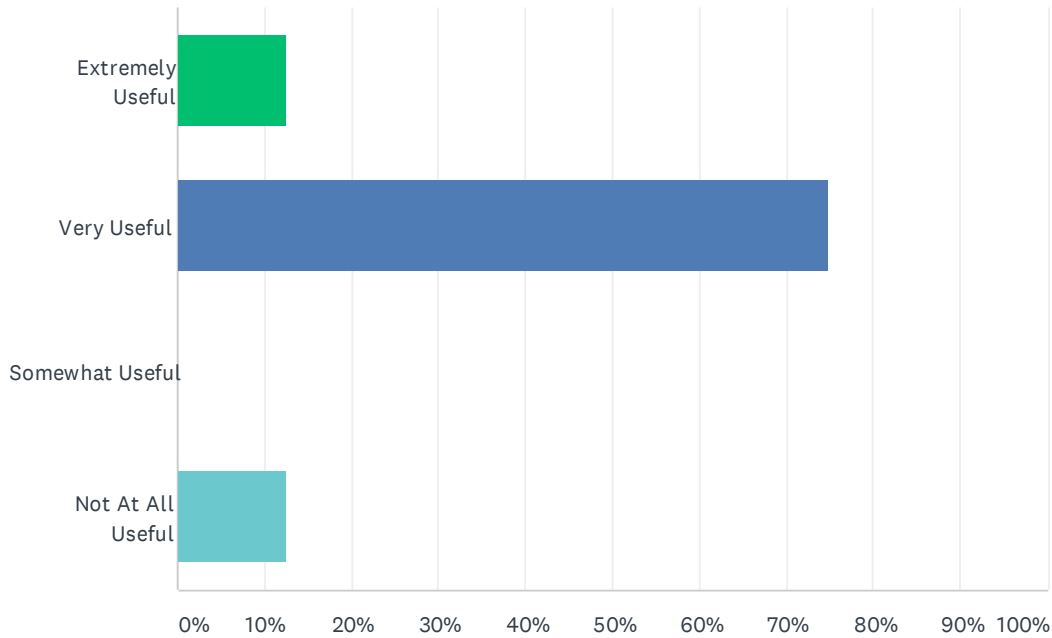
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely Useful	37.50%	3
Very Useful	62.50%	5
Somewhat Useful	0.00%	0
Not At All Useful	0.00%	0
TOTAL		8

Q8 Quality Improvement Support: How useful was BSR’s data consultation on establishing baselines, tracking progress, and measuring outcomes throughout the QI process?

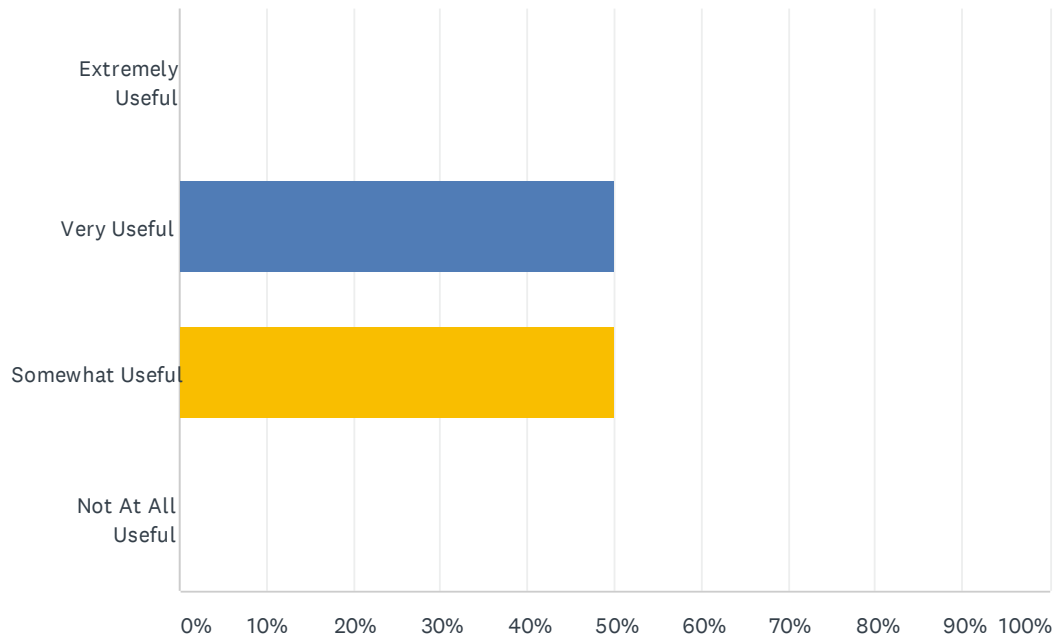
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely Useful	12.50%	1
Very Useful	75.00%	6
Somewhat Useful	0.00%	0
Not At All Useful	12.50%	1
TOTAL		8

Q9 Quality Improvement Support: How useful was the data available from Provide Enterprise Miami's views and reports for our agency?

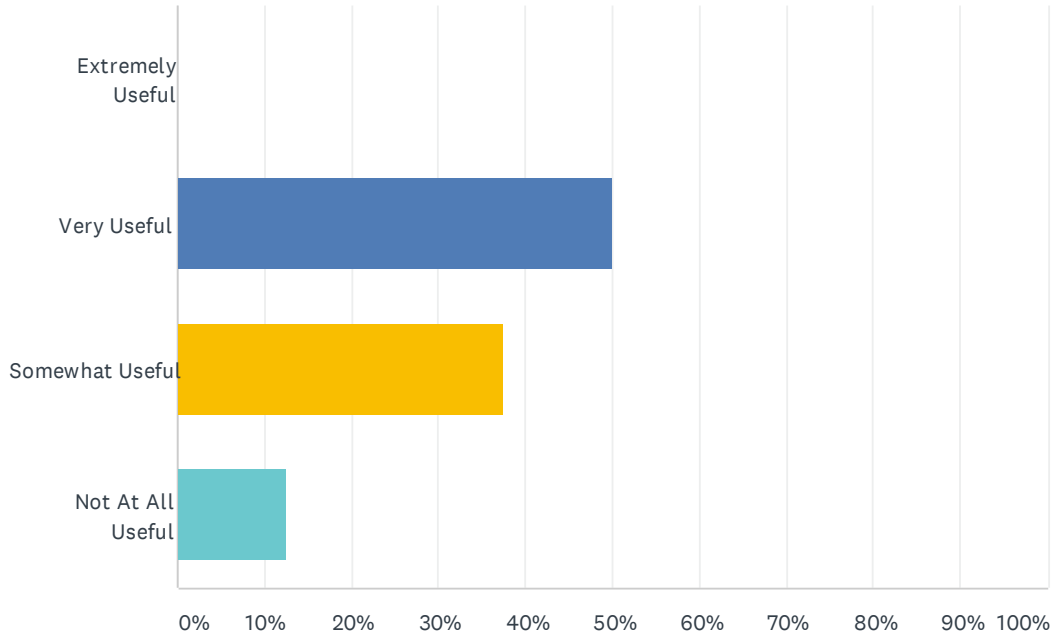
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES
Extremely Useful	0.00% 0
Very Useful	50.00% 4
Somewhat Useful	50.00% 4
Not At All Useful	0.00% 0
TOTAL	8

Q10 Quality Improvement Support: How useful was the process of making periodic presentations on my agency's QI project progress to the CQM Committee?

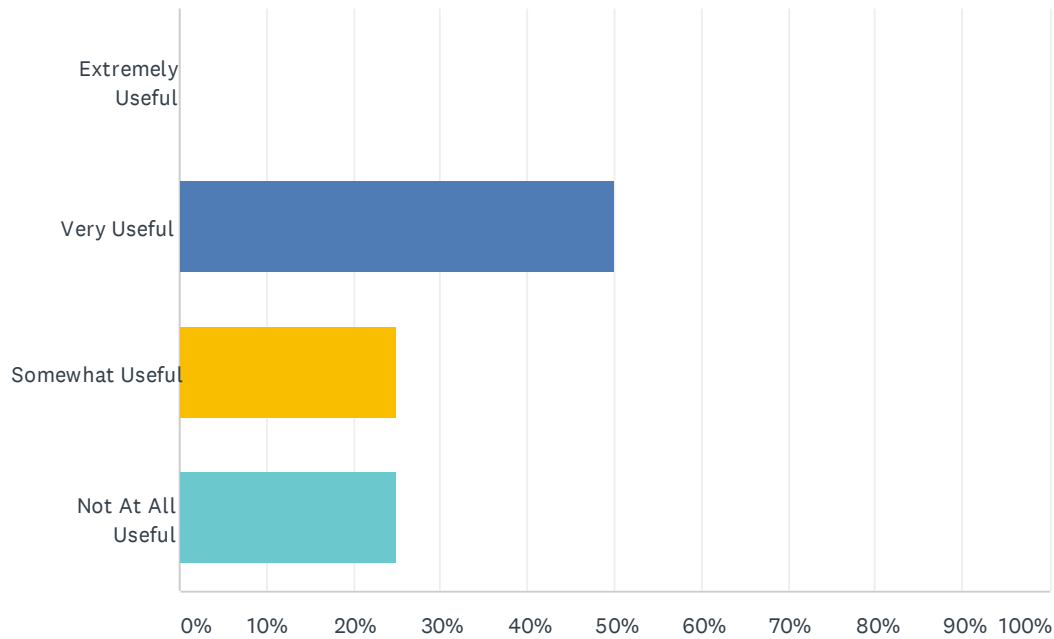
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Extremely Useful	0.00%	0
Very Useful	50.00%	4
Somewhat Useful	37.50%	3
Not At All Useful	12.50%	1
TOTAL		8

Q11 Quality Improvement Support: How useful was the feedback offered by the CQM Committee when my agency made its presentation(s)?

