| Clinical Quality Management (CQM) Committee Key Activities	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Create the mechanism to recruit clients from CABs and Peers			X	X						
Recruit members from subrecipient CABs to become CQM Liaisons				X	X	X	X	X	X	X
Create a CQM affinity group drawn from subrecipient staff Peer Educators				X	X	X	X	X	X	X
Capacity Building										
Develop an outline for training agenda (problem identification, baseline data measurement, and root cause anaylsis)			X							
QI basics training				X						
Enhanced QI training						X				
CQII webinars (optional)		X	X	X	X	X	X	X	X	X
SE AETC webinars (optional)		X	X	X	X	X	X	X	X	X
Data										
Refinement to the CQM Performance Report Card		X (M7/POC)								
CQM performance Report Card distributed to Subrecipients		X			X			X		
Integrated Plan Activities (suppression and RiMC analysis for **special populations**)		X								
Integrated Plan Activities (suppression and RiMC analysis for **disparity populations**)		X			X					
QI Dashboard dissemination (Upon request)	X	X		X		X				
Client Satisfaction Survey (Construction)	X	X								
Client Satisfaction Survey (Collection)				X	X	X				
Evaluation										
Bi-monthly status updates of Part A, MAI and Part B initiatives and innovations			X	X		X		X		X
Semi-annual CQM reports on progress of CQM QI and Integrated Plan activities, including outcome measurements for specialty groups and disparity populations				X	X					
CQM Committee Semi-annual evaluation survey for CQM Committee members/MAI			X		X				X	
CQM Plan Updates (Initial update was in May 2023)							X		X	
Other Key Activities										
Disseminate information on QI projects (IPEW)						X				
Set Annual quality goals									X	
Presentations of QI Projects/MAI Innovations	X (BMC)			X (CAN)						

CQM Performance Report Card
Summary Visualizations
FY 2023, Cycle 1

Clinical Quality Management (CQM) Committee Meeting July 21, 2023
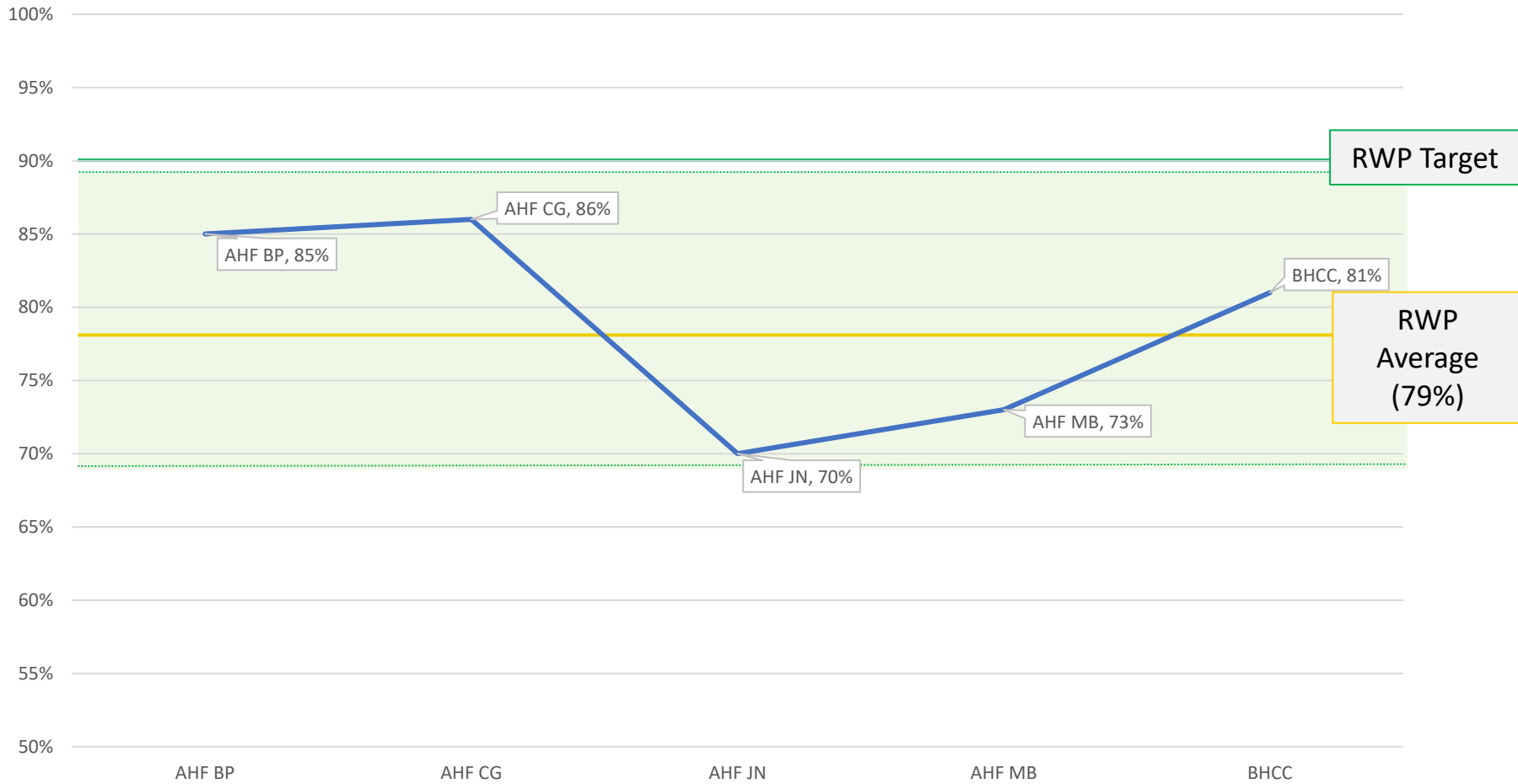Prepared by: Behavioral Science Research

