INDIANA HIV/STD/VIRAL HEPATITIS DIVISION
INTEGRATED CLINICAL QUALITY MANAGEMENT PLAN

October 1, 2021 – September 30, 2022

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The glossary to accompany this document can be found here:
https://www.in.gov/health/files/CQM%20Plan%20Glossary%20of%20Terms.pdf

Quality Statement

Mission Statement for Clinical Quality Management

The mission of the Division of HIV/STD/Viral Hepatitis Clinical Quality Management (CQM) Program is to ensure optimal health outcomes for all Hoosiers by continuously improving the quality of the programs funded by the Division.

Core Values of the CQM Program

- Diversity: Create and maintain an inclusive body of qualified and knowledgeable individuals to inform decision making.
- Integrity: Maintain honest, trustworthy, and transparent communication with all stakeholders in our efforts to achieve optimal public health outcomes.
- Innovation: Encourage innovation to continuously improve our programs and services, engage our workforce, keep pace with community needs, and to utilize scientific data and evidence-based practices to achieve our mission.
- Collaboration: Ensure participation of stakeholders at all levels, including the Indiana Department of Health (IDOH), subrecipients of grant funding, and the communities we serve.
- Equity: We place equity at the center of our quality improvement work to ensure all Hoosiers, regardless of individual characteristics historically linked to discrimination or exclusion, have access to social and physical supports needed to promote health from birth through end-of-life.

Purpose of the CQM Program

The CQM Program and CQM Plan coordinates the subrecipient participation in statewide clinical quality improvement (QI) projects by providing a performance measurement reporting system and by creating statewide quality improvement activities. Improvement activities are focused solely on systems and processes, not on individuals or people. The Division Clinical Quality Management Team (CQM Team) is available to subrecipients to facilitate improvement activities and provide any needed coaching or technical assistance.

The Division CQM Program maintains a culture of quality within the Division and among subrecipients through a comprehensive quality management (QM) infrastructure (i.e., QM Plan, dedicated staff, dedicated resources, and stakeholder engagement). Improving processes within Division programs will result in improved health outcomes for not only consumers of Division-funded services and but also for Hoosiers across the state.

2021-2022 CQM Priorities:

VIRAL SUPPRESSION AMONG PEOPLE LIVING WITH HIV IN INDIANA (PLWH)

Increasing the percentage of the Services Program's consumers who achieve viral suppression will be the focus of HIV Services for the CQM Program. Statewide and nationally, there has been an emphasis placed on increasing viral suppression, as recent research has shown that an undetectable viral load prevents transmission of the virus. The CQM Program will focus its CQM and Clinical Quality Improvement (CQI) activities for HIV services on increasing viral suppression among consumers within the program.

PREVENTION OF NEW HIV AND STD INFECTIONS

The CQM Program will ensure that prevention efforts are guided by the High-Impact Prevention Approach endorsed by the Centers for Disease Control and Prevention (CDC). HIV and STD Prevention CQI activities will focus on promoting overall efficiency and appropriate population prioritization in all prevention programs funded by the Division.

STD PREVENTION THROUGH DISEASE INTERVENTION

Provide on-the-ground prevention support aimed at increasing the capacity of organizations housing disease intervention specialists (DIS) funded by the STD program to improve the quality and outcomes of their services.

DATA INFORMED VIRAL HEPATITIS PROGRAMS

The Viral Hepatitis Program will maximize its current resources to streamline and increase data collection that will be used to assess need and implement new policies/programs addressing said needs.

Quality Infrastructure

Leadership

The Indiana Department of Health (IDOH) is a recipient of the Ryan White HIV/AIDS Program (RWHAP) (Part B grant) and CDC Prevention Funds. IDOH administers these grants through the Division of HIV/STD/Viral Hepatitis.

Within the Division, the Services program is responsible for ensuring administration of the RWHAP grant, including adherence of the Division CQM Plan. The Division CQM plan will be developed by the Clinical Quality Manager in the Clinical Quality Management and Community Impact program area. As a Part B recipient, IDOH is required to develop and oversee the statewide planning and quality improvement processes. These efforts aim to identify and address the most significant needs of PLWH and to maximize coordination, integration, and effective linkage across the Ryan White-funded services in Indiana.