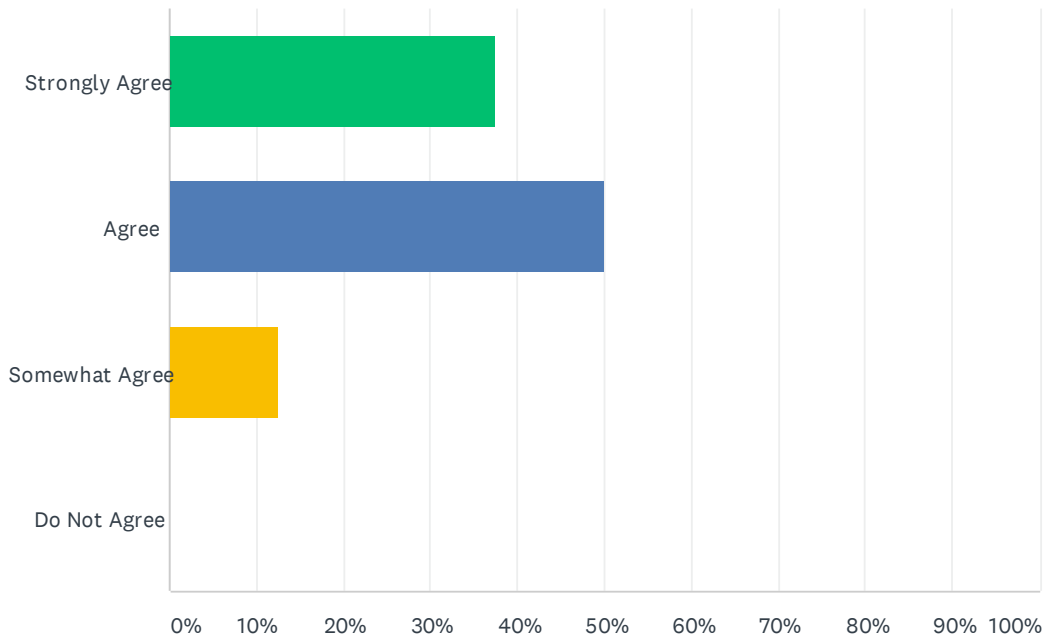
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES
Extremely Useful	0.00% 0
Very Useful	50.00% 4
Somewhat Useful	25.00% 2
Not At All Useful	25.00% 2
TOTAL	8

Q12 Quality Improvement Culture: My agency’s leadership was enthusiastic in supporting this Ryan White Program QI initiative or project.

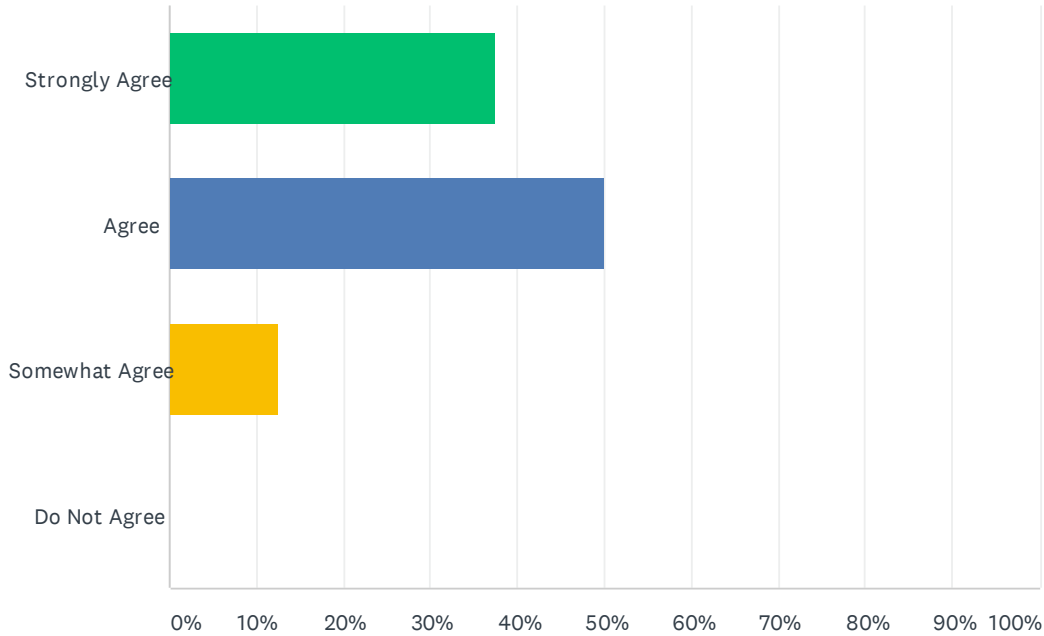
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	37.50%	3
Agree	50.00%	4
Somewhat Agree	12.50%	1
Do Not Agree	0.00%	0
TOTAL		8

Q13 Quality Improvement Culture: My agency’s Ryan White Program QI team received enthusiastic support from our co-workers in our agency (e.g., clinical care personnel, MCMs).

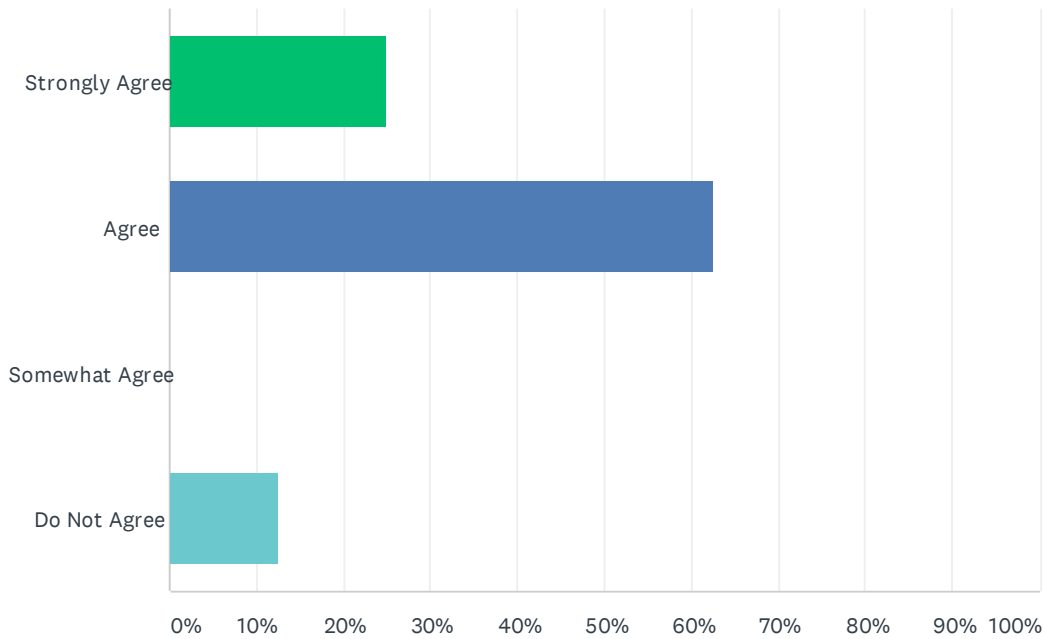
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	37.50%	3
Agree	50.00%	4
Somewhat Agree	12.50%	1
Do Not Agree	0.00%	0
TOTAL		8

Q14 Quality Improvement Culture: My agency observed improved client health outcomes because of the QI projects we conducted.

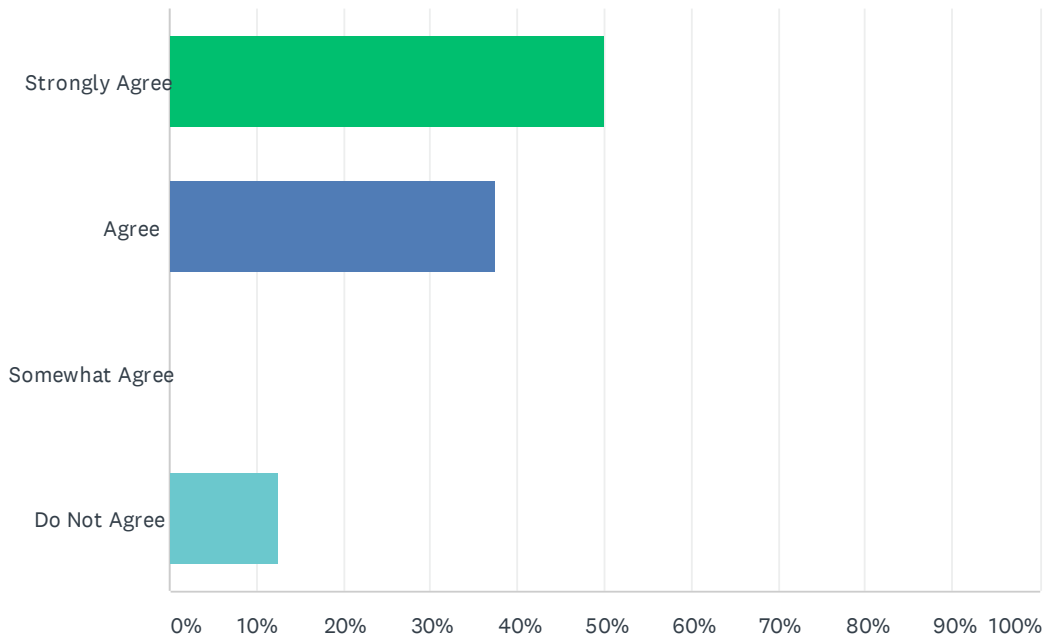
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	25.00%	2
Agree	62.50%	5
Somewhat Agree	0.00%	0
Do Not Agree	12.50%	1
TOTAL		8

Q15 Quality Improvement Culture: My agency’s Ryan White Program QI team identified areas where additional QI training would be beneficial.

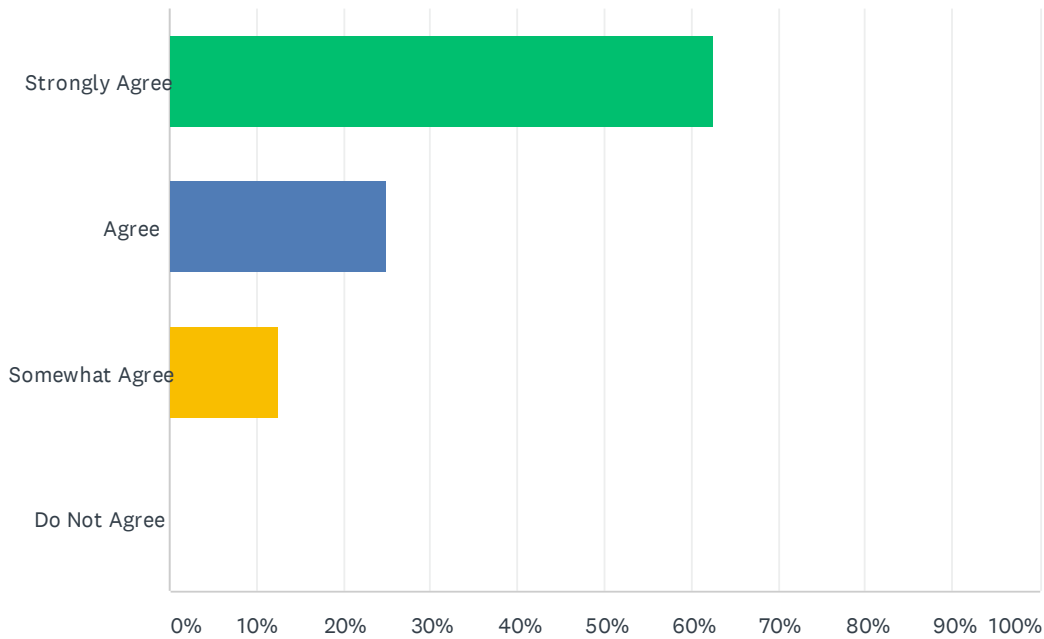
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	50.00%	4
Agree	37.50%	3
Somewhat Agree	0.00%	0
Do Not Agree	12.50%	1
TOTAL		8

Q16 Quality Improvement Culture: My agency’s QI project(s) led to improvements that we could apply to future client care activities.