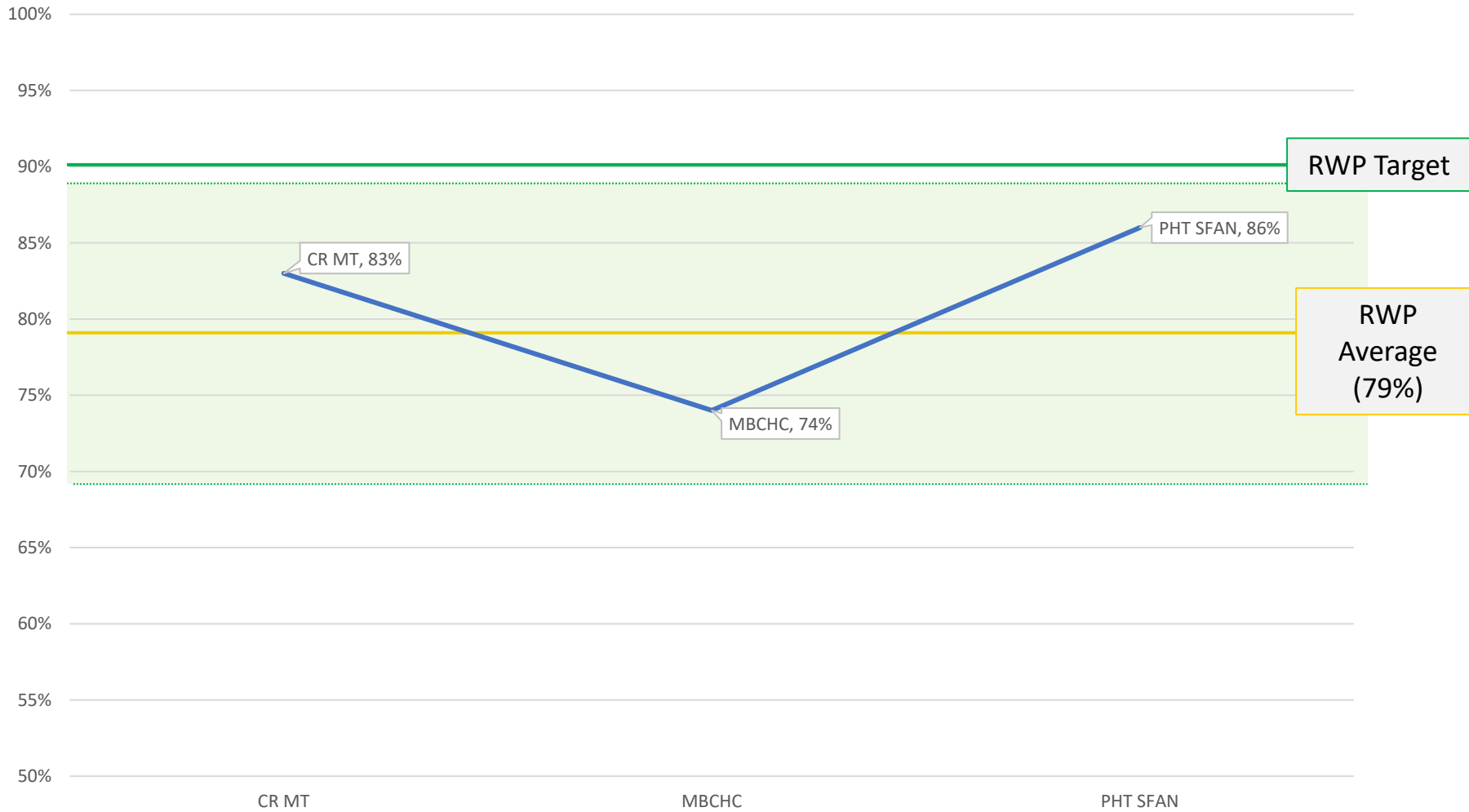M3 Retention in Medical Care % in Agencies with ≤100 MCM Clients (Peer Group 1)
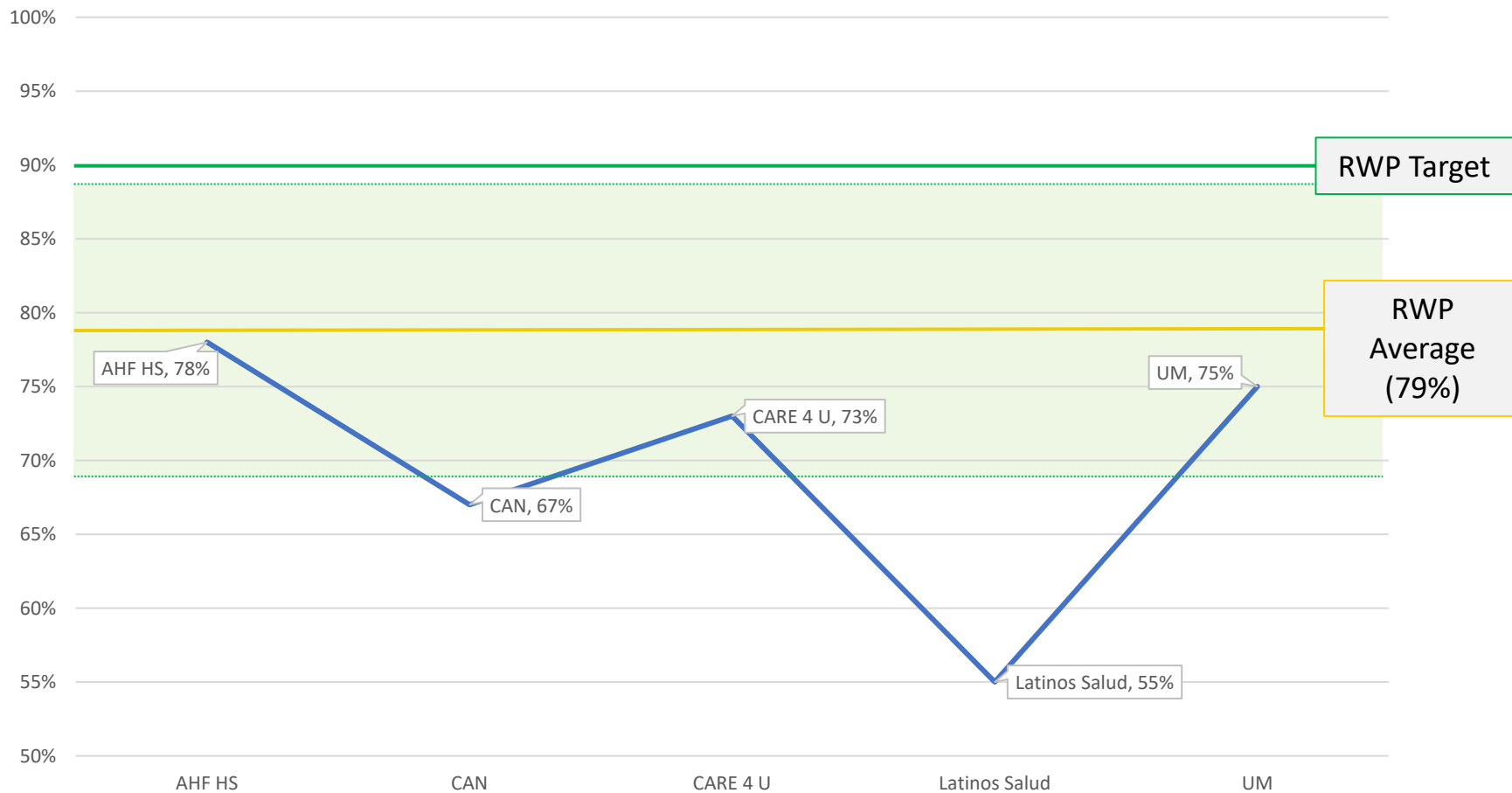
M3 Retention in Medical Care % in Agencies with ≥101≤200 MCM Clients (Peer Group 2)
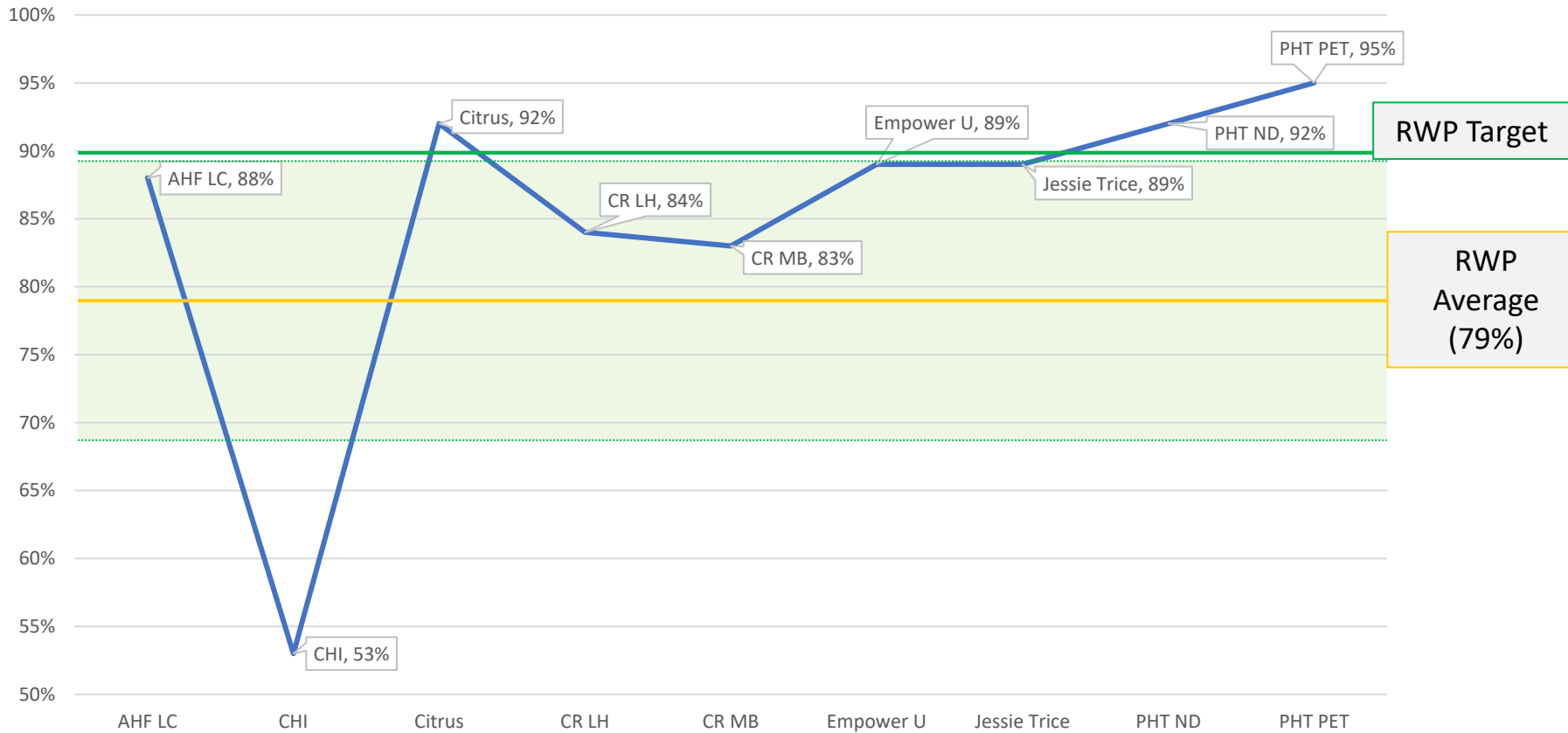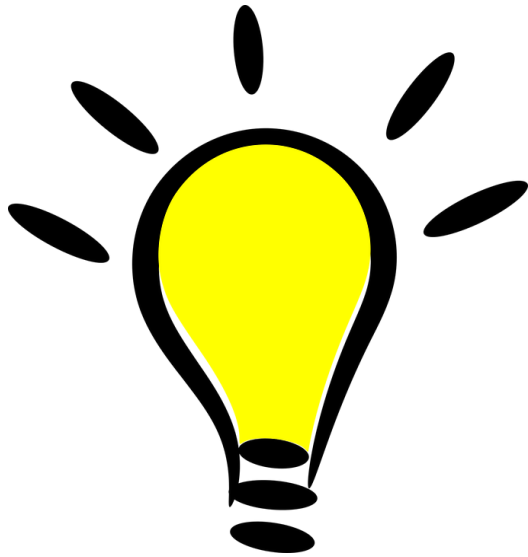
M3 Retention in Medical Care % in Agencies with ≥201≤600 MCM Clients (Peer Group 3)
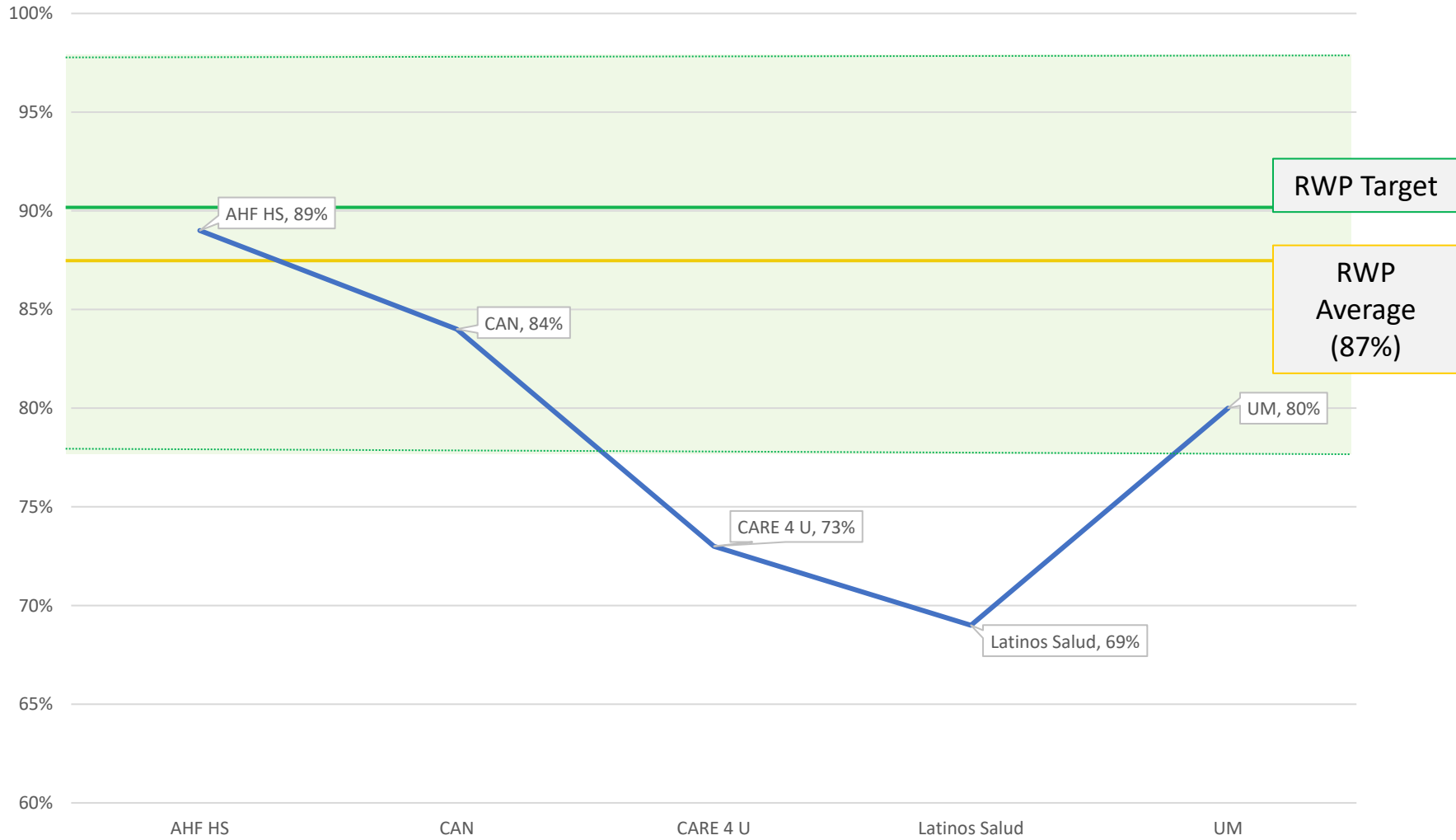
M3 Retention in Medical Care % in Agencies with ≥601 MCM Clients (Peer Group 4)