With the support of the Division Director, the Quality Team will be responsible for overall leadership of the Division CQM Program.

Job Duties	Clinical Quality Manager and associated team members
Write and edit CQM Plan	
Collecting HIV Services Program Data	
Collecting HIV/STD Prevention and Viral Hepatitis Surveillance Program data	
Calculating HIV Services performance measure results	
Calculating HIV/STD Prevention and Viral Hepatitis Surveillance performance measure results	
Updating QM work plan (quarterly)	
Prepare report on data findings	
Coordinating the design and implementation of clinical quality improvement (CQI) projects	
Facilitating quality improvement activities	
Engaging funded sites in CQM program activities	
Coordinating QM training for Division staff and subrecipients	
Coordinating the internal CQM Committee	
Coordinating the CQM Committee	
Monitoring progress towards goals/objectives outlined in the Statewide HIV Integrated Plan	
Evaluate subrecipient CQM programs	
Provide technical assistance to subrecipient CQM programs	

*Shaded boxes indicate assigned responsibilities.

Clinical Quality Management Committees

Two committees advise the CQM Program. The purpose of the CQM Committees is to serve as advisors to the CQM Program and to advise on performance measure evaluation and quality improvement activities across the Division's prevention, services, and surveillance system of care.

MEMBERSHIP

CQM Committee members will be recruited from both internal and external stakeholders. The Internal CQM Committee has representation from each program within the Division. They are appointed to the committee by their program directors. The External CQM Committee is a standing subcommittee derived from the HIV/STD Advisory Council. Members of that committee are representative of the programming funded by The

Division across the state of Indiana. Consumers on the External Committee are chosen to represent each region of the state (Northern, Central, and Southern). Membership will be reviewed annually. There are no term limits on membership.

The Internal and External CQM Committee Member Matrix is located in the appendix.

RESPONSIBILTIES OF MEMBERS

It is expected that Internal Committee members will use their position on the committee to provide feedback and input that has the support of their program director and team. External Committee members will use their position on the committee to provide feedback and input that has the support of the organization they represent.

CQM Committee Responsibilities	Internal Committee	External Committee
Actively participate in meetings, conference calls, and other activities		
Review performance measure results and identify trends		
Advise performance measures and indicators to assess and improve performance		
Review and advise on updates to the CQM Plan annually		
Advise the CQM Plan for the subsequent year		
Advise CQM Program Evaluation		
Participate in CQM and QI trainings		
Advise on internal QI projects for the Division		
Advise on QI project recommendations		
Act as a liaison between program areas and the CQM program		

*Shaded boxes indicate assigned responsibilities.

MEETINGS

The External CQM Committee will meet bi-monthly, in person or virtually. Meetings will be held at IDOH on the mornings before each HIV/STD Advisory Council meeting. Video conferencing and/or conference calls will be scheduled, as needed, between meetings. CQM Committee members should make every effort to attend meetings in-person or virtually.

The Internal CQM Committee will meet in-person or virtually each month.

Stakeholder Involvement

Stakeholders of the Division CQM Program include Services Subrecipients and Prevention Subrecipients. Their roles and responsibilities include:

- Participating in the HIV/STD Advisory Council,
- Contributing to Statewide QI projects,
- Creating and implementing quality management programs,
- And keeping accurate and current data in data systems provided by the Division.

Consumer Involvement

In alignment with the CQM Program's core values of collaboration and transparency, it is essential to gain input from consumers. Consumers will be involved in the CQM Program through the following mechanisms:

- **Consumer Needs Assessment** – Every other year, the Division's CQM Program will conduct a statewide Consumer Needs Assessment. This Consumer Needs Assessment will be available to PLWH in Indiana. The Consumer Needs Assessment will serve as an additional mechanism to solicit ideas/solutions/suggestions for the CQM Program.
- **External CQM Committee** – As a way to ensure that consumer voices can be heard and considered when creating survey and need assessment tools, consumers are represented on the External CQM Committee.
- **Consumer Engagement in QI Projects** – Consumers are engaged to guide and inform QI projects via focus groups and participation on QI project planning groups.