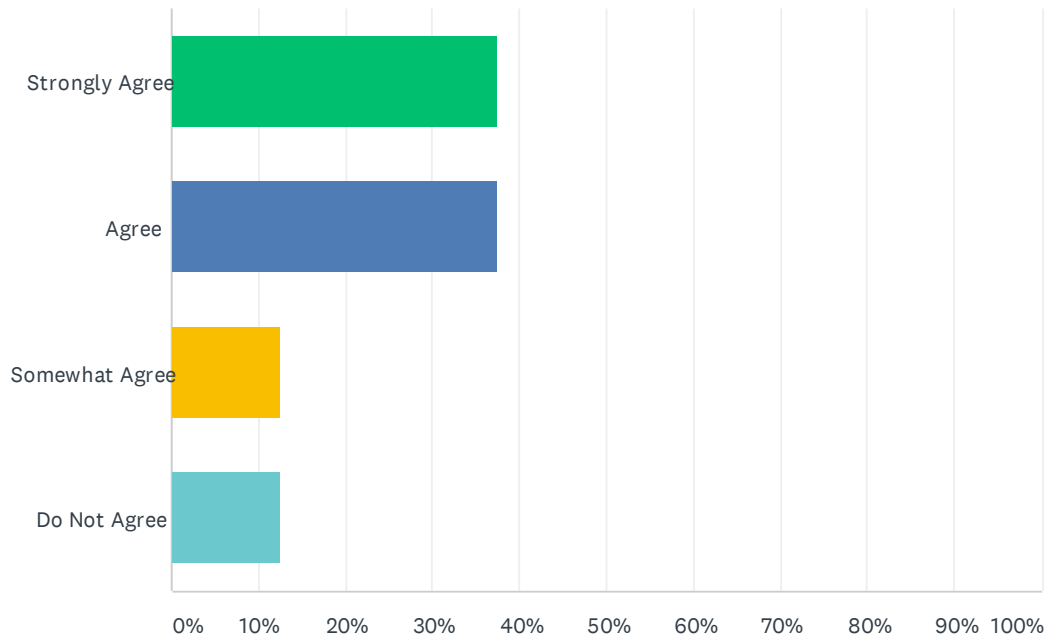
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	62.50%	5
Agree	25.00%	2
Somewhat Agree	12.50%	1
Do Not Agree	0.00%	0
TOTAL		8

Q18 Quality Improvement Culture: My agency's QI project(s) uncovered other areas of interest for creating a new QI project.

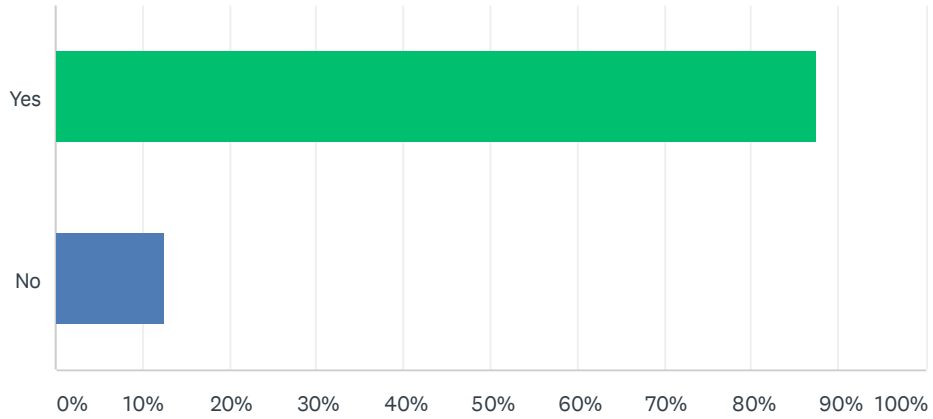
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	37.50%	3
Agree	37.50%	3
Somewhat Agree	12.50%	1
Do Not Agree	12.50%	1
TOTAL		8

Q20 Did you receive support from other teams within your agency for the QI project?

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	87.50%	7
No	12.50%	1
TOTAL		8

Q22 Please provide 3 ideas on how to engage and receive QI buy-in from within your agency and its teams?

Answered: 8 Skipped: 0

ANSWER CHOICES	RESPONSES	
Idea #1	100.00%	8
Idea #2	100.00%	8
Idea #3	87.50%	7

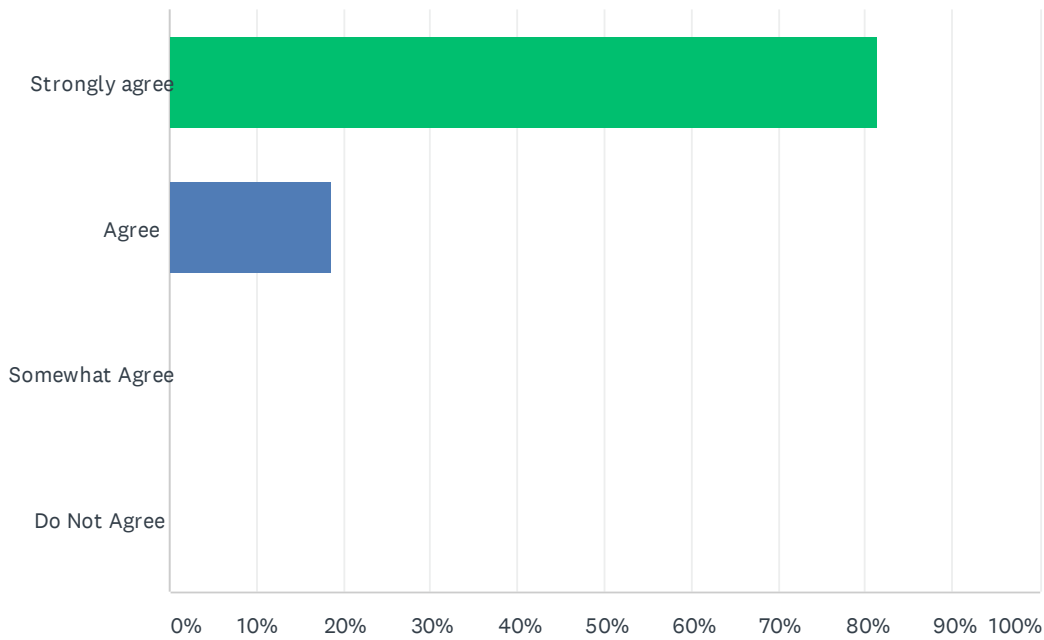
Q24 Please list the top 3 QI-related trainings you believe would be beneficial for the QI process overall and for future QI initiatives at your agency.

Answered: 8 Skipped: 0

ANSWER CHOICES	RESPONSES	
Training #1	100.00%	8
Training #2	100.00%	8
Training #3	100.00%	8

Q2 Subrecipient & Staff Commitment to CQM Process: My agency - from leadership to frontline staff - is committed to the CQM process, internally and as part of the Miami-Dade County Ryan White Part A/MAI (RWP) CQM Committee, to ensure we are continuously improving the quality of care and services provided to people with HIV.

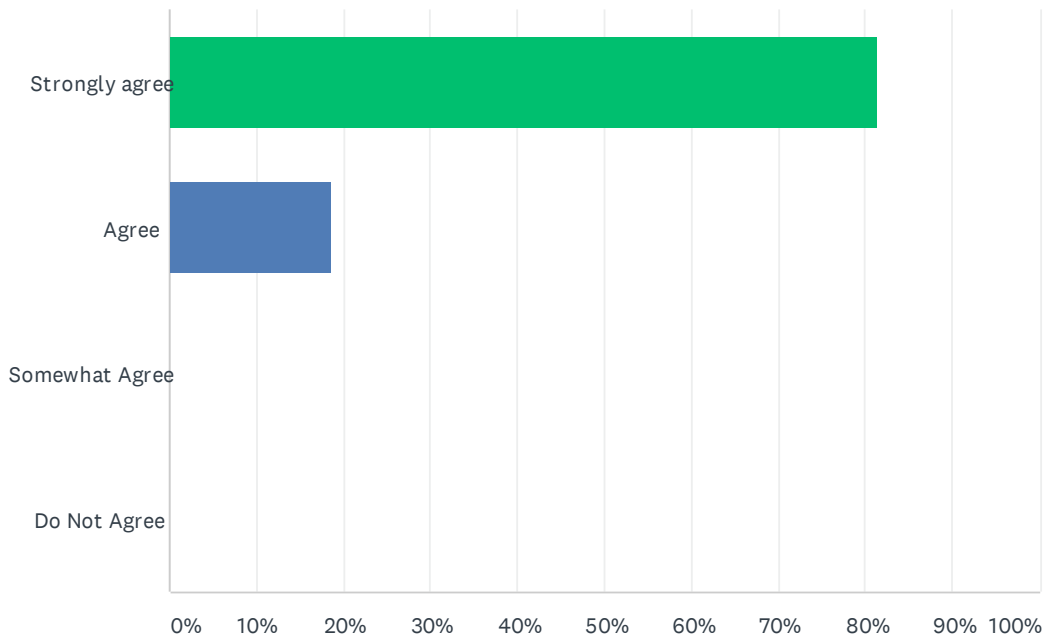
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	81.48%	22
Agree	18.52%	5
Somewhat Agree	0.00%	0
Do Not Agree	0.00%	0
TOTAL		27

Q4 Subrecipient & Staff Commitment to CQM Process: I understand the importance of using client satisfaction survey feedback, various data (e.g., service utilization, HIV Care Continuum, etc.) and Public Health Service treatment guidelines in the RWP CQM process to continuously improve client access to care, retention in care, and health outcomes.