Knowledge Check
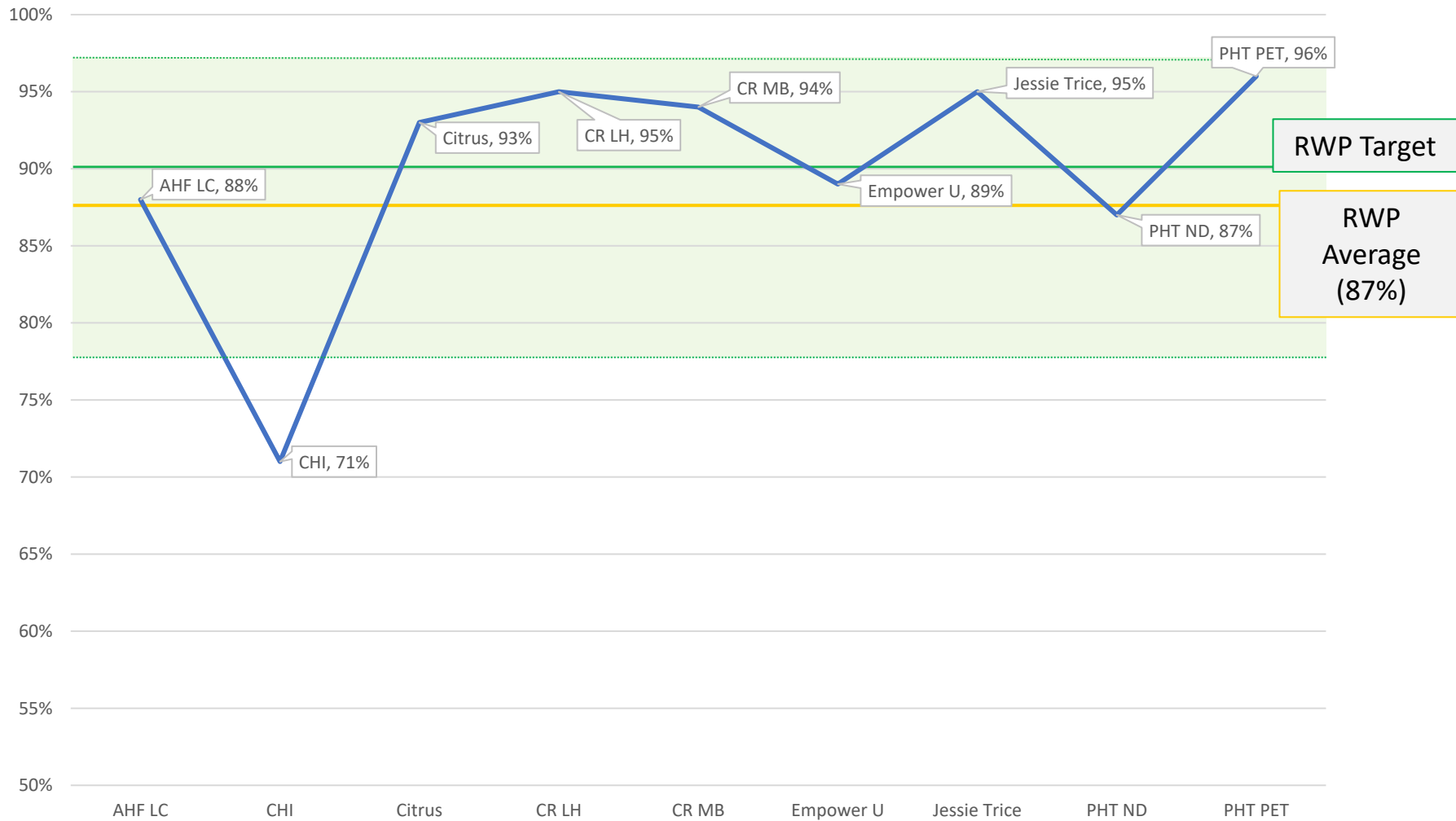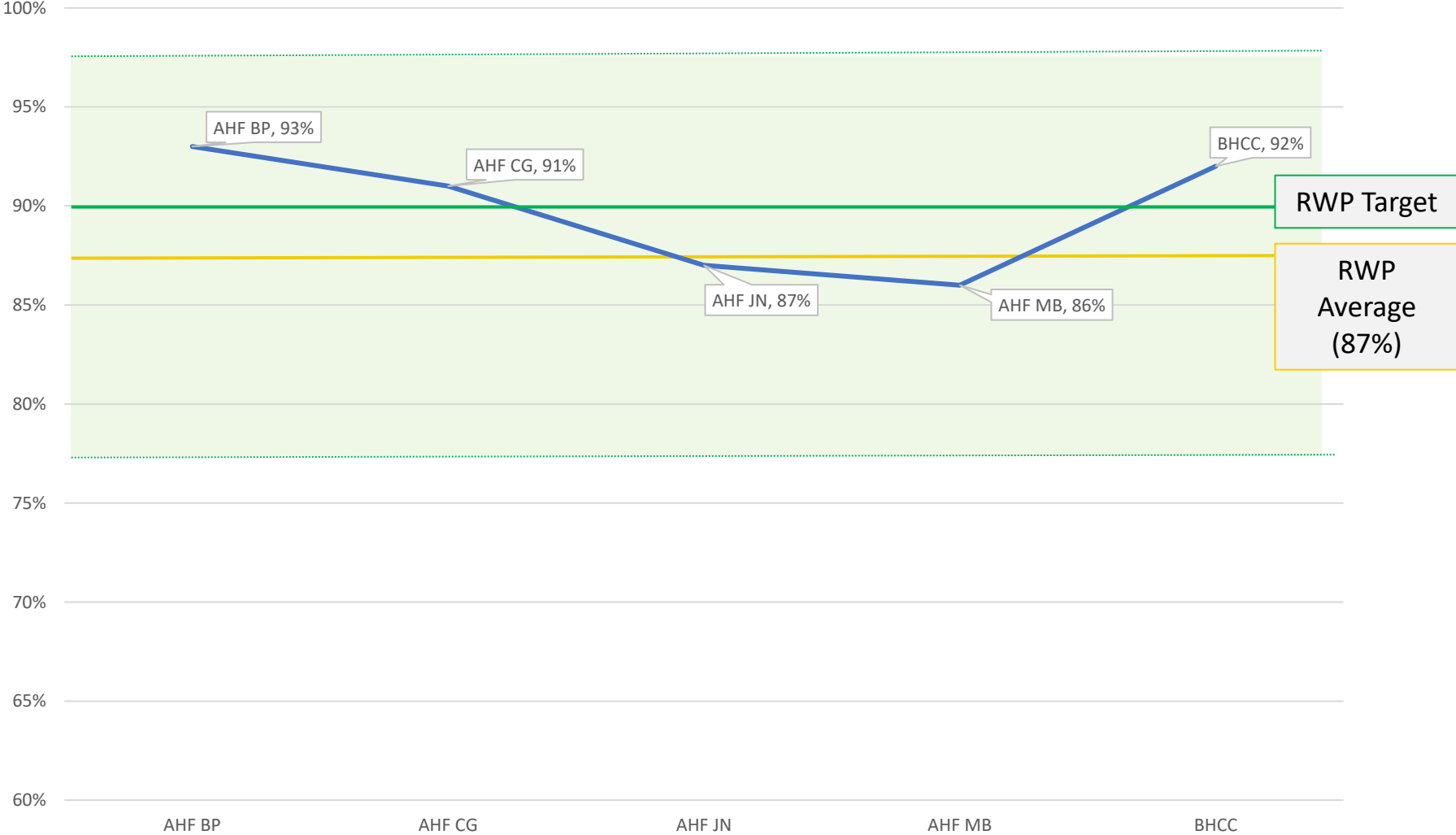
M4 VL Suppression % in Agencies with ≤100 MCM Clients (Peer Group 1)

RWP Target

RWP Average (87%)

