# FAQ'S

## Clinical Quality Management Policy Clarification Notice

**GENERAL**

1. The funding opportunity announcements request information about a recipient's clinical quality management (CQM) program. Why is there a CQM policy clarification notice (PCN)?

Response: The HIV/AIDS Bureau (HAB) created the PCN to provide more clarity around the components of a CQM program needed to meet the legislative requirement.

2. Are all recipients and subrecipients required to have a CQM program?

Response:  According to the Title XXVI of the Public Health Service (PHS) Act, Ryan White HIV/AIDS Program (RWHAP) Parts A – D are required to establish a CQM program that includes activities at the recipient agency and at all funded subrecipient organizations.

3. Does this CQM PCN apply to RWHAP Part F (Special Projects of National Significance, Community Based Dental Partnership Program, and AIDS Education and Training Centers) recipients?

Response:  The CQM program requirement applies directly to RWHAP Parts A – D recipients. However, there are programmatic guidelines and funding opportunity announcements (FOA) for the Part F programs that outline expectations regarding a CQM program.

4. If a RWHAP funded organization does not provide outpatient ambulatory health services, is a CQM program still need?

Response:  Yes, Title XXVI of the Public Health Service Act, 2604(h)(5), 2618(b)(3)(e), 2664(g)(5), and 2671(f)(2), requires a CQM program for RWHAP Parts A-D recipients regardless of the services that are funded.   Therefore, all funded services should be included in the CQM program as a CQM program coordinates activities aimed at improving patient care, health outcomes, and patient satisfaction.

5. Is it acceptable to subcontract CQM program activities?

Response:  Yes, recipients are allowed to subcontract with an entity to implement either the entire CQM program or specific CQM activities.  However, regardless of which entity operates the CQM program, the recipient is responsible for ensuring that CQM activities are occurring and meet legislative and program expectations.

**INFRASTRUCTURE:**

6. A recipient organization implements the Part A or B National Monitoring Standards (NMS). Is this considered a CQM program?

Response: No, the NMS are designed to help RWHAP Parts A and B (including AIDS Drug Assistance Program) recipients meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Conducting these activities for the NMS is required; however, they are not CQM activities.

7. Do recipient and subrecipient organizations need all of the components listed under the infrastructure section of the CQM PCN?

Response: Yes, but each of these components should be in relative size and scope of the recipient's HIV program.

8. Who should be a part of the CQM committee?

Response: The CQM committee should be comprised of the individuals whose roles and skills are integral to carrying out the CQM activities. Members of the CQM committee should include, at a minimum, the staff responsible for implementing the CQM program and its corresponding activities and HIV program leadership (i.e. grant administrator, medical director). Depending on the size of the recipient's HIV program and services funded, the CQM committee may include additional recipient staff working in the HIV program as well as stakeholders such as subrecipients, consumers of services, other RWHAP recipients, prevention recipients, etc. The composition of the CQM committee will vary depending on an organization's size, structure, and staffing.

9. Does the quality management plan only cover clinical services?

Response: No, the quality management plan should include all aspects of the CQM program and thus all funded core medical and support services.

10. What is the purpose of evaluating a CQM program?

Response: Evaluation of the CQM program provides the opportunity to learn the effectiveness of CQM program components in improving patient care, health outcomes, and patient satisfaction. Recipients should include regular evaluation and analysis in order to maximize the impact of the CQM program and refine and/or sustain CQM program components.

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**PERFORMANCE MEASUREMENT:**

11.  A recipient or subrecipient program is doing really well with health outcomes, like viral suppression.  Is CQM program still needed?

Response:  Yes, a CQM program is still required. According to the Title XXVI of the PHS Act, RWHAP Parts A – D are required to establish a CQM program that includes activities at the recipient agency and at all funded subrecipient organizations.  The CQM PCN outlines the components necessary for a CQM program (infrastructure, performance measurement, and quality improvement). While it is important for recipients and subrecipients to identify the needs of the individuals they serve, the CQM program should not be limited to collecting and analyzing one performance measure.  A sound performance measure portfolio is reflective of RWHAP funded services, local HIV epidemiology, and identified needs of people living with HIV.

If a recipient has a high rate of viral suppression (or any other measure), it is recommended that the recipient consider stratifying performance measure data (e.g., age, race/ethnicity, gender, risk factor) to discover potential disparities to include in their CQM performance measure portfolio.  In instances where no disparities in viral suppression are noted, other measures, including health screenings and outcomes, should be considered.