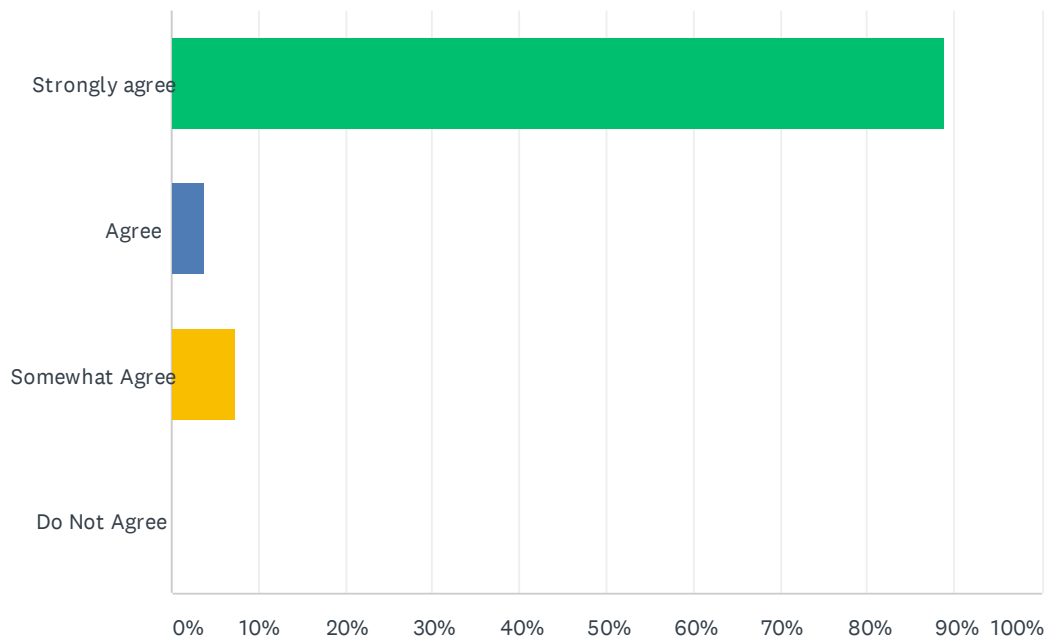
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	81.48%	22
Agree	18.52%	5
Somewhat Agree	0.00%	0
Do Not Agree	0.00%	0
TOTAL		27

Q5 Subrecipient & Staff Commitment to CQM Process: I am committed to attending CQM meetings and fully participating in the RWP CQM process.

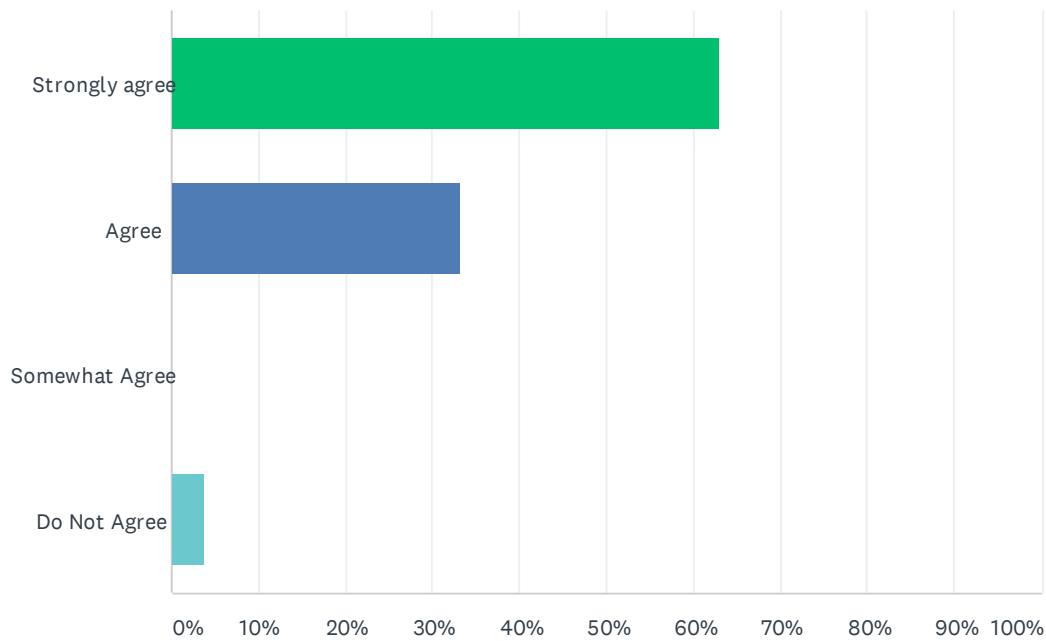
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	88.89%	24
Agree	3.70%	1
Somewhat Agree	7.41%	2
Do Not Agree	0.00%	0
TOTAL		27

Q6 Subrecipient & Staff Commitment to CQM Process: As a CQM Committee member during FY 2020, I participated in discussions and exercises to enhance my understanding of quality improvement.

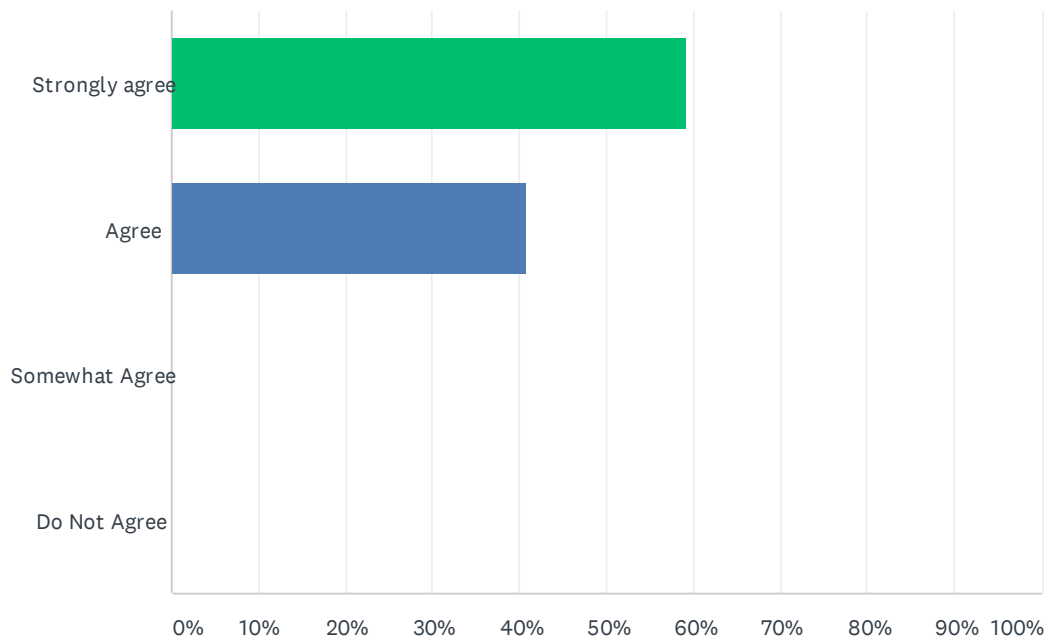
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly agree	62.96% 17
Agree	33.33% 9
Somewhat Agree	0.00% 0
Do Not Agree	3.70% 1
TOTAL	27

Q8 Activities and Projects for FY 2020-2021: The CQM Committee reviewed HRSA/HAB outcome measures, including viral load suppression, retention in medical care, and oral health care.

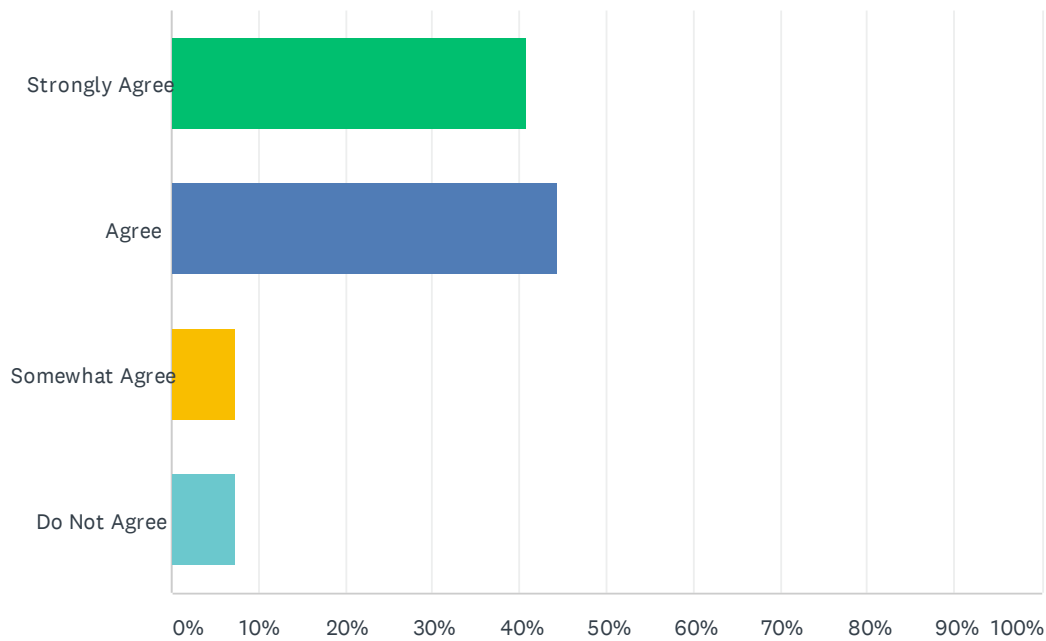
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	59.26%	16
Agree	40.74%	11
Somewhat Agree	0.00%	0
Do Not Agree	0.00%	0
TOTAL		27

Q9 Activities and Projects for FY 2020-2021: The CQM Committee was provided sufficient data to identify and prioritize subrecipients for QI initiatives.