AHF HS, 89%
CAN, 84%
CARE 4 U, 73%
Latinos Salud, 69%
UM, 80%

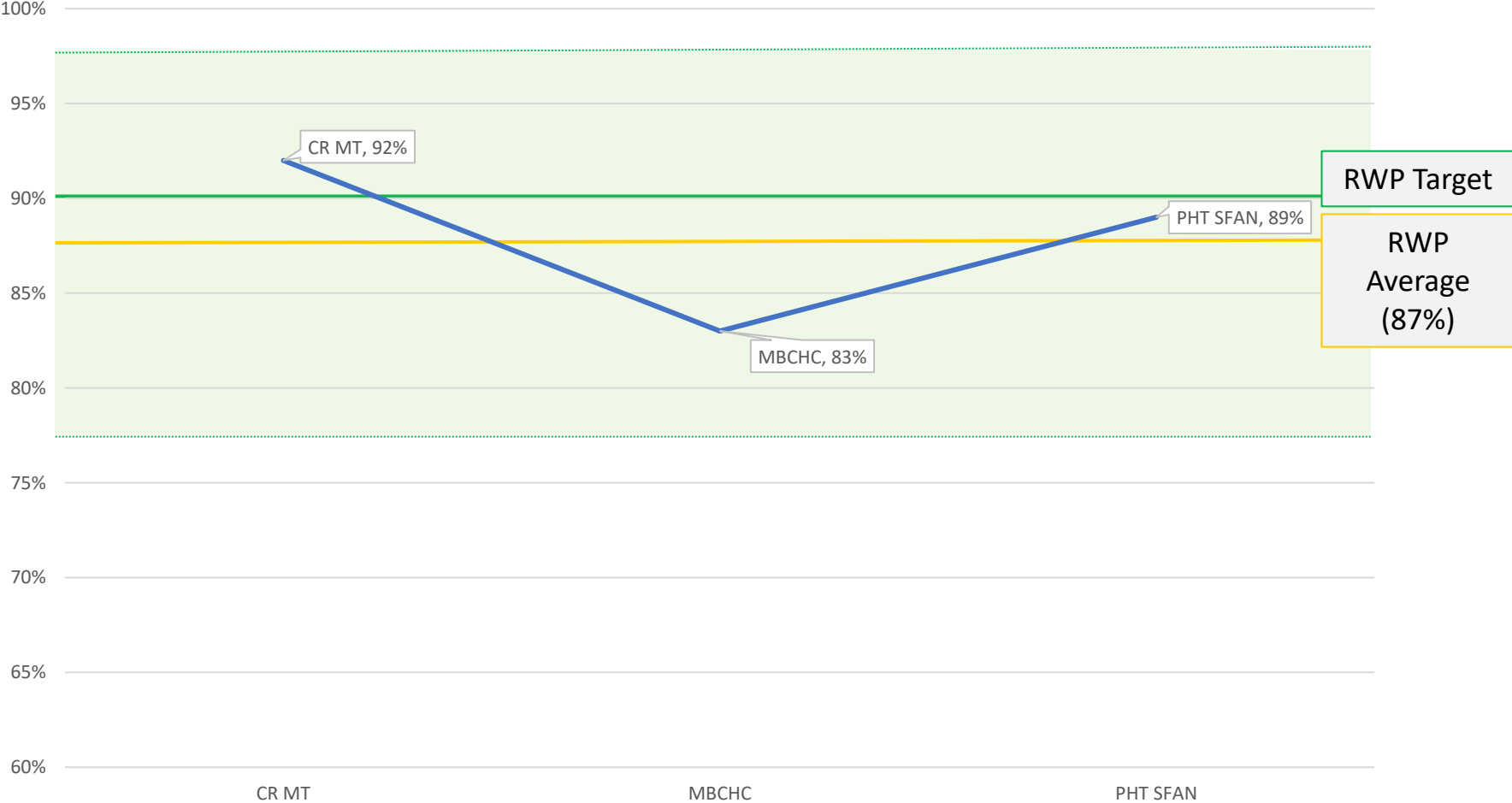BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

M4 VL Suppression % in Agencies with ≥101≤200 MCM Clients (Peer Group 2)
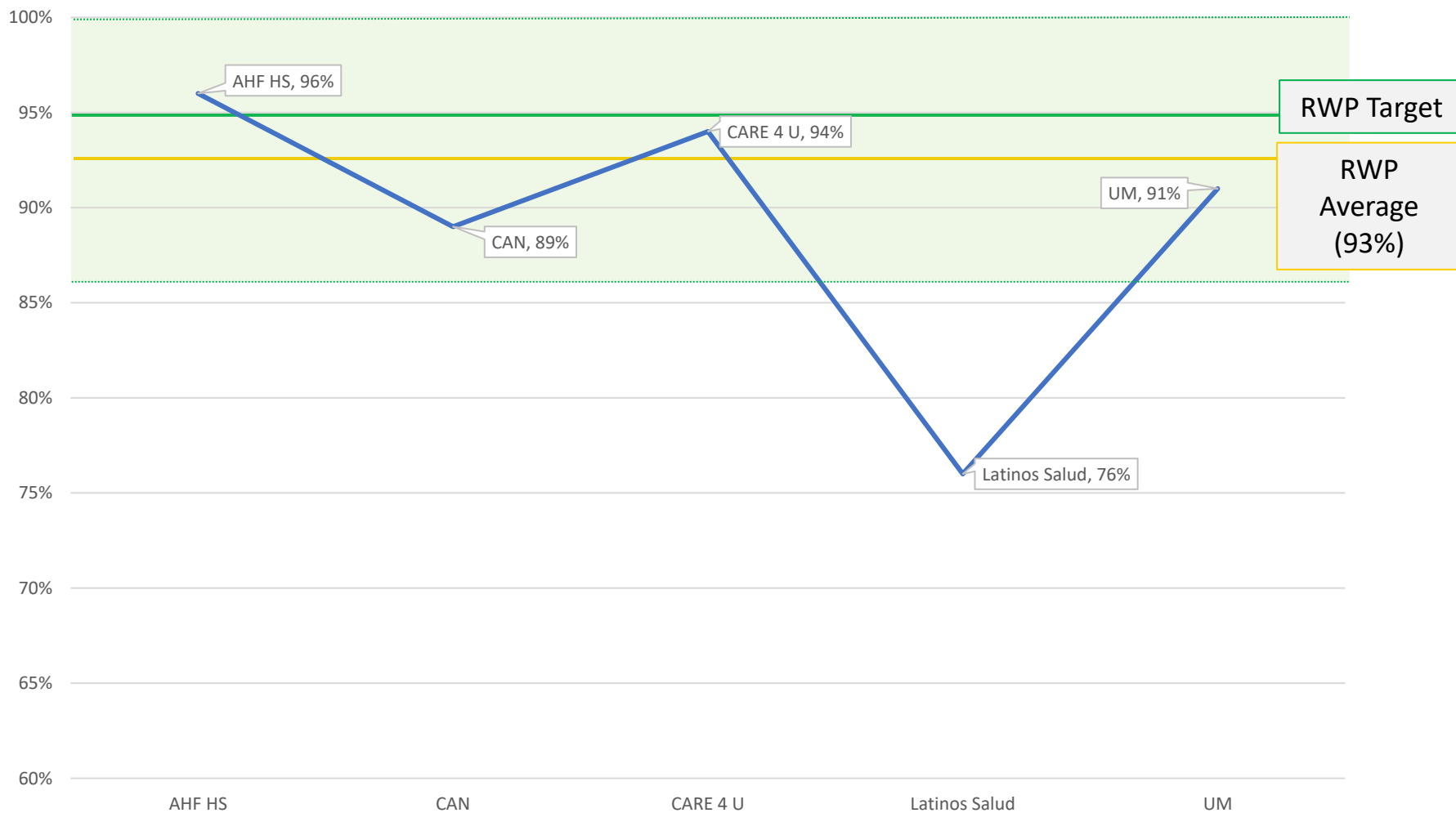
M4 VL Suppression % in Agencies with ≥201≤600 MCM Clients (Peer Group 3)

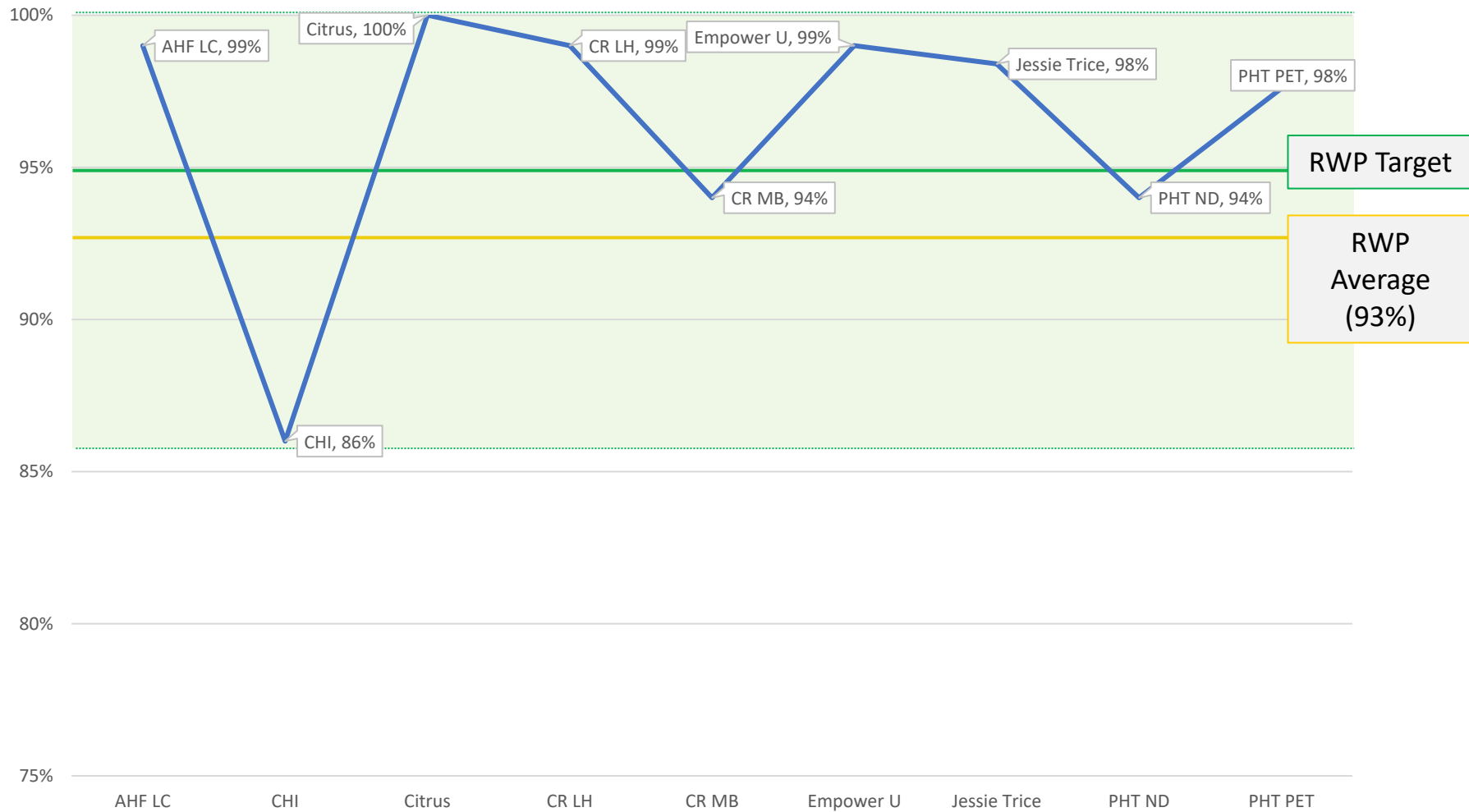M4 VL Suppression % in Agencies with ≥601 MCM Clients (Peer Group 4)

M5 Non-Missing VL % in Agencies with ≤100 MCM Clients (Peer Group 1)

M5 Non-Missing VL % in Agencies with ≥101≤200 MCM Clients (Peer Group 2)

M5 Non-Missing VL % in Agencies with ≥201≤600 MCM Clients (Peer Group 3)