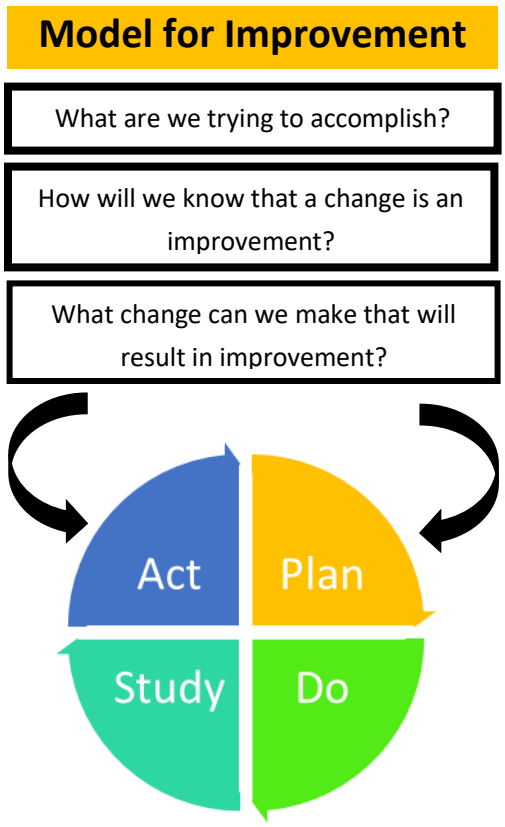
Performance Measures

Performance measurement is a method that will be used to identify and quantify the critical aspects of the programs under the scope of the CQM Program and the Division. Measuring key components of the programs not only creates a valuable source of data regarding the programs' greatest areas of success, but also identifies those areas that require improvement. However, it is equally important for performance measurement programs to identify those areas that will produce the greatest benefit by quality improvement. In an increasingly complex health care environment, a system for routine performance measurement is essential. All measures are prioritized based on relevance, measurability, accuracy, and improvability. All relevant HIV/AIDs Bureau (HAB) measures will be utilized for RWHAP funded categories. Non-RWHAP funded program measures are selected based on the priorities of those programs and their funders. Performance measures are reviewed by the Internal and External CQM Committees. All suggestions and edits are taken under consideration by the CQM Team. The method described in HRSA Policy Clarification Notice 15-02 will be utilized to determine the amount of performance measures analyzed for each service category.

The performance measures and their data sources that have been selected to be monitored by the CQM Program can be found in the appendix.

Quality Improvement

Clinical Quality Improvement (CQI) Projects



CQI Projects and their activities are determined by using the qualitative and quantitative data available to the CQM Program and through stakeholder involvement at multiple levels. The CQM team uses available data to drive priority setting for QI Project aims. The CQM team works with the Internal CQM Committee to generate CQI project ideas through root cause analysis. The External CQM Committee assists in generating change ideas that address previously identified root causes. Both committees will review data, help with implementation, and provide guidance to circumvent problems that may appear. Overall, the CQM Program will utilize the Model for Improvement (pictured on the left) as the framework to guide its improvement work.

Quality Improvement Project: Community Health Improvement Initiative

People ages 16 to 24 accounted for 19% of the 549 new HIV diagnoses in 2019. When 2019 new HIV diagnoses among people aged 16 to 24 are broken down by risk factor, men who have sex with men (MSM) account for 50.5% of the cases. In the state of Indiana, only 52% of PLWH aged 16 to 24 have achieved a suppressed HIV viral load. For comparison, PLWH aged 25 and older have a viral load suppression rate of 62%. In 2019, 35,985 people were diagnosed with chlamydia in Indiana. Of those chlamydia diagnoses, 70% were in people under the age of 25 years old. There were 12,069 gonorrhea diagnoses in 2019, and 47% of them were in people under the age of 25.