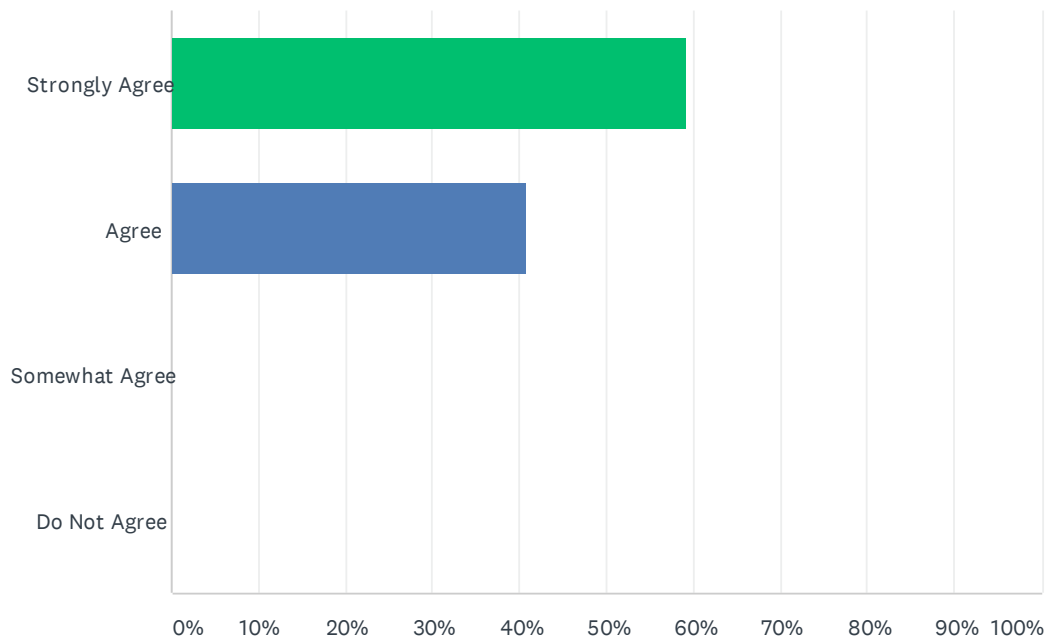
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	40.74%	11
Agree	44.44%	12
Somewhat Agree	7.41%	2
Do Not Agree	7.41%	2
TOTAL		27

Q10 Activities and Projects for FY 2020-2021: The CQM Committee discussed subrecipient CQM Performance Report Card data to identify areas for improvement and prioritize agencies for QI initiatives.

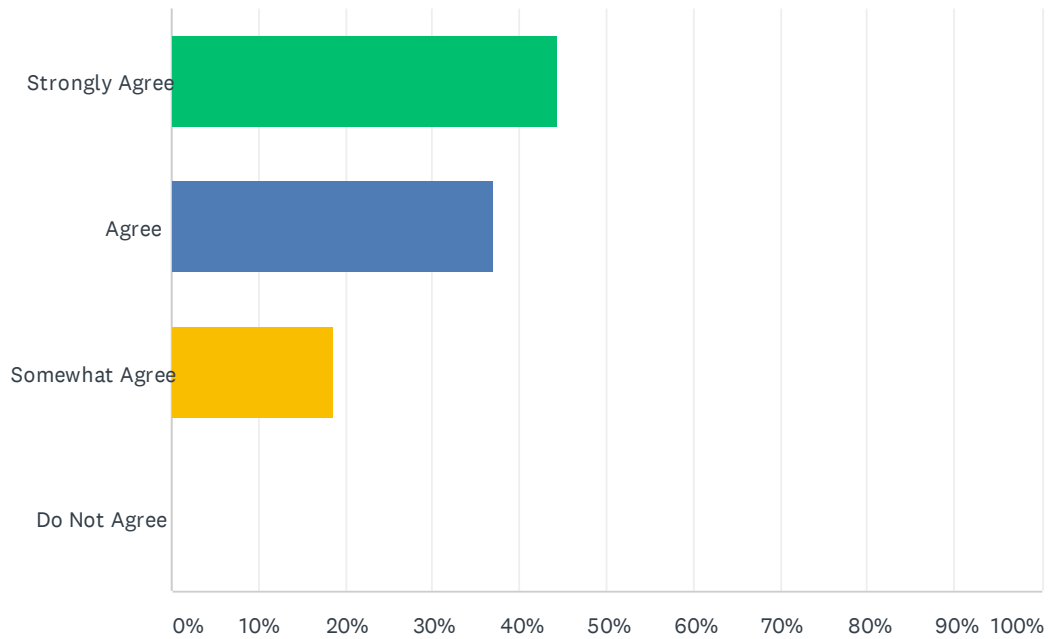
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	59.26%	16
Agree	40.74%	11
Somewhat Agree	0.00%	0
Do Not Agree	0.00%	0
TOTAL		27

Q11 Quality Improvement Culture: I clearly understand my role within the CQM Committee.

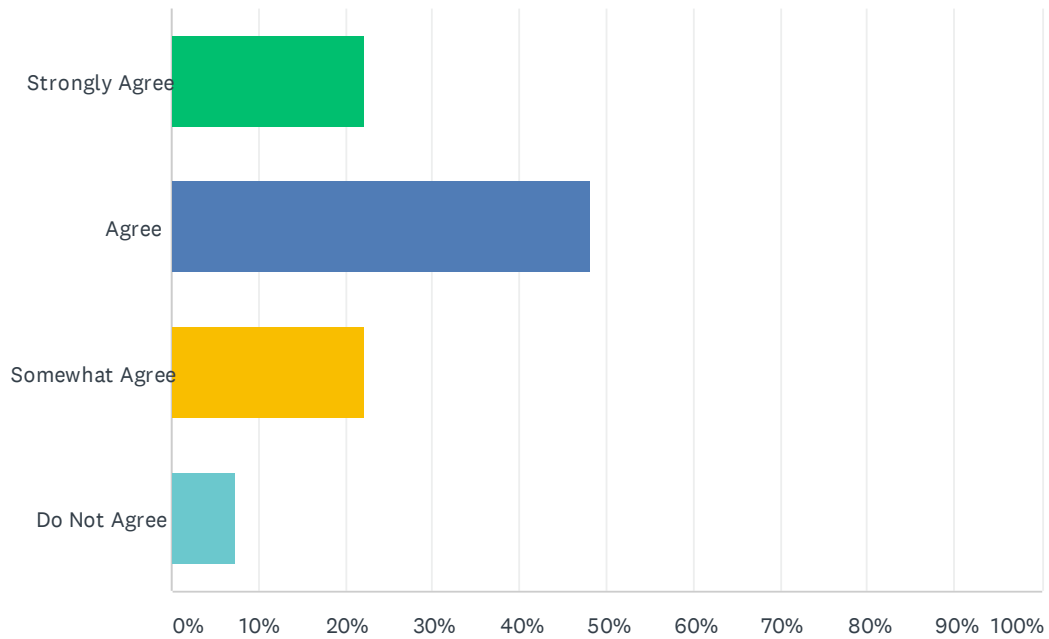
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	44.44%	12
Agree	37.04%	10
Somewhat Agree	18.52%	5
Do Not Agree	0.00%	0
TOTAL		27

Q13 Quality Improvement Culture: The CQM Committee received training to keep our skills up to date.

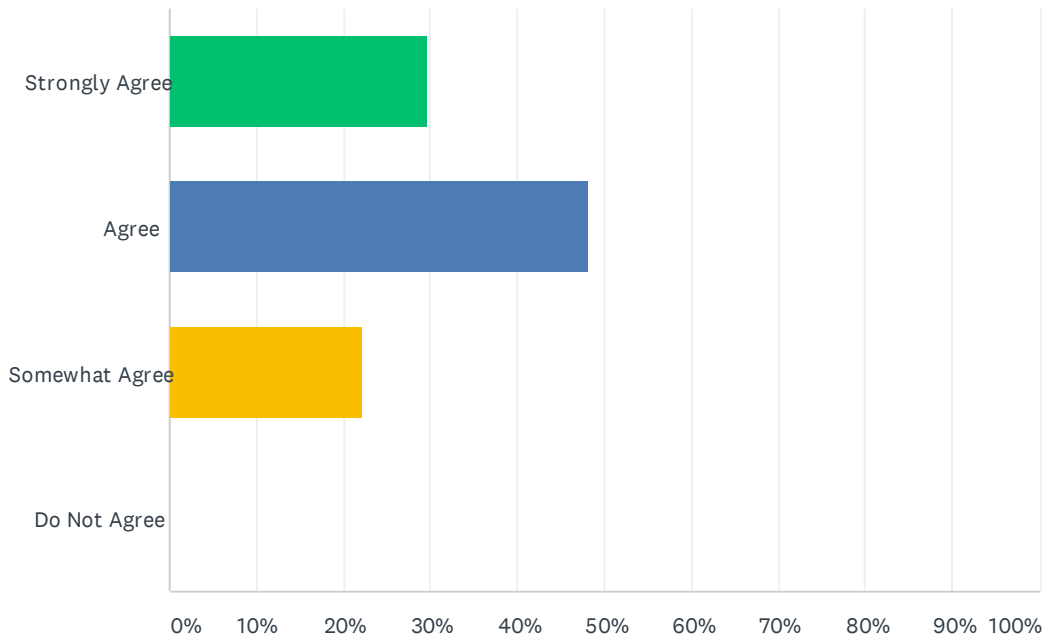
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	22.22%	6
Agree	48.15%	13
Somewhat Agree	22.22%	6
Do Not Agree	7.41%	2
TOTAL		27

Q14 Quality Improvement Culture: As a CQM Committee member, I have been provided the knowledge to understand QI related processes.