12.  In addition to the HAB performance measures, the National HIV/AIDS Strategy (NHAS) inclusive of the HIV care continuum and the US Department of Health and Human Services (HHS) have HIV indicators.  Do all of these measures/indicators need to be incorporated into a CQM program?

Response:  Although it is not required to incorporate all of these measures/ indicators, recipients should consider using a combination of measures that best reflect their HIV services and assess progress toward the goals established by NHAS.  The HAB HIV performance measures were developed to assess the most critical aspects of care and treatment of people living with HIV (PLWH).  The HAB measures align with HHS priorities and overlap with the HHS HIV indicators and the NHAS indicators.

13.  Are recipients required to use certain performance measures?

Response:  No, recipients are able to select any performance measures for their portfolio. Recipients should select measures reflective of RWHAP funded services, local HIV epidemiology, and identified needs of PLWH.  Recipients should also consider the goals of the NHAS, as well as the feasibility of collecting the data needed to calculate the identified performance measure.

All RWHAP recipients operating within a service area may also consider aligning performance measure definitions to allow for comparability of data when assessing local strengths, challenges, improvement opportunities, and reduction in measurement burden.  Recipients are encouraged to use measures from the HAB performance measure portfolio.   Recipients may also adjust the HAB performance measures to meet their own needs (e.g. focus syphilis screening on men who have sex with men).

14.  Should the RWHAP Part A and B recipients in the same service area have the same performance measure portfolios?

Response:  It is not required that RWHAP Parts in the same service area use the same measures but recipients are encouraged to coordinate with other RWHAP Parts in their service area in order to appropriately assess the impact that the funded services are making.  Using the same measures allows data to be compared across recipients and used to facilitate improvements in a service area to best serve PLWH as well as reduce reporting burden among subrecipients.

15.  A recipient organization does not fund outpatient ambulatory health services. What performance measures should that organization use?

Response:  An organization should collect performance measures that are reflective of their RWHAP funded services. For example, if an organization primarily funds medical case management then retention in care (i.e., gap in medical visits and/or medical visit frequency) would be an important measure to include in a performance portfolio.

16.  How often should organizations collect performance measurement data?

Response:  In order to adequately assess for change and to support quality improvement projects, HAB recommends at least quarterly data collection.  However, some measures may be collected annually or semiannually to meet the organization's performance goal.

17.  What does "highly utilized and highly prioritized RWHAP funded service category" mean in terms of performance measures?

Response:  Highly prioritized service categories are those that greatly impact the needs of the people living with HIV within a service area.  Highly utilized service categories are those that a significant portion of a program's clients receive or utilize.  In addition, service categories that

are significantly funded and in alignment with national initiatives (such as the NHAS) meet the highly utilized and highly prioritized criteria.

18.  How do organizations determine goals for the performance measures?

Response:  The goal of the performance measures should be determined by establishing the benchmark, reviewing clinical guidelines and research, and incorporating the goals established in NHAS.

**QUALITY IMPROVEMENT:**

19.  Do organizations need to implement a quality improvement (QI) project if they have a quality management plan?

Response:  Yes, QI is a necessary component of a CQM program.  QI projects, when implemented in an organized, systematic fashion, are concrete attempts to improve patient care, health outcomes, and patient satisfaction.  All QI activities should be documented in the quality management plan.  Documentation of QI activities in the QM plan should include how QI priorities are selected, QI methodology used, RWHAP funded services where QI activities implemented, and procedure to track and monitor QI activities.

20.  Are QI projects required for each funded RWHAP service?

Response:  No, but all funded services should be assessed through performance measurement to evaluate the effectiveness of the service.  If the performance measurement is not meeting expectations, then a QI project to address the service should be implemented.  Recipients should be conducting QI activities for at least one funded service category at any given time.  QI entails the development and implementation of activities to make changes to the program in response to the performance data results.  To do this, recipients are required to implement QI activities aimed at improving patient care, health outcomes, and patient satisfaction.

**QUALITY ASSURANCE:**

21. Are chart reviews a sufficient CQM activity?

Response:  No, grant administrative activities, such as chart reviews, are components of quality assurance.  Although chart reviews may provide important information to the CQM program, in and of themselves, they are not CQM activities and do not constitute a CQM program22.  Is the development of standards of care/service standards a sufficient CQM activity?

