

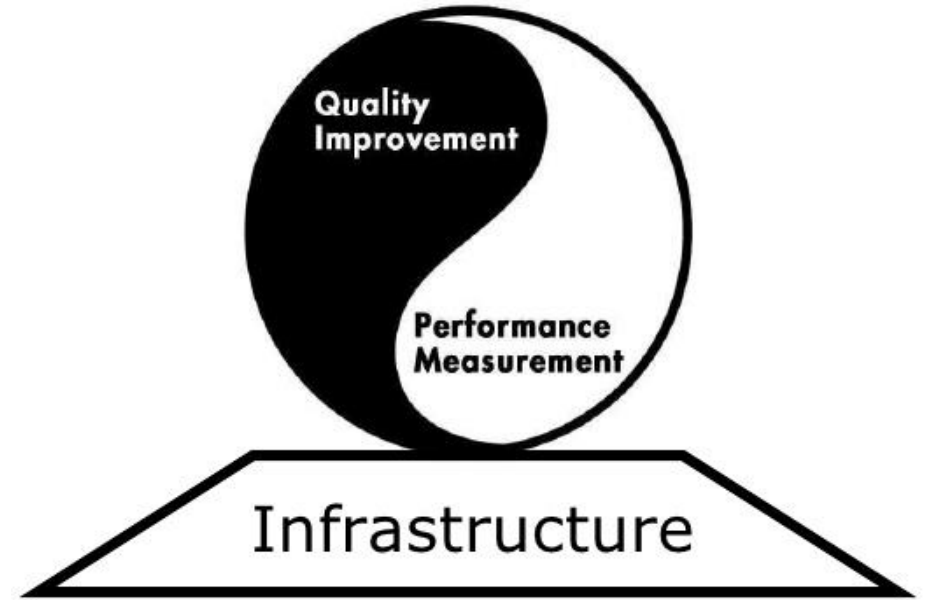
Quality Management



Discussion Objectives

- Name the core components of CQM programs
- Understand the difference between grant administration and CQM
- Describe your role in statewide CQM as a subrecipient
- List the Division expectations for CQM among subrecipients in the coming grant year