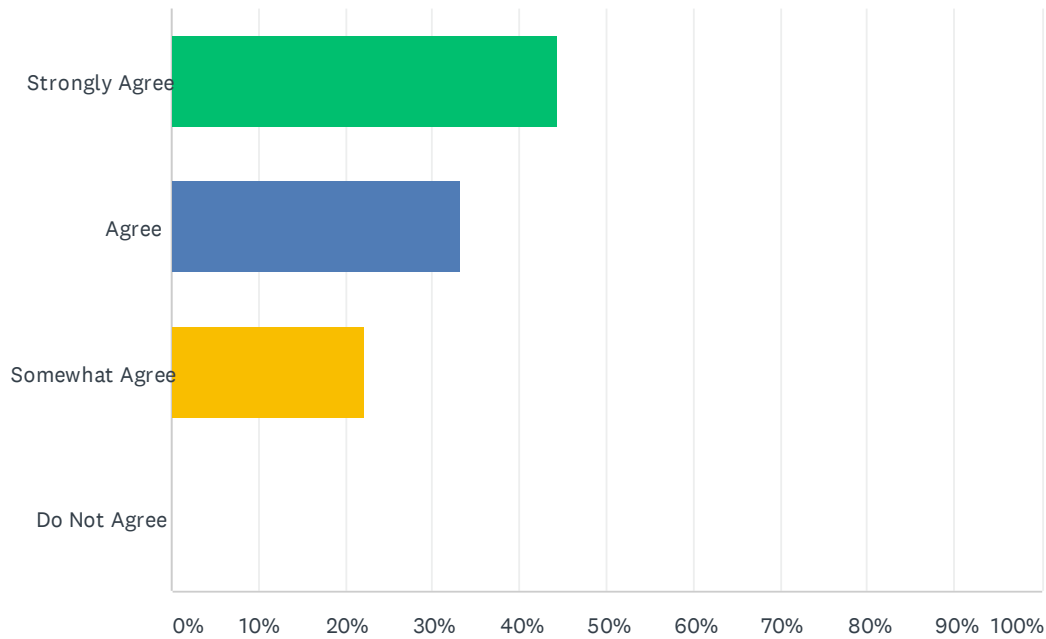
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	29.63%	8
Agree	48.15%	13
Somewhat Agree	22.22%	6
Do Not Agree	0.00%	0
TOTAL		27

Q16 Quality Improvement Support: BSR has the knowledge required to facilitate the CQM Committee and its initiatives.

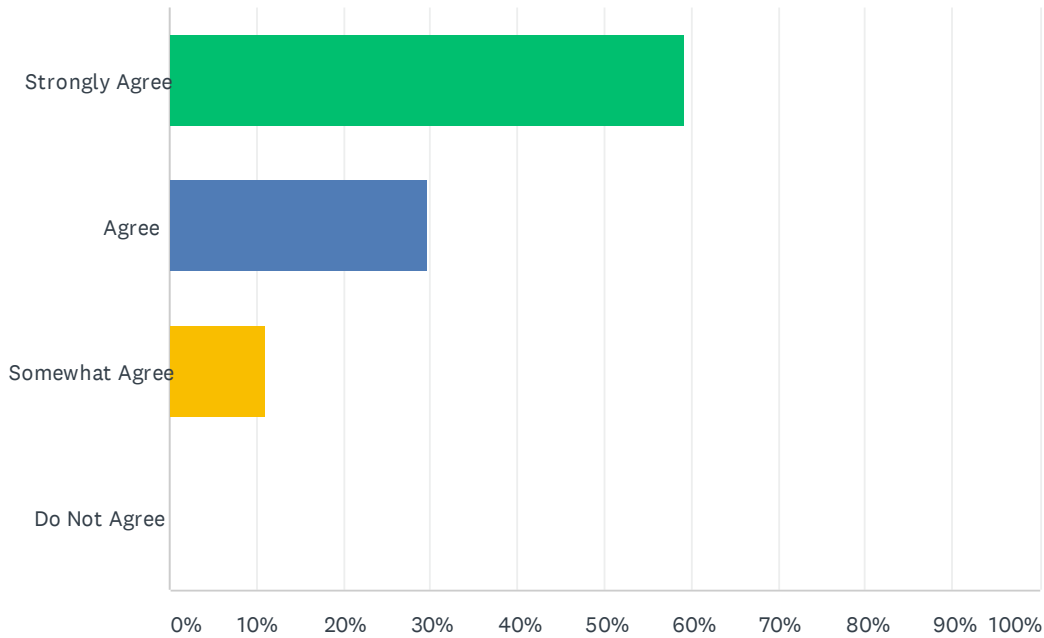
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	44.44%	12
Agree	33.33%	9
Somewhat Agree	22.22%	6
Do Not Agree	0.00%	0
TOTAL		27

Q17 Quality Improvement Support: The Recipient (Miami-Dade County RWP) has been clear in what the expectations and responsibilities are for the CQM Committee, the Recipient and BSR in the QI process.

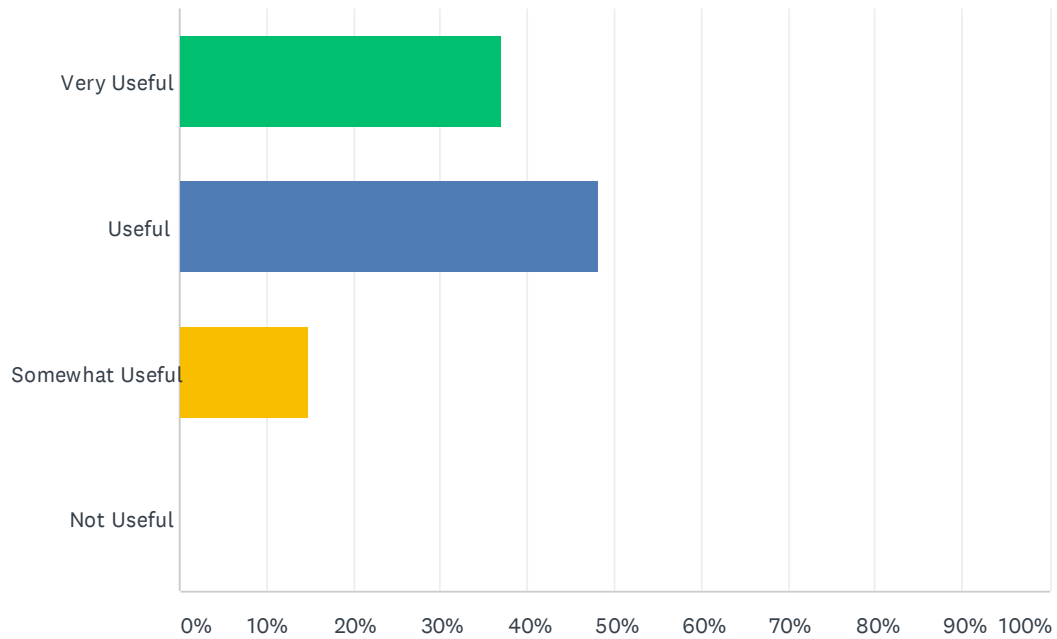
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Agree	59.26%	16
Agree	29.63%	8
Somewhat Agree	11.11%	3
Do Not Agree	0.00%	0
TOTAL		27

Q18 Quality Improvement Support: To what extent has the QI support from BSR, including training and QI tools, been useful?

Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Useful	37.04%	10
Useful	48.15%	13
Somewhat Useful	14.81%	4
Not Useful	0.00%	0
TOTAL		27

Q19 What suggestions can you offer the Recipient to improve communication with subrecipients regarding expectations and responsibilities in the QI process? List 3 suggestions.

Answered: 27 Skipped: 0

ANSWER CHOICES	RESPONSES	
Suggestion #1	100.00%	27
Suggestion #2	85.19%	23
Suggestion #3	55.56%	15

Q20 What suggestions can you offer BSR to improve QI Knowledge? List 3 suggestions.

Answered: 27 Skipped: 0

ANSWER CHOICES	RESPONSES	
Suggestion #1	100.00%	27
Suggestion #2	62.96%	17
Suggestion #3	48.15%	13

Q21 List the top 3 QI related topics you believe you need guidance on to improve your QI knowledge.

Answered: 27 Skipped: 0

ANSWER CHOICES	RESPONSES	
Topic #1	100.00%	27
Topic #2	51.85%	14
Topic #3	48.15%	13

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

FY 2020-2021

REV DATA: 07/07/2021 REV: E

Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program clients. See variable explanation for details on how outcomes were computed.

QM PROGRAM INDICATORS	FY 29 Cycle 4: March 2020 thru February 2021																					
	RWP		AHF CG		AHF HS		AHF JN		AHF LC		AHF MB		Borinquen		CAN		CARE 4 U		CR LH			
HIV Care Continuum																						
C1.	Total active RWP Clients		8,400	638	194	465	232	641	981	24	33	931										
C2.	In medical care (IMC, TG≥95%)		92.1%	7,735	97.2%	620	92.3%	179	95.3%	443	97.4%	226	93.4%	599	92.8%	910	100%	24	97.0%	32	97.1%	904
C2a.	Adjusted IMC (first med event before 9/1/20)		7,131	580	170	373	208	523	833	3	23	888										
C3.	Retained in medical care (RiMC, TG≥90%)		84.8%	7,126	93.3%	595	87.1%	169	83.7%	389	67.2%	156	84.6%	542	86.7%	851	41.7%	10	75.8%	25	94.4%	879
C3a.	Adjusted RiMC		96.2%	6,862	99.5%	577	98.2%	167	97.1%	362	94.7%	197	97.7%	511	97.5%	812	100%	3	87.0%	20	98.2%	872
C4.	RWP Clients w/ suppressed VL (TG≥80%)		79.7%	6,698	89.0%	568	76.8%	149	84.7%	394	84.9%	197	84.4%	541	82.9%	813	62.5%	15	60.6%	20	88.4%	823
C5.	RWP Clients w/ non-missing VL data		93.7%	7,868	66.5%	424	57.2%	111	71.6%	333	71.1%	165	61.0%	391	56.5%	554	100%	24	87.9%	29	25.5%	237
Medical Case Management (MCM)																						
M1.	Total active MCM Clients		89.1%	7,483	67.6%	431	54.6%	106	71.2%	331	72.8%	169	56.9%	365	64.3%	631	95.8%	23	90.9%	30	16.1%	150
M2.	MCM Clients IMC (TG≥95%)		94.6%	7,081	99.1%	427	98.1%	104	96.7%	320	98.8%	167	97.5%	356	94.1%	594	100%	23	100%	30	95.3%	143
M2a.	Adjusted IMC (first med event before 9/1/20)		6,546	393	95	276	156	318	530	3	22	139										
M3.	MCM Clients RiMC (TG≥90%)		88.9%	6,654	94.9%	409	91.5%	97	88.2%	292	92.3%	156	90.4%	330	88.0%	555	39.1%	9	80.0%	24	91.3%	137
M3a.	Adjusted RiMC		97.9%	6,406	99.7%	392	100%	95	98.6%	272	96.8%	151	99.4%	316	98.3%	521	100%	3	86.4%	19	97.1%	135
M4.	MCM Clients w/ suppressed VL (TG≥80%)		83.2%	6,225	93.5%	403	79.2%	84	87.0%	288	91.1%	154	89.3%	326	81.9%	517	60.9%	14	66.7%	20	90.0%	135
M5.	MCM Clients w/ non-missing VL data		92.2%	6,901	98.4%	424	95.3%	101	96.1%	318	98.8%	167	97.0%	354	93.3%	589	100%	23	100%	30	93.3%	140
M6.	MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart		71.0%	4,672	87.3%	337	65.6%	63	71.6%	156	69.8%	104	80.8%	240	78.2%	428	100%	1	15.0%	3	7.1%	10
M6a.	MCM Clients eligible for M6		6,578	386	96	218	149	297	547	1	20	141										
M7.	MCM Clients w/ MCM contact in less than or equal to 90 days		84.6%	5,785	89.5%	383	92.3%	96	85.4%	276	91.9%	148	95.0%	342	94.3%	564	95.7%	22	96.3%	26	72.3%	99
M7a.	MCM Clients eligible for M7		6,836	428	104	323	161	360	598	23	27	137										
M8.	MCM Clients w/ update in 210 days or less		94.8%	7,092	99.8%	430	98.1%	104	98.5%	326	97.6%	165	98.6%	360	95.6%	603	100%	23	93.3%	28	97.3%	146
M9.	MCM Clients receiving oral health care		21.2%	1,584	19.0%	82	8.5%	9	14.8%	49	16.6%	28	18.4%	67	25.2%	159	21.7%	5	13.3%	4	24.0%	36
Outpatient/Ambulatory Health Services (OAHS)																						
N1.	Total active OAHS Clients		59.6%	5,003	41.2%	263	33.0%	64	33.1%	154	54.3%	126	28.1%	180	29.0%	284	58.3%	14	66.7%	22	16.8%	156
N2.	OAHS Clients IMC (TG≥95%)		100%	5,003	100%	263	100%	64	100%	154	100%	126	100%	180	100%	284	100%	14	100%	22	100%	156
N2a.	Adjusted IMC (first med event before 9/1/20)		4,646	238	60	125	114	161	250	1	18	153										
N3.	OAHS Clients RiMC (TG≥90%)		93.7%	4,689	93.9%	247	93.8%	60	89.0%	137	92.9%	117	95.6%	172	94.7%	269	35.7%	5	86.4%	19	98.7%	154
N3a.	Adjusted RiMC		97.4%	4,524	99.2%	236	98.3%	59	99.2%	124	96.5%	110	99.4%	160	98.8%	247	100%	1	88.9%	16	100%	153
N4.	OAHS Clients w/ suppressed VL (TG≥80%)		83.9%	4,198	87.1%	229	76.6%	49	86.4%	133	87.3%	110	88.9%	160	86.3%	245	57.1%	8	59.1%	13	89.1%	139
N5.	OAHS Clients w/ non-missing VL data		94.4%	4,722	95.1%	250	95.3%	61	98.7%	152	100%	126	98%	177	98.9%	281	100%	14	100%	22	93.6%	146
Oral Health Care (OHC)																						
D1.	Total active OHC Clients		20.3%	1,707	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	40.0%	392	20.8%	5	n/a	n/a	44.9%	418
D2.	OHC Clients who received a Clinical Oral Exam		57.5%	982	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	54.3%	213	100%	5	n/a	n/a	29.2%	122