Response:  No, establishing standards of care/service standards is not a CQM activity.  It is a program activity that ensures that the service is consistent regardless of where the service is accessed or delivered.  However, the standards of care/services standards do serve to set a foundation on which CQM activities can build.  By establishing a baseline for what a service should encompass, the standards of care/ services standards need to be in place in order to establish performance measures and goals for outcomes of the service.  More information about service standards can be found on the TARGET Center.

23. Are organizations required to measure how well service standards are being met?

Response:   Yes, a recipient should be evaluating how well each service is meeting service standards as part of their program monitoring.  This is part of quality assurance.  Information garnered from program monitoring activities may be used by the CQM program and to develop QI projects.

24. Do organizations have to conduct QI activities on the standards of care/service standards?

Response:  There is no requirement that QI activities must be conducted on the standards of care/service standards.  However, the CQM program can provide a structured approach to address issues when standards are not being met.

**SUBRECIPIENT:**

25. What is the role of the recipient in coordination of the CQM program at the subrecipient level?

Response:  Recipients need to ensure that their subrecipients are providing services that have the capacity to contribute to the recipient's CQM program, have the resources to conduct CQM activities in their organizations, and are implementing CQM activities in their organizations.

Recipients define the requirements for their subrecipients' level of engagement in the recipients' CQM program.  Recipients need to work with subrecipients to identify improvement opportunities and monitor quality improvement activities at the subrecipient locations.  For subrecipients that provide core medical services, recipients may require the subrecipients to have their own CQM program that then is included as part of the recipient's CQM program.  At a minimum, all subrecipients need to provide requested data that contributes to the recipient's CQM program. This expectation should be part of the contract/memorandum of understanding between the recipient and the subrecipient.

26.  What is the role of the subrecipient in the development of the recipient's CQM program?

Response:  Subrecipients should be involved in the development of the recipient's CQM program at the discretion of the recipient.  The level of involvement may be determined by the type of service funded. The involvement could be as part of the recipient's CQM committee, the prioritization of performance measures, or part of a quality improvement project. For example, a subrecipient that provides transportation would need to report service utilization data to the recipient for CQM purposes but may not be directly involved in developing the CQM program.

**RESOURCES:**

27.  What resources exist to help strengthen recipient CQM program and provide training to staff?

Response:  Many resources are available to recipients and subrecipients to help them build and/or expand any component of their CQM program.  Below are recommended resources with links to access them.

The Department of Health and Human Services (HHS) Guidelines for HIV Treatment provide HIV care practitioners with recommendations based on current knowledge for antiretroviral agents, opportunistic infections, and other aspects of HIV care.  The HHS Guidelines for HIV Treatment include:

i.   Adult and Adolescent Antiretroviral Guidelines, https://aidsinfo.nih.gov/guidelines
ii.  Adult and Adolescent Opportunistic Infection (OI) Prevention and Treatment Guidelines, https://aidsinfo.nih.gov/guidelines
iii. Perinatal Guidelines, https://aidsinfo.nih.gov/guidelines
iv.  Pediatric Guidelines, https://aidsinfo.nih.gov/guidelines

    v.  Pediatric OI Prevention and Treatment Guidelines, https://aidsinfo.nih.gov/guidelines

    vi.  HIV Prevention with Adults and Adolescents with HIV in the United States (Prevention With Positives ) Recommendations, http://www.cdc.gov/hiv/prevention/programs/pwp/index.html

    vii.  Pre-exposure Prophylaxis (PrEP) Guidelines, http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf

HAB has developed and released over 40 performance measures covering outpatient ambulatory health services, medical case management, oral health, AIDS Drug Assistance Program, and systems of care.  The performance measures are available at http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html.

The NHAS: Updated to 2020 includes revised steps and recommended actions; quantitative indicators and goals; and  integration of the objectives and recommendations of both the HIV Care Continuum Initiative and the Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. https://www.whitehouse.gov/administration/eop/onap/nhas

For training and technical assistance for any component of the CQM program, the National Quality Center (NQC) is a resource free of charge to the recipients.  The NQC website has many tools and resources ranging from dates of upcoming trainings, web-based tutorials, guides to cross-Part quality management, sample quality management plans – just to name a few. http://nationalqualitycenter.org/