Chart data points:
- AHF BP, 97%
- AHF CG, 94%
- AHF JN, 94%
- AHF MB, 96%
- BHCC, 97%

RWP Target

RWP Average (93%)
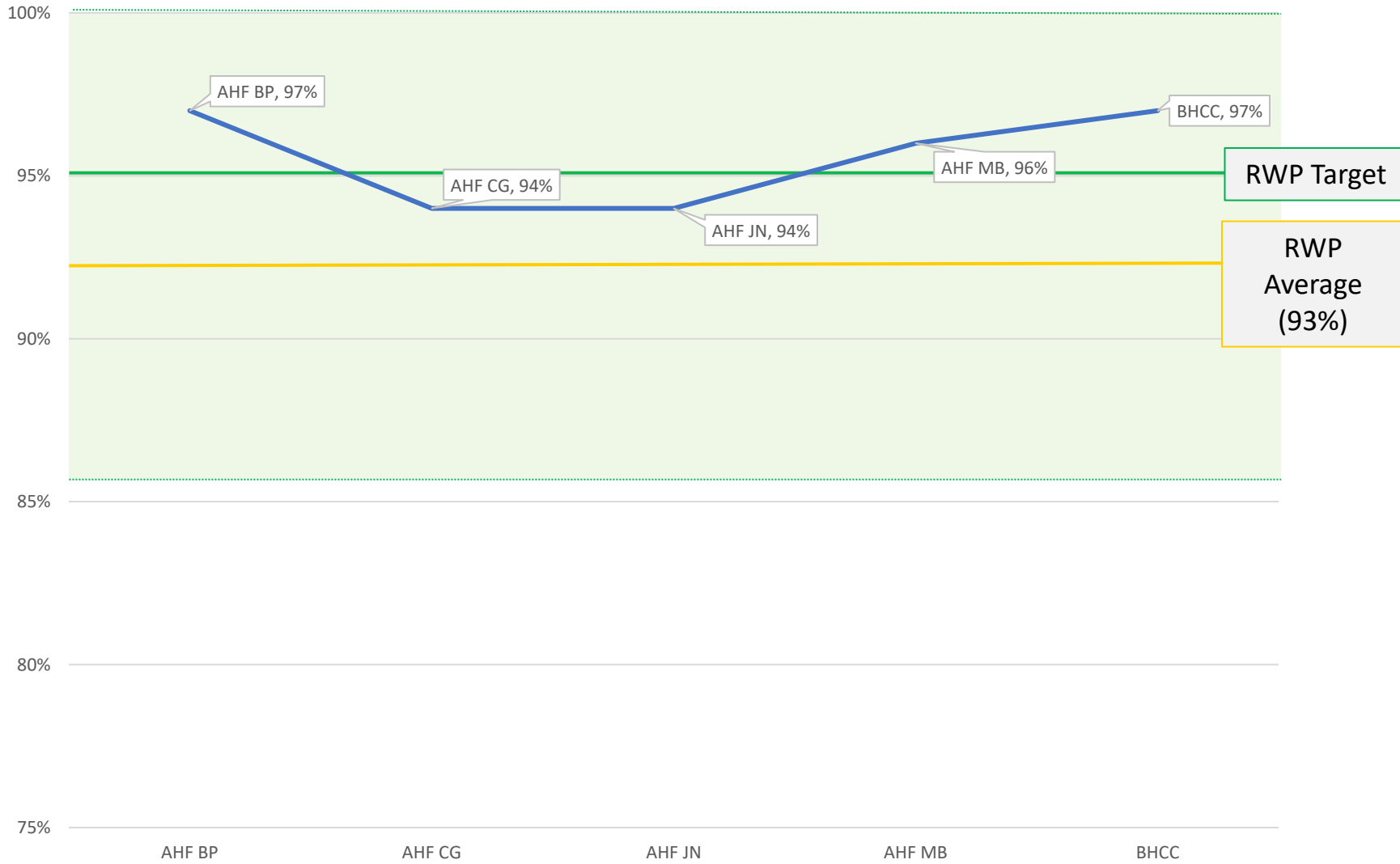
M5 Non-Missing VL % in Agencies with ≥601 MCM Clients (Peer Group 4)

- CR MT, 98%
- PHT SFAN, 97%