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

FY 2020-2021

REV DATA: 07/07/2021 REV: E

Disclaimer: Data indicates key HAB/HRSA Care Continuum health outcome measures for Ryan White Program clients. See variable explanation for details on how outcomes were computed.

QM PROGRAM INDICATORS	FY 29 Cycle 4: March 2019 thru February 2020																									
	RWP	CR MB		CR MT		CHI		Citrus		Empower U		JTCHS		Latinos Salud		MBCHC		PHT ND		PHT PET		PHT SF		UM		
HIV Care Continuum																										
C1. Total active RWP Clients	8,400	267	1,678	255	109	274	213	62	3,031	149	345	2,207	1,065													
C2. In medical care (IMC, TG≥95%)	92.1%	7,735	97.0%	259	91.9%	1,542	90.2%	230	100%	109	90.1%	247	97.7%	208	85.5%	53	95.1%	2,883	92.6%	138	96.5%	333	94.7%	2,090	98.3%	1,047
C2a. Adjusted IMC (first med event before 9/1/20)	7,131	245	1,466	213	94	225	196	42	2,754	135	327	1,975	988													
C3. Retained in medical care (RiMC, TG≥90%)	84.8%	7,126	94.8%	253	87.6%	1,470	69.0%	176	97.2%	106	82.8%	227	95.8%	204	71.0%	44	92.0%	2,790	90.6%	135	94.5%	326	88.5%	1,954	94.0%	1,001
C3a. Adjusted RiMC	96.2%	6,862	99.6%	244	98.0%	1,437	81.2%	173	100%	94	96.0%	216	99.5%	195	100%	42	98.7%	2,717	97.8%	132	98.8%	323	96.4%	1,903	97.9%	967
C4. RWP Clients w/ suppressed VL (TG≥80%)	79.7%	6,698	89.9%	240	80.2%	1,346	59.6%	152	96.3%	105	70.1%	192	86.9%	185	66.1%	41	85.9%	2,605	75.8%	113	89.9%	310	80.2%	1,771	81.5%	868
C5. RWP Clients w/ non-missing VL data	93.7%	7,868	42.7%	114	59.4%	996	47.1%	120	91.7%	100	63.1%	173	59.2%	126	46.8%	29	18.7%	566	60.4%	90	60.3%	208	63.4%	1,400	14.0%	149
Medical Case Management (MCM)																										
M1. Total active MCM Clients	89.1%	7,483	46.4%	124	81.3%	1,365	n/a	n/a	95.4%	104	76.6%	210	74.6%	159	66.1%	41	39.6%	1,201	67.8%	101	70.4%	243	71.4%	1,576	10.3%	110
M2. MCM Clients IMC (TG≥95%)	94.6%	7,081	97.6%	121	91.8%	1,253	n/a	n/a	100%	104	94.3%	198	97.5%	155	80.5%	33	93.2%	1,119	90.1%	91	97.1%	236	94.5%	1,490	95.5%	105
M2a. Adjusted IMC (first med event before 9/1/20)	6,546	111	1,191	n/a	n/a	89	182	145	41	1,049	88	233	1,397	101												
M3. MCM Clients RiMC (TG≥90%)	88.9%	6,654	89.5%	111	87.4%	1,193	n/a	n/a	97.1%	101	87.1%	183	95.6%	152	63.4%	26	87.8%	1,054	87.1%	88	94.7%	230	88.1%	1,388	94.5%	104
M3a. Adjusted RiMC	97.9%	6,406	100%	111	98.2%	1,169	n/a	n/a	100%	89	96.2%	175	99.3%	144	59%	24	97.7%	1,025	96.6%	85	98.3%	229	96.3%	1,346	100%	101
M4. MCM Clients w/ suppressed VL (TG≥80%)	83.2%	6,225	94.4%	117	87.5%	1,195	n/a	n/a	96.2%	100	78.6%	165	86.2%	137	68.3%	28	82.3%	989	72.3%	73	30.0%	73	80.0%	1,261	82.7%	91
M5. MCM Clients w/ non-missing VL data	92.2%	6,901	96.8%	120	87.5%	1,195	n/a	n/a	100%	104	92.4%	194	96.2%	153	82.9%	34	88.8%	1,066	87.1%	88	95.9%	233	92.8%	1,463	95.5%	105
M6. MCM Clients w/ 2 or more Plans of Care updated/developed 90 or more days apart	71.0%	4,672	82.3%	93	80.9%	1,018	n/a	n/a	100%	71	35.6%	64	72.2%	104	8.0%	2	42.6%	454	85.7%	84	85.1%	200	79.6%	1,138	98.1%	102
M6a. MCM Clients eligible for M6	6,578	113	1,258	n/a	n/a	71	180	144	25	1,065	98	235	1,430	104												
M7. MCM Clients w/ MCM contact in less than or equal to 90 days	84.6%	5,785	83.1%	98	71.9%	877	n/a	n/a	100%	104	73.4%	141	96.0%	143	95.0%	38	84.6%	901	94.1%	80	94.3%	216	82.6%	1,128	94.5%	103
M7a. MCM Clients eligible for M7	6,836	118	1,219	n/a	n/a	104	192	149	40	1,065	85	229	1,365	109												
M8. MCM Clients w/ update in 210 days or less	94.8%	7,092	96.8%	120	95.2%	1,300	n/a	n/a	100%	104	93.3%	196	95.0%	151	100%	41	94.9%	1,140	84.2%	85	95.9%	233	90.6%	1,428	99.1%	109
M9. MCM Clients receiving oral health care	21.2%	1,584	29.0%	36	20.7%	283	n/a	n/a	15.4%	16	16.7%	35	20.1%	32	4.9%	2	28.8%	346	7.9%	8	17.7%	43	20.6%	325	16.4%	18
Outpatient/Ambulatory Health Services (OAHS)																										
N1. Total active OAHS Clients	59.6%	5,003	18.0%	48	22.2%	373	63.9%	163	34.9%	38	50.0%	137	32.4%	69	n/a	n/a	19.2%	582	39.6%	59	27.0%	93	33.4%	738	434	
N2. OAHS Clients IMC (TG≥95%)	100%	5,003	100%	48	100%	373	100%	163	100%	38	100%	137	100%	69	n/a	n/a	100%	582	100%	59	100%	93	100%	738	100%	434
N2a. Adjusted IMC (first med event before 9/1/20)	4,646	46	361	150	32	128	65	n/a	n/a	544	58	92	666	411												
N3. OAHS Clients RiMC (TG≥90%)	93.7%	4,689	100%	48	97.3%	363	71.2%	116	92.1%	35	93.4%	128	95.7%	66	n/a	n/a	95.0%	553	98.3%	58	96.8%	90	92.4%	682	94.5%	410
N3a. Adjusted RiMC	97.4%	4,524	100%	46	98.1%	354	76.0%	114	100%	32	96.1%	123	98.5%	64	n/a	n/a	98.7%	537	98.3%	57	97.8%	90	97.4%	649	96.6%	397
N4. OAHS Clients w/ suppressed VL (TG≥80%)	83.9%	4,198	87.5%	42	80.2%	299	55.8%	91	94.7%	36	73.0%	100	84.1%	58	n/a	n/a	86.1%	501	78.0%	46	87.1%	81	79.4%	586	80.9%	351
N5. OAHS Clients w/ non-missing VL data	94.4%	4,722	93.8%	45	91.4%	341	64.4%	105	100%	38	95.6%	131	97%	67	n/a	n/a	95.2%	554	94.9%	56	96.8%	90	95.9%	708	96%	417
Oral Health Care (OHC)																										
D1. Total active OHC Clients	20.3%	1,707	n/a	n/a	n/a	n/a	23.9%	61	19.3%	21	n/a	n/a	34.7%	74	n/a	n/a	9.4%	286	n/a	n/a	7.0%	24	19.3%	426	n/a	n/a
D2. OHC Clients who received a Clinical Oral Exam	57.5%	982	n/a	n/a	n/a	n/a	32.8%	20	81.0%	17	n/a	n/a	74.3%	55	n/a	n/a	95.5%	273	n/a	n/a	54.2%	13	62.0%	264	n/a	n/a