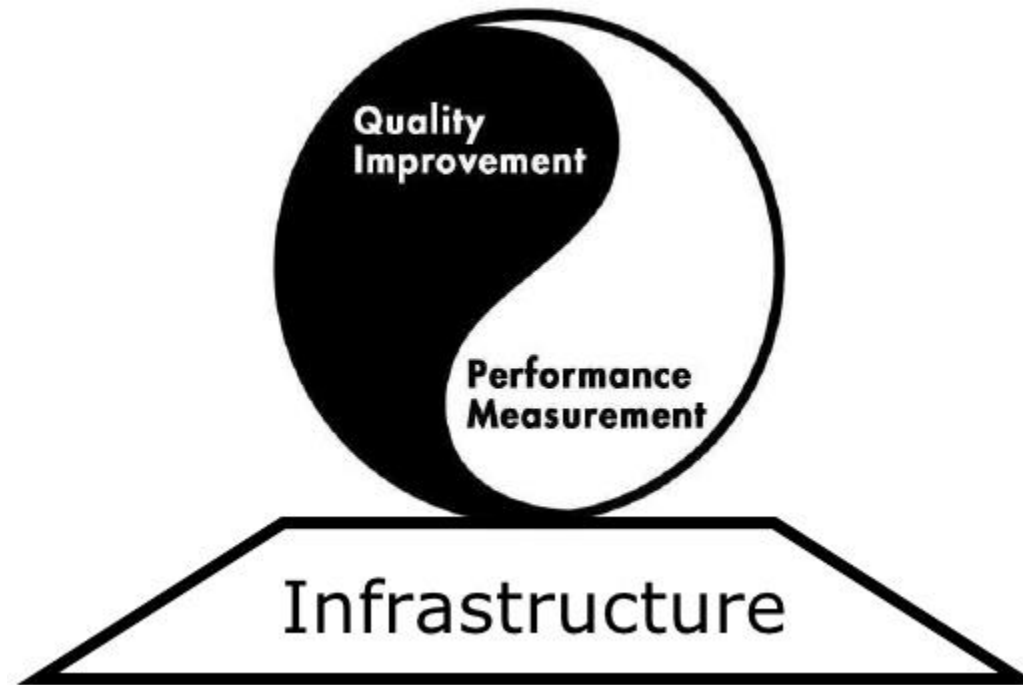




Quality Management Basics

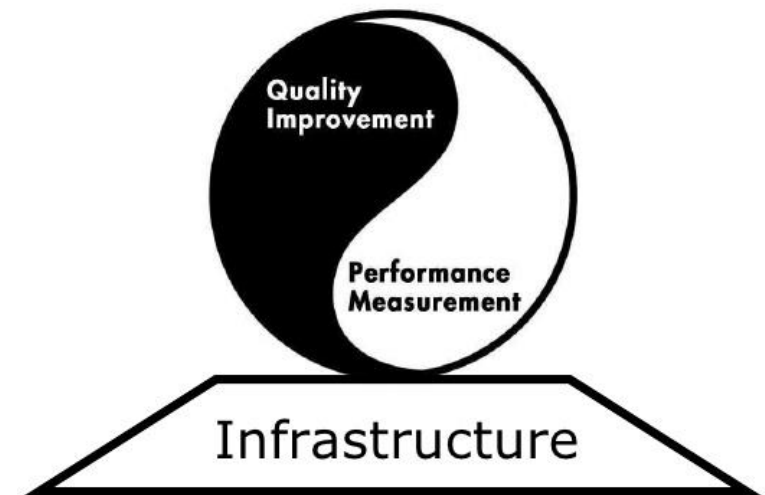
An overall picture of what CQM is and is not for the Ryan White HIV/AIDS Program

Quality Management Framework



Components of a CQM Program

- CQM programs coordinate activities aimed at improving patient care and patient satisfaction to drive health outcomes improvement
- CQM activities should be continuous and fit within and support the framework of grant administrative functions
- Components of a CQM program
 1. Infrastructure
 2. Performance measurement
 3. Quality improvement



HRSA-HAB Policy Clarification Notice 15-02

- The HIV/AIDS Bureau's requirements regarding clinical quality management based on the Ryan White HIV/AIDS Program legislation
- Applies to recipients of all Parts funding and their subrecipients
- The focus is on improving HIV health outcomes

- Available at: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>



Grant Administration

- Grant administration refers to the activities associated with administering a RWHAP grant or cooperative agreement.
- The intent of grant administration is not to improve health outcomes. Therefore, they are not CQM activities.

Grant Administration ≠ Clinical Quality Management



Quality Assurance vs Quality Improvement

Quality assurance:

- Refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.
- Include the retrospective process of measuring compliance with standards.
- Part of the larger administrative function of a recipient or subrecipient's program or organization and informs the clinical quality management program.

Quality Assurance ≠ Quality Improvement

Examples – QA vs. QI

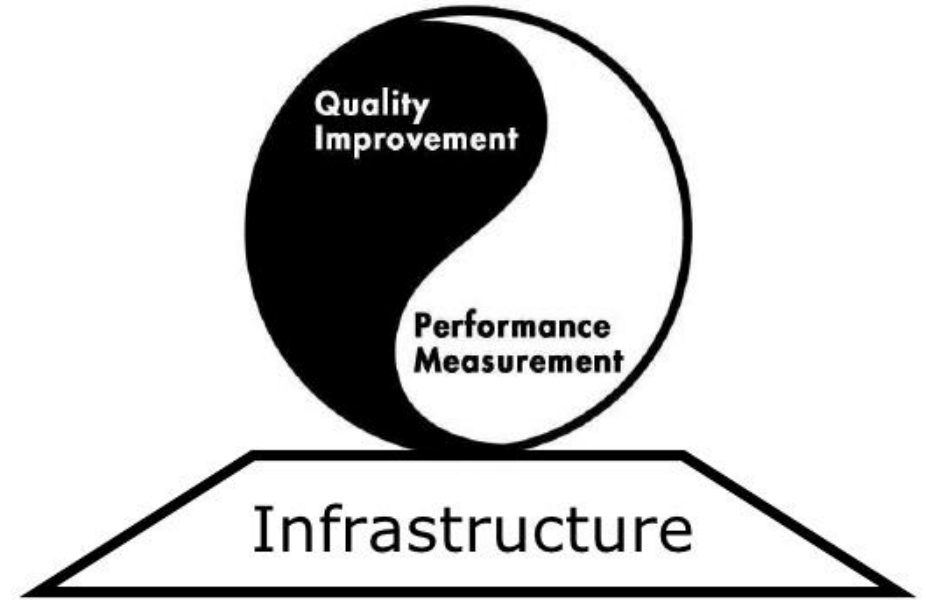
- Quality Assurance

- Measuring compliance with standards / Contract monitoring / Chart reviews
- Focused on individual “bad apples”
- Responsibility of a few to carryout