- MBCHC, 88%

RWP Target

RWP Average (93%)
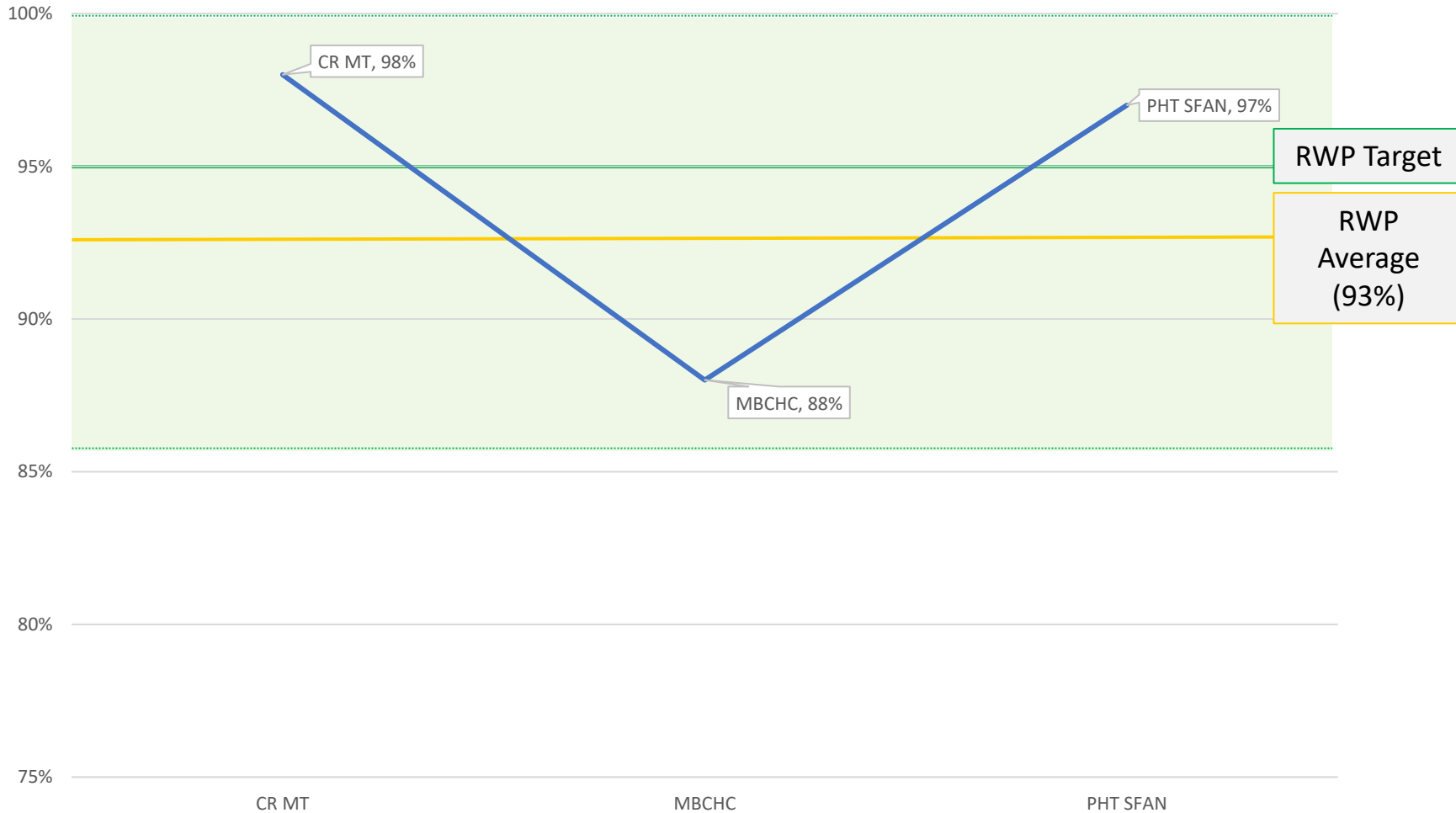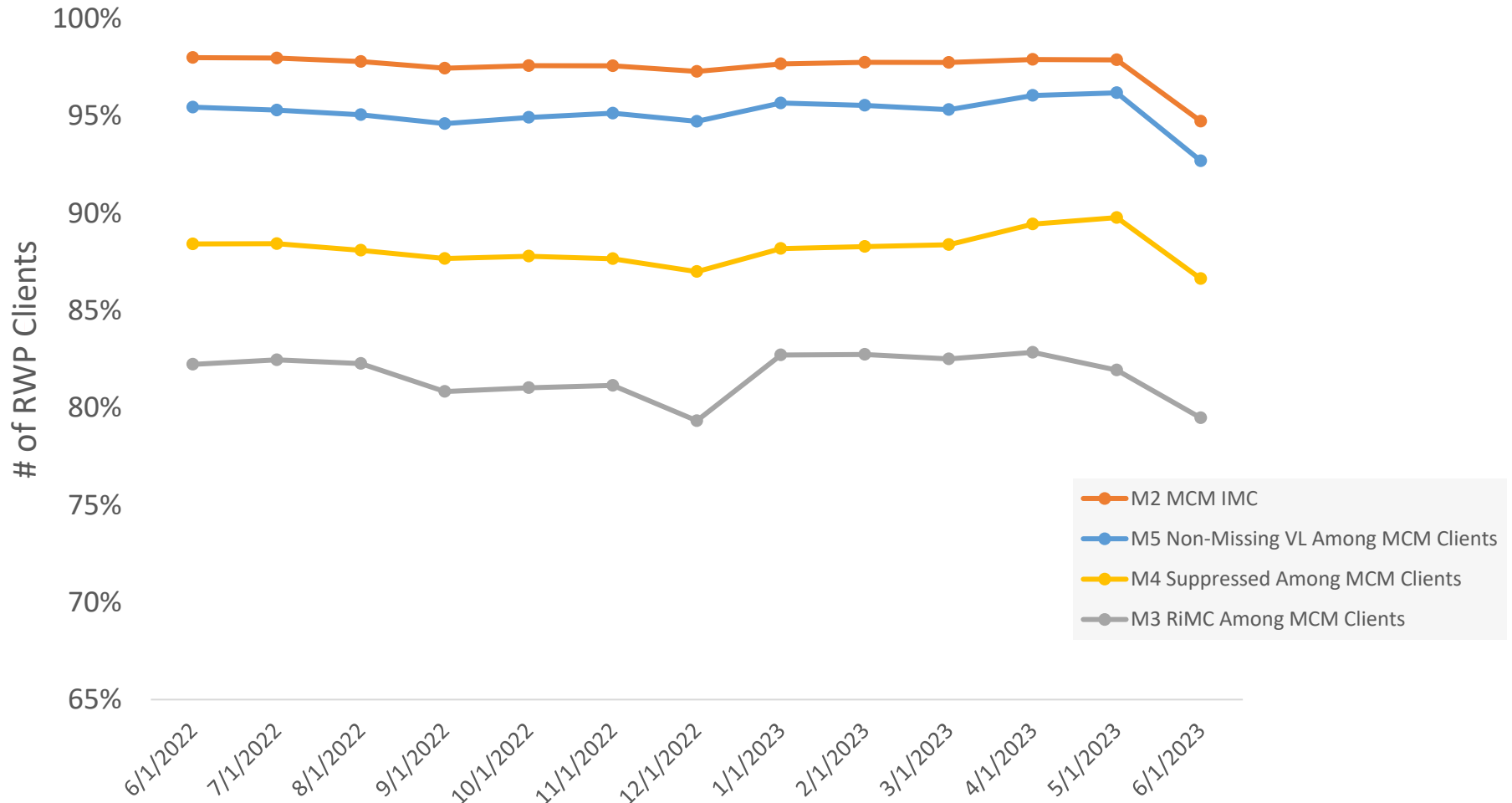
RWP OAHS Variables as a Percent
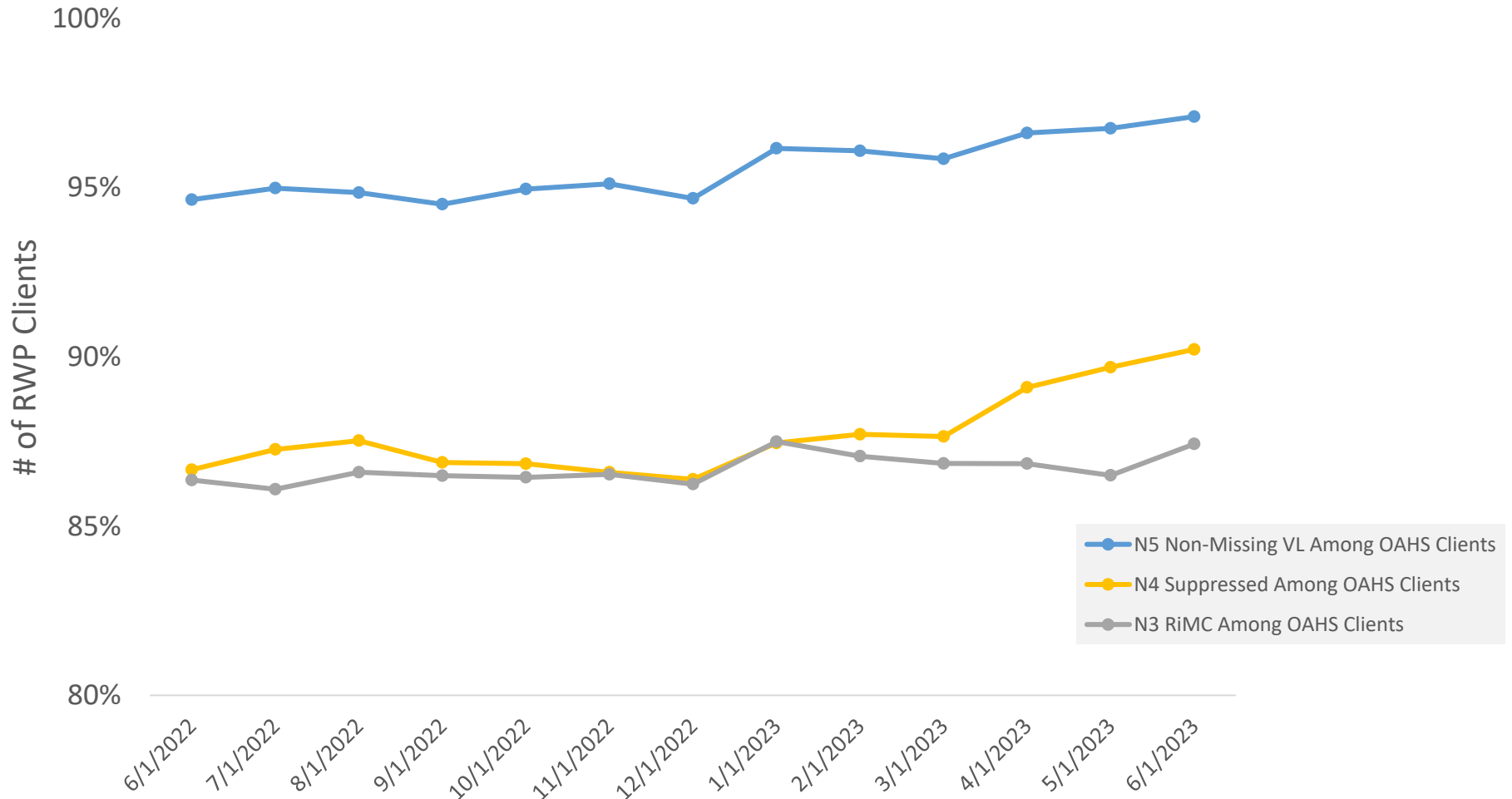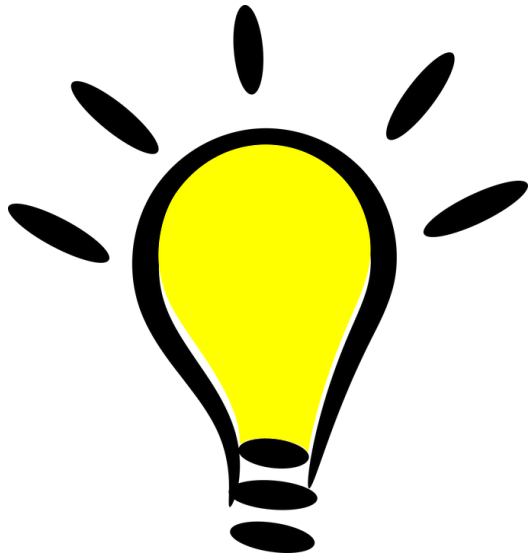
Knowledge Check