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD

RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

HIV Care Continuum

- C1. **Total active RWP Clients:** Number of unduplicated RWP Clients receiving at least one billed RWP service from any subrecipient during the 12-month reporting period. Agency totals are based on all billed events at that agency during the reporting period.
- C2. **Total Clients In Medical Care (IMC: Target goal ≥95%):** Percent of active RWP Clients in medical care. Denominator: all active RWP Clients (C1). Numerator: Active RWP Clients receiving one or more medical visits with any RWP provider with prescribing privileges, VL test, or medical visit copay during the 12 month reporting period.
- C2a. **Adjusted Clients IMC:** Total RWP Clients IMC (C2) whose first medical care event or VL test event in FY 2020-2021 was prior to 09/01/20.
- C3. **Total Clients Retained in Medical Care (RiMC: Target goal ≥90%):** Percent of active RWP Clients retained in medical care. **Denominator:** All RWP Clients IMC (C2). **Numerator:** Active RWP Clients receiving 2 or more: medical visits with a provider or VL test or medical visit copay, at least 90 days apart, in the past 12 months.
- C3a. **Adjusted Clients RiMC (Target Goal ≥90%):** Percent of the adjusted IMC RWP Clients that were RiMC. **Denominator:** Adjusted IMC (C2a). **Numerator:** Adjusted Clients RiMC (cf. C3). This is a one time adjustment for FY 2020-2021 due to COVID 19 service disruptions and ADAP suspension of required VL tests.
- C4. **Total Clients with a suppressed VL (Target goal ≥80%):** Percent of active RWP Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active RWP Clients (C1). **Numerator:** Active RWP Clients with a documented suppressed VL in the most recently reported lab test.
- C5. **Total RWP Clients w/ non-missing VL data:** The percent of RWP Clients that had at least 1 VL test in the reporting period, regardless of outcome. **Denominator:** All active RWP Clients (C1). **Numerator:** All active RWP Clients that had 1 or more VL test(s) in the 12-month reporting period.

Medical Case Management (MCM)

- M1. **Total active MCM Clients:** Number of unduplicated RWP Clients (C1) with at least one MCM billed encounter in reporting period; excludes outreach-only Clients, Clients whose cases were closed, and identified out-of-network Clients. Clients are assigned to MCM sites based on most recent MCM visit in the FY.
- M2. **MCM Clients IMC (Target goal ≥95%):** Percent of MCM Clients (M1) in medical care (IMC), as defined in C2. Denominator: Total active MCM Clients (M1). Numerator: MCM Clients IMC.
- M2a. **Adjusted MCM Clients IMC:** Total MCM Clients IMC (M2) whose first medical care event or VL test event in FY 2020-2021 was prior to 09/01/20.
- M3. **MCM Clients RiMC (Target goal ≥90%):** Percent of total MCM Clients IMC (M2) who were retained in medical care (as defined in C3).
- M3a. **Adjusted Clients RiMC (Target Goal ≥90%):** Percent of the adjusted IMC MCM Clients that were RiMC. **Denominator:** Adjusted IMC (M4). **Numerator:** MCM Clients RiMC prior to 09/01/2020. This is a one time adjustment for FY 2020-2021 due to COVID 19 service disruptions, and ADAP VL test suspension.
- M4. **Total Clients with a suppressed VL (Target goal ≥80%):** Percent of active MCM Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** all active MCM Clients. **Numerator:** All active MCM Clients with a documented suppressed VL in the most recently reported lab test.
- M5. **MCM Clients w/ non-missing VL data:** The percent of active MCM Clients that had 1 or more VL test(s) in the reporting period, regardless of outcome. **Denominator:** All active MCM Clients (M1). **Numerator:** All active RWP Clients that had 1 or more VL test(s) in the reporting period.
- M6. **MCM Clients w/ 2 or more Plan of Care updated/developed 90 or more days apart:** Number of MCM Clients who had a Plan of Care (POC) developed or updated 2 or more times AND were 90 or more days apart in the reporting period. **Denominator:** See M6a. **Numerator:** Clients with a POC developed or updated 2 or more times AND were 90 days or more apart in the reporting period.
- M6a. **Eligible Clients for M6a:** MCM Clients with a billed MCM service in the first 6 months of the reporting period.
- M7. **MCM Clients w/ MCM update in 90 or less days:** MCM Clients who have had an MCM or PESN update (client contact in person or virtual) in 90 or less days prior to the end of the reporting period. **Denominator:** See M7a. **Numerator:** MCM Clients that had an MCM and/or PESN contact in 90 or less days prior to the end of the reporting period.
- M7a. **Eligible Clients for M7:** MCM Clients seen in the 6 months prior to the end of the reporting period.
- M8. **MCM Clients with MCM contact in 210 or less days:** Clients who have had at least one MCM service billed in the 210 days prior to the end of the reporting period. **Denominator:** All active RWP MCM Clients (M1). **Numerator:** MCM Clients with one OR more MCM billed service in the 210 days prior to the end of the reporting period.

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD
RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

M9. **MCM Clients who also had a dental service billed:** MCM Clients who had 1 or more billed dental service in the reporting period. **Denominator:** All active RWP MCM Clients (M1). **Numerator:** MCM Clients who were billed once or more for any dental services in the reporting period, with disregard as to which service site the dental service was billed to.

Outpatient/Ambulatory Health Services (OAHS)

N1. **Total active OAHS Clients:** Number of unduplicated RWP Clients (C1) with at least one (1) face-to-face (FFE) OAHS visit billed to a RWP subrecipient in the 12 month reporting period. Agency assignment is based on the provider where the most recent OAHS FFE service of the reporting period was billed, and not necessarily where client is receiving MCM. Excludes Clients whose cases were closed in the reporting period, or identified out-of-network Clients.

N2. **OAHS Clients IMC (Target goal $\geq 95\%$):** Percent of OAHS Clients (N1) in IMC (as defined in C2). **Denominator:** Total active OAHS Clients (N1). **Numerator:** OAHS Clients IMC.

N2a. **Adjusted OAHS Clients IMC:** OAHS Clients IMC (N2) whose first medical care event or VL test event in FY 2020-2021 was prior to 09/01/20.

N3. **OAHS Clients RiMC (Target goal $\geq 90\%$):** Percent of OAHS Clients IMC (N2) retained in medical care (as defined in C3).

N3a. **Adjusted Clients RiMC (Target Goal $\geq 90\%$):** Percent of the adjusted IMC OAHS Clients that were RiMC. **Denominator:** Adjusted IMC (N2a). **Numerator:** OAHS Clients RiMC prior to 09/01/2020. Note: Measurement is a one time adjustment for FY 2020-2021 due to the COVID 19 quarantines, and ADAP VL suspension of required VL tests.

MDC-RWP CLINICAL QUALITY MANAGEMENT (CQM) PERFORMANCE REPORT CARD
RYAN WHITE PROGRAM: QUALITY MANAGEMENT INDICATOR DESCRIPTIONS

N4. **Total Clients with a suppressed VL (Target goal $\geq 80\%$):** Percent of active OAHS Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active OAHS Clients (N1).
Numerator: All active OAHS Clients with a documented suppressed VL in the most recently reported lab test.

N5. **OAHS Clients w/ non-missing VL data:** The percent of OAHS Clients that had at least 1 VL test in the reporting period, regardless of outcome. **Denominator:** All active OAHS Clients (N1).
Numerator: All active OAHS Clients that had 1 or more VL test(s) in the reporting period.

Oral Health Care (OHC)

D1. **Total active RWP OHC Clients:** Number of Clients who received ANY oral healthcare service in the reporting period. **Denominator:** All active RWP Clients (C1). **Numerator:** RWP client that received 1 or more oral healthcare service in the reporting period. Clients are assigned to OHC sites based on most recent OHC visit in the FY.

D2. **Total OHC Clients who received a Clinical Oral Examination:** Number of OHC Clients that received a clinical oral examination (COE) in the reporting period. A COE is defined by the following RWP Oral Health Care Formulary Codes: D0120, D0150, D0160, D0170, and D0180 (D0140 is purposefully EXCLUDED). **Denominator:** D1. **Numerator:** RWP Clients with at least 1 billed Clinical Oral Examination. Clients are assigned to OHC sites based on most recent COE OHC visit in the reporting period.

Preparing for a QI Project

- Quality Improvement should be informed and guided by data.
- Examine agency performance measurement data.
- Identify areas for improvement.

To identify aspects of care for performance measurement, quality teams should consider these main criteria:

- **Relevance:** Does the indicator relate to a condition that occurs frequently or has a great impact on the client at the agency?
- **Measurability:** Can the indicator realistically and efficiently be measured given the facility's resources? Is the indicator reportable from Provide Enterprise (PE)?
- **Improvability:** Can the performance rate associated with the indicator realistically be improved given the limitations of available clinical services and the client population?
- **Accuracy:** Is the indicator based on accepted guidelines or developed through formal group decision-making methods?

If a quality team answers "no" to any of the above questions, the indicator— while still relevant to patient care—is probably either too difficult to measure or less than critical to client. On the other hand, if all the questions are answered, "yes," the team has most likely detected a viable indicator that is a useful measurement resource.

Quality goals are endpoints or conditions toward which the agency/program will direct its efforts and resources during project work. Quality goals help staff focus on improving aspects of care. While an HIV program can measure several key performance indicators, the available resources for quality improvement work might limit the HIV program to conduct one to three quality improvement projects per year.

One function of the quality team is to work with staff and stakeholders (other programs, teams, or services) to develop goals so that they are understood and embraced by everyone in the organization.

Prioritization helps the organization direct resources towards high priority client needs and outcomes. The following three criteria can be helpful to a quality team in prioritizing HIV-specific improvement goals:

- **Frequency:** How many patients received and how many did not receive the standard of care?
- **Impact:** What is the effect on health outcomes if clients do not receive the standard of care?
- **Feasibility:** Can something be done about the identified inconsistency with available resources?