- Quality Improvement

- Continuously improving performance beyond minimum service standards
- Focuses on health systems and processes
- Responsibility of all





Statewide QM

A look at the statewide infrastructure for quality that ISDH is creating

ISDH Internal QM Team!

- Jasmine Black
- Dexter Etter
- Jeremy Turner (leadership support)

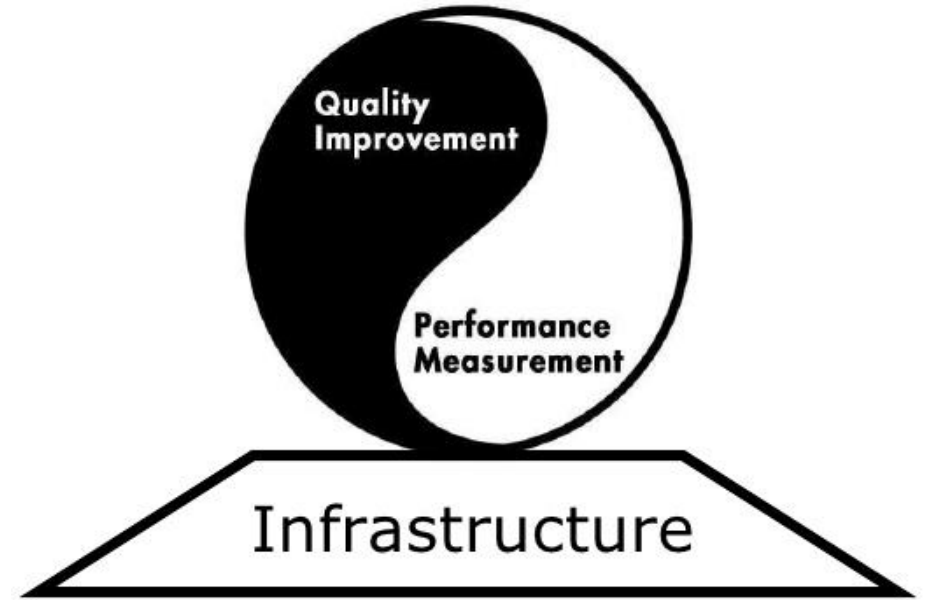


Statewide QM Plan

- Lays out the structure for CQM in Indiana across Division Programs
 - Internal activities (Internal QM team, capacity building, etc.)
 - External (QM committee, capacity building, etc.)
- Brings subrecipient expectations to life through narratives and tables
 - Infrastructure
 - Performance Measurement
 - Quality Improvement

Statewide QM Committee

- Subcommittee of the Indiana HIV/STD Advisory Committee
 - Created in August 2018
 - Made up of subrecipients, consumers, and other stakeholders
 - Includes participants from all regions, all Division Programs, and is demographically diverse
- Provides input on statewide CQM activities, including QI Projects
- Opportunity to share best practices and address common challenges



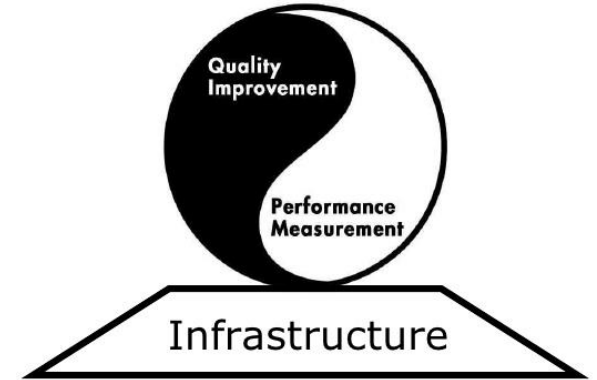
Subrecipient CQM Expectations

A close-up look at your expectations over the next year as a Division subrecipient