RWP Suppressed VL by Category as a Percent

RWP Clients with Non-Missing VL by Category as a Percent

Health Insurance Premiums and Cost Sharing Assistance Service Category (HIPCSA)

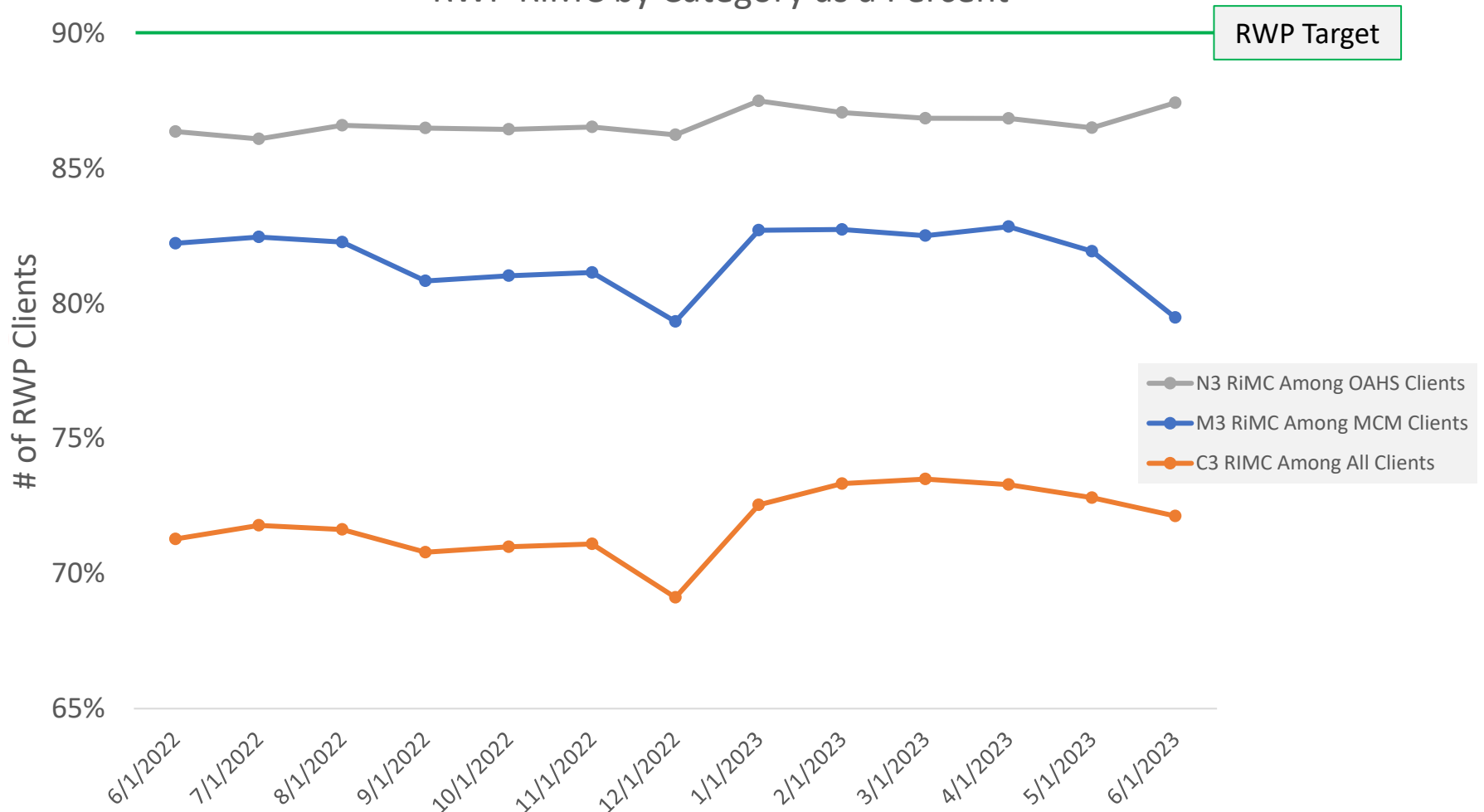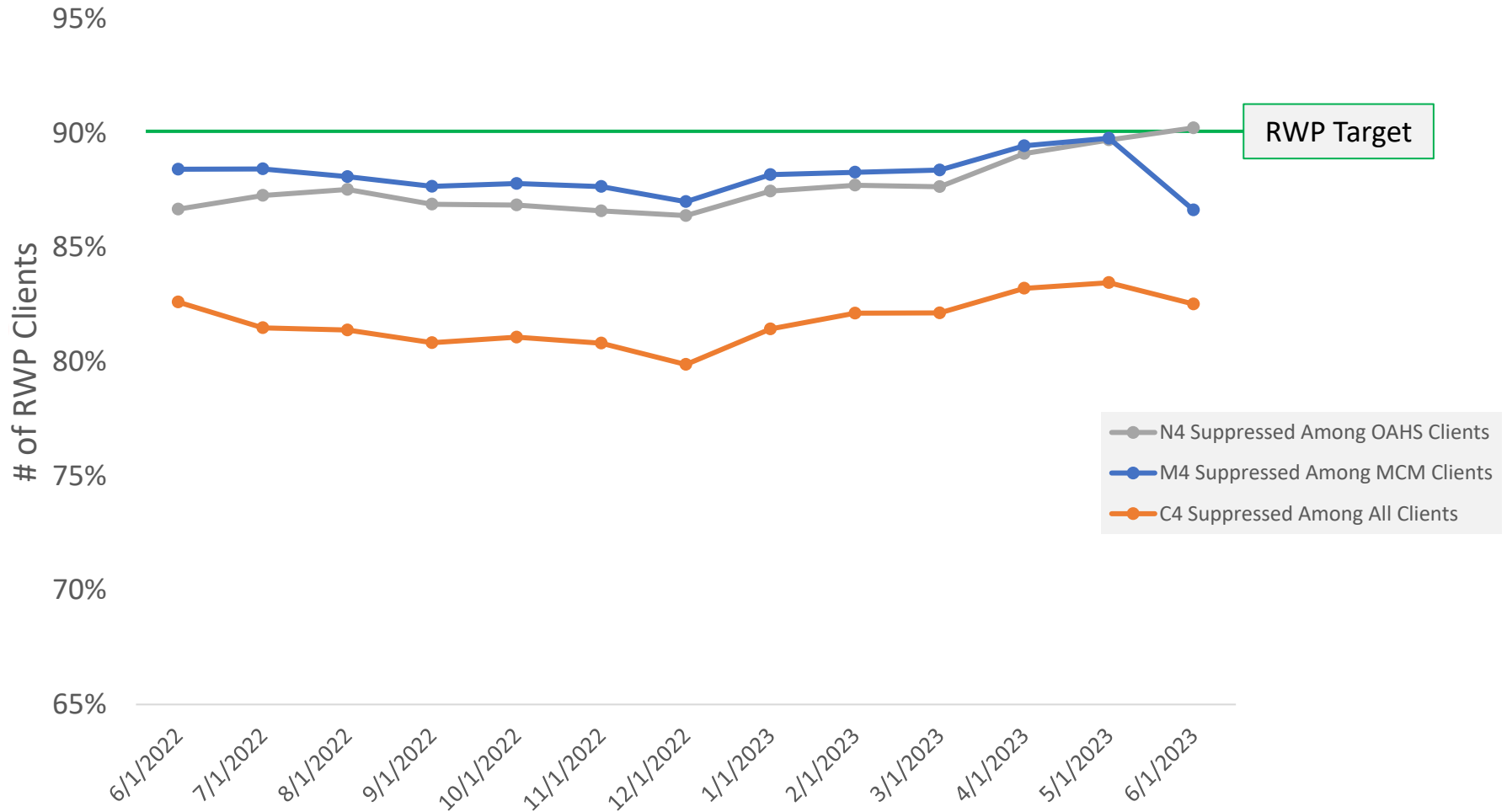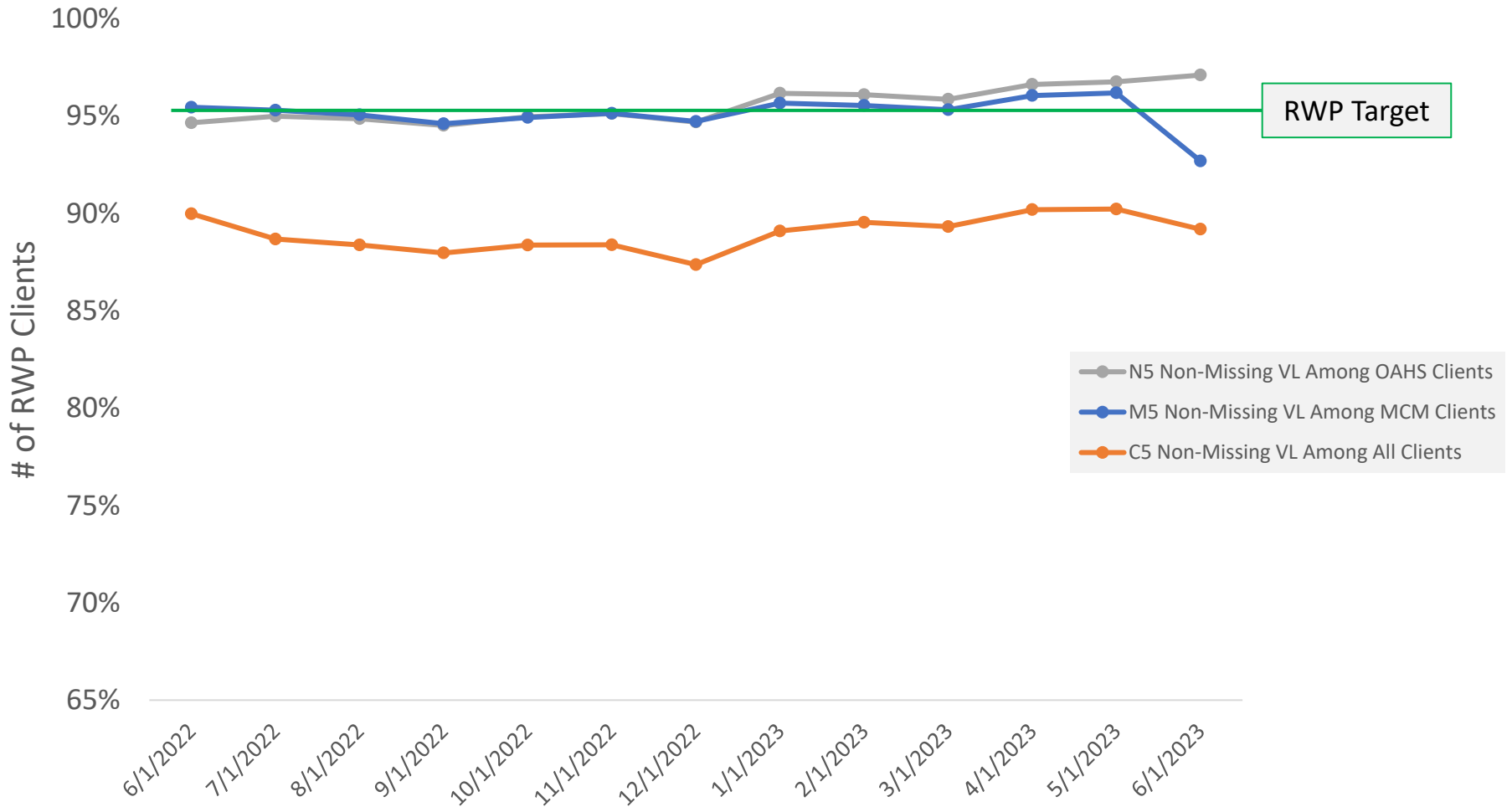| Health Insurance Premiums and Cost Sharing Assistance (HIPCSA)		
A1. Active Clients with ACA Insurance		3,032
A3. ACA Clients RiMC	79%	2,408
A4. ACA Clients with suppressed VL	90%	2,724
A5. ACA Clients with Non-missing VL Data	93%	2,806
H1. Active Clients Utilizing the GAP Card	48%	1,465
H3. GAP Card Utilizers RiMC	88%	1,289
H4. GAP Card utilizers with suppressed VL	93%	1,359
H5. GAP Card utilizers with Non-missing VL Data	95%	1,391

RYAN WHITE PROGRAM: CLINICAL QUALITY MANAGEMENT INDICATOR DESCRIPTIONS	
Health Insurance Premiums and Cost Sharing Assistance (HIPCSA)	
A1.	**Active Clients with ACA Insurance:** Number of unduplicated RWP Clients (C1) with ACA Insurance.
A3.	**ACA Clients RiMC:** Percent of ACA Clients (A1) retained in medical care (as defined in C3).
A4.	**Total ACA Clients with a suppressed VL:** Percent of active ACA Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active ACA Clients (A1). **Numerator:** All active ACA Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
A5.	**ACA Clients w/ non-missing VL data:** The percent of ACA Clients that had at least 1 VL test in the reporting period, regardless of outcome. **Denominator:** All active ACA Clients (A1). **Numerator:** All active ACA Clients that had 1 or more VL test(s) in the 12 month reporting period.
H1.	**Active Clients Utilizing the GAP Card:** Number of unduplicated RWP Clients (C1) who utilized a GAP Card during the reporting period.
H3.	**GAP Card Utilizers RiMC:** Percent of GAP Card utilizers (H1) retained in medical care (as defined in C3).
H4.	**GAP Card utilizers with a suppressed VL:** Percent of active GAP Card Utilizing Clients with a suppressed viral load (VL) (<200 copies/mL). **Denominator:** All active GAP Card Utilizing Clients (H1). **Numerator:** All active GAP Card Utilizing Clients with a documented suppressed VL in the most recently reported lab test, in the 12 month reporting period.
H5.	**GAP Card utilizers w/ non-missing VL data:** The percent of GAP Card Utilizing Clients that had at least 1 VL test in the reporting period, regardless of outcome. **Denominator:** All active GAP Card Utilizing Clients (H1). **Numerator:** All active GAP Card Utilizing Clients that had 1 or more VL test(s) in the 12 month reporting period.