Infrastructure – QM Committee

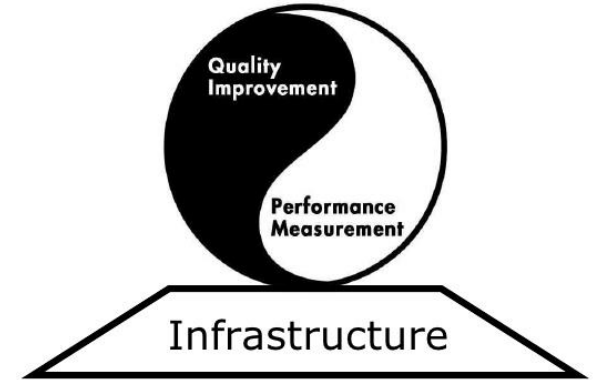
- Quality Management Committee

- Best place to start when beginning fresh in CQM
- Include a cross-section of staff, if possible, and ideally consumers
- First task will be to draft and finalize the QM Plan



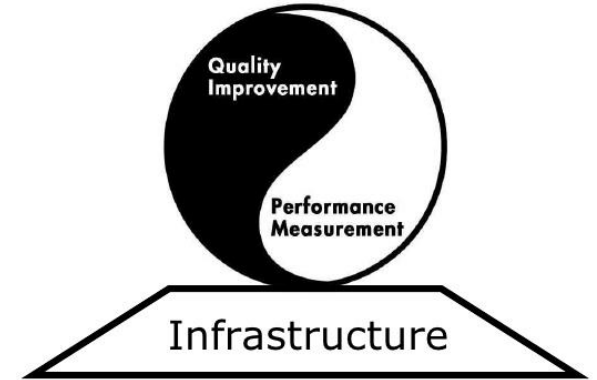
Infrastructure – QM Plan

- QM Plan
 - QM Statement
 - Quality Goals
 - Describe your quality infrastructure (who is involved?)
 - Describe your quality process (how is it done?)
 - What is your capacity building plan for quality?
 - Describe performance measurement in a table



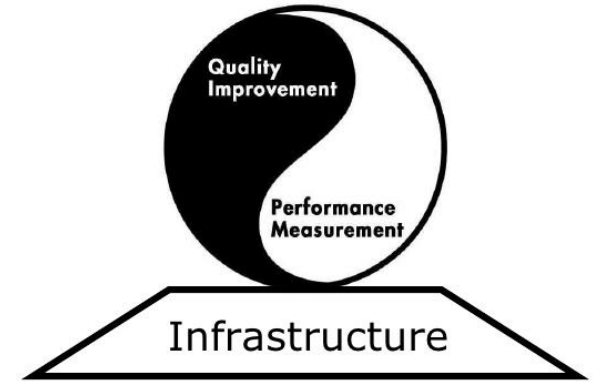
Performance Measurement

- Performance measures are selected by the Division
 - The Statewide QM Plan contains the list of measures subrecipients will be expected to report on
 - This will occur within CAREWare when finalized
- Include measures important to your organization and its stakeholders
 - Consider inclusion of experience evaluation as part of performance measurement



Quality Improvement

- Participate in statewide training offerings
- Align subrecipient QI projects with overall statewide projects
 - Use an accepted QI Methodology
- Join group learning activities, like learning collaboratives, Kaizen, and other activities produced by ISDH



Technical Assistance and Resources

- Subrecipient Manual
- Individualized TA!
 - Report on QM activities and challenges in your monthly reports!
 - Use the ISDH Internal QM Team!



Indiana CQM Milestones

ISDH CQM Progress Fall 2017 to Fall 2018

CQM Element	Fall 2017	Fall 2018
Statewide QM Plan		REVIEW
Internal QM Team		
Statewide QM Committee		
Statewide QM Performance Measurement		CAREWare
Statewide QI Projects		PRE-PLANNING
Staff Training in QM		MORE TO COME!
Subrecipient Training in QM		MORE TO COME!
Consumer Involvement in QM		
Cross-Part Involvement in QM		

Subrecipient Next Steps

- Prepare a QM Plan
 - Templates are available on request to ISDH
- Create a QM Committee
 - Use QM Plan creation as the first group task
- CQM TA Visits
 - Starting in the fall going into winter
 - QM team travels to your site to provide TA on your QM infrastructure