The Integrated Plan, the CQM Plan, and a Framework for Prioritizing Target Populations in Care

Clinical Quality Management (CQM)
Committee Meeting July 21, 2023

Prepared by: Behavioral Science Research
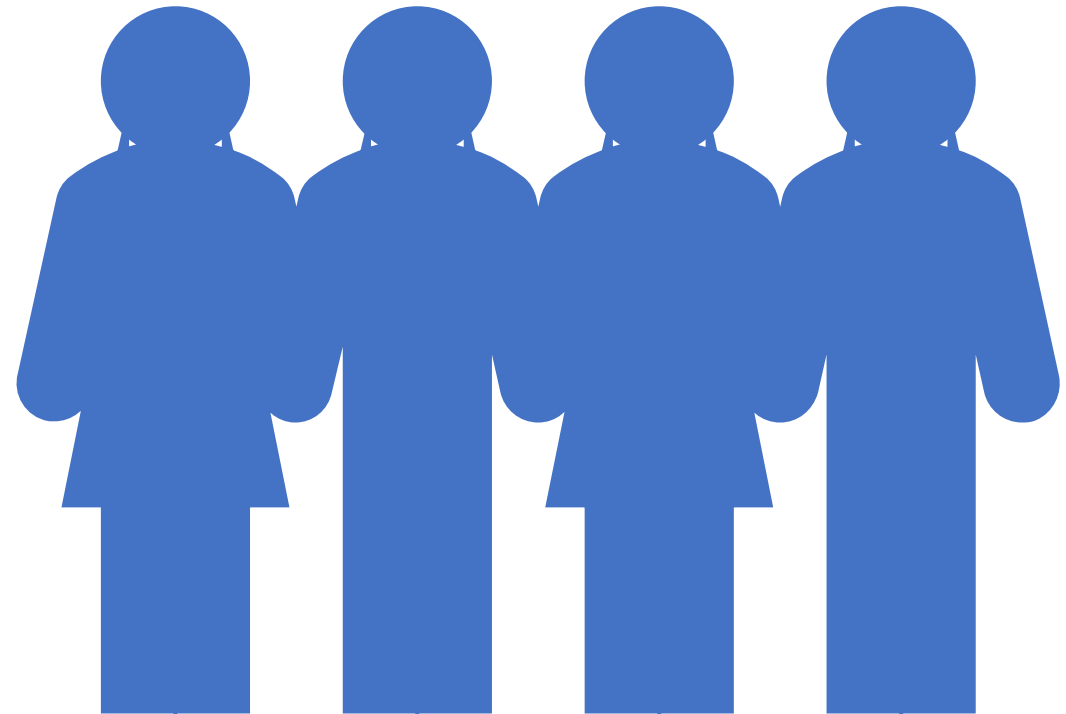
Integrated Plan (IP) and Clinical Quality Management (CQM)Plan

- *Miami-Dade County 2022 – 2026 Integrated HIV Prevention and Care Plan* is part of a national HRSA/CDC, State of Florida, and Miami-Dade County effort to prevent HIV, improve HIV-related health outcomes, and reduce disparities and health inequities in HIV care

- Target date to achieve goals is December 31, 2026, but interim achievements will be reported in 2023, 2024, 2025, and 2026.

- Many elements of the Integrated Plan are CQM activities or use the same client outcome measurements that we use in the Ryan White HIV/AIDS Program (RWHAP).

- The *Miami-Dade Ryan White CQM Plan (Grant Fiscal Year 2023)* includes many goals/activities that support goals/activities of the Integrated Plan.

Miami-Dade County EMA
Ryan White Part A/MAI and Part B Programs
Grant #: H89HA00005 (Part A/MAI)

CLINICAL QUALITY MANAGEMENT PLAN
Grant Fiscal Year 2023 (March 2023 – February 2024)

MIAMI-DADE COUNTY 2022-2026 INTEGRATED HIV PREVENTION AND CARE PLAN
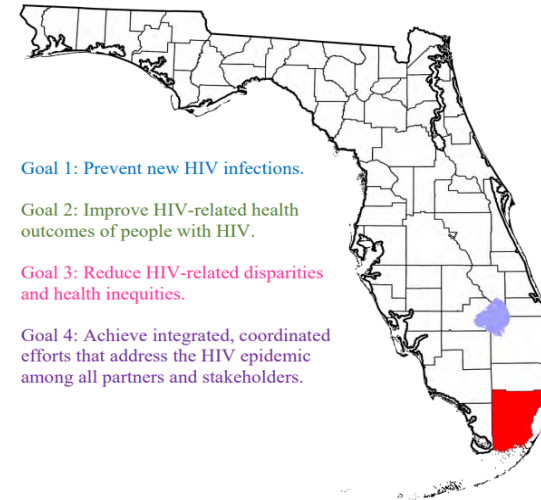
Goal 1: Prevent new HIV infections.

Goal 2: Improve HIV-related health outcomes of people with HIV.

Goal 3: Reduce HIV-related disparities and health inequities.

Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

With participation by people with HIV and other community partners in Miami-Dade County.

Overall RWP Performance Levels

CQM Plan Goal: By February 2024, raise RWHAP average levels of RiMC and VL suppression to the **90%** target levels set by the CQM Committee, for clients in Medical Case Management (MCM) and Outpatient Ambulatory Health Services (OAHS) care.

Ryan White Program Outcome Goals (CQM Report Card, 12 months ending May 31, 2023)			
	Miami-Dade RWP Targets (2023)	RWP Averages for MCM clients (QI 2023)	RWP Averages for OAHS clients (Q1, 2023)
Retention in Medical Care (RiMC)	90%	79%	87%
Viral Load (VL) Suppression	90%	87%	90%

Note: The IP goals for December 2026 are 95% for RiMC and VL Suppression

Knowledge Check

"Special Populations" and "Disparity Populations" in the Integrated Plan and CQM Plan

The Integrated Plan designates five populations for special attention by the RWHAP and the Florida Department of Health in Miami-Dade County (FDOH-MDC).

CQM Plan Goal and the Need to Prioritize

The CQM Plan (and RWHAP contracts) requires that each subrecipient providing MCM services engage in (and complete) at least one Quality Improvement (QI) project in FY 2023.
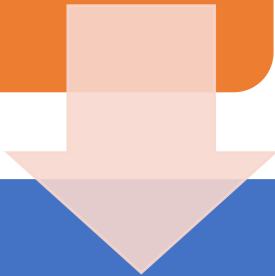
The CQM Plan specifies that at least one QI project focuses on one of the Integrated Plan Special Populations, and one QI project focuses on one of the Integrated Plan Disparity Populations.

There are five Part A subrecipients currently eligible for a new FY 2023 QI project. BSR and the CQM Committee are called on to prioritize the Special Populations and Disparity Populations for these potential QI projects.

Prioritization is a recommendation of "what to look at first." Each subrecipient, however, has its own demographic mix in RWHAP care and its own mix of clinical outcomes, so the priorities must be recommendations rather than restrictions.

What are the factors to consider in prioritizing?

SIZE OF THE PROBLEM: How significant is the gap between the "outcome measures" of the proposed target group and the ideal/benchmark/target measures in the overall population?

SIZE OF THE TARGET GROUP: Does the proposed target group (and the number of target group clients exhibiting the "quality issue") represent a significant number of the population in care?
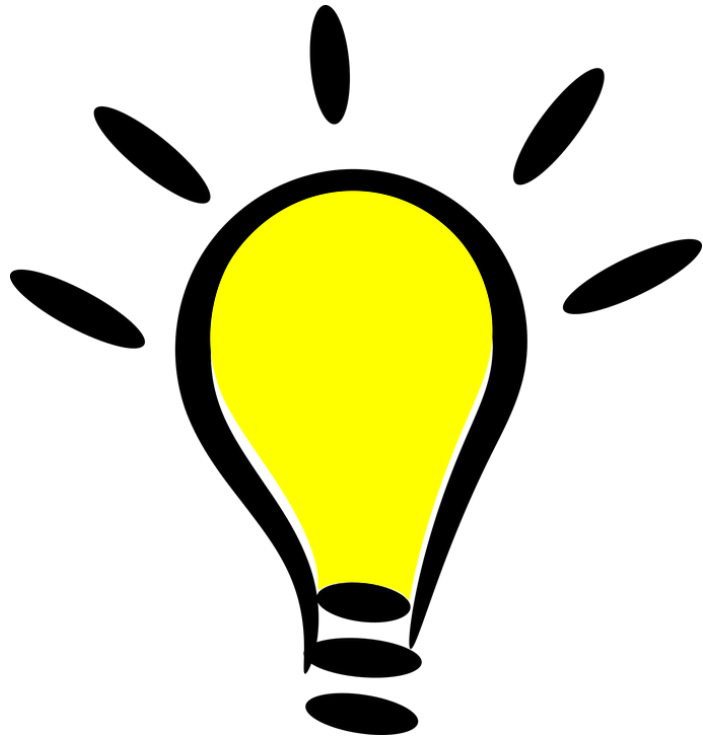
Knowledge Check

Integrated Plan Special Populations

How would you act on these data?

	RWP Targets	RWP Averages (n=7,270)		Transgender (n=83)		Women (n=1,215)		>50 Yr Old (n=3,139)		MSM with STIs (n=1,449)		Homeless (n=544)	
Retention and VL Suppression Among Special Populations in MCM Care (Source: Cycle 1 CQM Report Card, 12 months ending May 2023)													
RiMC	90%	5,778	79%	64	77%	997	82%	2,670	85%	1,280	88%	410	75%
VL Suppression	90%	6,298	87%	73	88%	1,072	88%	2,870	91%	1,343	93%	433	80%

Integrated Plan Special Populations

	RWP Targets	RWP Averages (n=7,270)		Transgender (n=83)		Women (n=1,215)		>50 Yr Old (n=3,139)		MSM with STIs (n=1,449)		Homeless (n=544)	
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VL Suppression	90%	6,298	87%	73	88%	1,072	88%	2,870	91%	1,343	93%	433	80%

Integrated Plan Disparity Populations

How would you act on these data?

	RWP Targets	RWP Averages (n=7,270)		B/AA Males (n=847)		B/AA Females (n=394)		Haitian M&F (n=675)		Hispanic MSM (n=3,533)	
Retention and VL Suppression Among Disparity Populations in MCM Care (Source: Cycle 1 CQM Report Card, 12 months ending May 2023)												
RIMC	90%	5,778	79%	678	80%	310	79%	555	82%	2,894	82%
VL Suppression	90%	6,298	87%	708	84%	342	87%	589	87%	3,238	92%

Integrated Plan Disparity Populations

	RWP Targets	RWP Averages (n=7,270)		B/AA Males (n=847)		B/AA Females (n=394)		Haitian M&F (n=675)		Hispanic MSM (n=3,533)	
Retention and VL Suppression Among Disparity Populations in MCM Care (Source: Cycle 1 CQM Report Card, 12 months ending May 2023)											
RIMC	90%	5,778	79%	678	80%	310	79%	555	82%	2,894	82%
VL Suppression	90%	6,298	87%	708	84%	342	87%	589	87%	3,238	92%

Next Steps

- Future BSR "dashboard data" will include markers for the priority populations.

- BSR will work with the five eligible subrecipients individually to provide outcome data for priority populations and identify potential QI projects.

- CQM Committee members are encouraged to familiarize themselves with the Integrated Plan and CQM Plan activities and deadlines. Please reach out to BSR if you have questions about either of these documents.