The Community Health Improvement Initiative: Adolescents (CHII: Adolescents) is a 13-month initiative that brings together HIV/STD treatment and prevention organizations, as well as other community-based organizations that serve adolescents, in an effort to reduce HIV disparities experienced by adolescents. Learning will take place in the form of teaching conducted by subject matter experts, engaging activities planned by the learning initiative faculty to reinforce learning, and assistance with planning the implementation of applying best practices identified during the initiative. The overall goals of CHII: Adolescents are detailed below.

Goal #1: Improve Health Equity- The CQM Program seeks to reduce HIV related disparities and health inequities. The CQM Program will work with subrecipients serving the largest number of high-risk adolescent populations to cultivate environments of quality with focus on increasing viral suppression and decreasing new HIV infections.

Goal #2: Prioritization of HIV, STD, and HCV Testing- In recent years, the CDC has placed an emphasis on high-impact prevention, which stresses the value of efficient and effective programs that prioritize populations and regions with the highest need. The CQM Program will work to ensure that subrecipients have access to local data and use that data to prioritize populations at the highest risk for HIV, Hepatitis C, and STDs in their geographical regions.

Quality Improvement Project: Gonorrhea Treatment Guidelines

Gonorrhea is the second highest reportable condition in the nation, with Chlamydia being the highest. Gonorrhea treatment is complicated by the ability of Neisseria gonorrhoeae to develop resistance to antimicrobials. Previous treatment guidelines included dual therapy with a single 250mg intramuscular dose of ceftriaxone and a 1g oral single dose of azithromycin. However, since the release of the 2015 STD Treatment Guidelines, data has shown an increase in azithromycin resistance for gonorrhea. As a result, the CDC updated the treatment guidelines in 2021 and now recommend a single 500mg intramuscular dose of ceftriaxone to treat uncomplicated gonorrhea. The CDC announced updates to the recommended treatment guidelines for Gonorrhea in Dec 2020 and released the official 2021 STD Treatment Guidelines in July 2021.

Since the CDC's announcement in Dec 2020, Indiana has reported 11,189 probable/confirmed gonorrhea cases (as of August 30,2021). Of those 1,831 (16.44%) have no treatment information available. Of the 9,358 cases that have treatment information, only 6,148 (65.7%) abide by the new 2021 STD Treatment Guidelines. The remaining 3,210 (34.3%) either used the 2015 recommended treatment regimens or were inadequately treated. It is imperative for providers to implement the new treatment guidelines to help with the continued support of gonorrhea prevention and control. Recent updates were made to the IDOH STD Website to include a section on Antibiotic Resistant Gonorrhea. In addition, the SURRG Epidemiologist, Jamie Black, recently released the first Center for Gonorrhea Excellence (CGE) e-Newsletter, which includes the latest information when it comes to Neisseria gonorrhoeae, preparing for potential outbreaks, and best practices in case management. Considering the baseline proportion of patients with adequate treatment (10%), the CQM and STD program propose to disseminate additional educational materials/trainings via the SURRG program about the gonorrhea treatment guidelines and reassess the percent of cases with adequate treatment again in 6 months. This will begin January 2022 as the STD program will require the new treatment guidelines to be implemented. The goal of this project is found below:

Goal #1: Treatment Adherence – The CQM Team will work with the STD program to reduce the number of gonorrhea cases nonadherent to the CDC's treatment guidelines by identifying projects that increase provider efficacy implementing the updated guidelines.

Quality Improvement Project: Combined, Comprehensive IDOH Testing

The Division of HIV/STD/Viral Hepatitis at the IDOH conducts testing for HIV, hepatitis C, gonorrhea, chlamydia, and syphilis as these disease states all represent high morbidity and comorbidity conditions that are prevalent in Indiana. In 2019, Indiana ranked first in the country for the rate of reported acute hepatitis C, with a rate of 4.8 cases per 100,000 population. Since 2014, Indiana has seen a 22% increase in cases of chlamydia, 87% increase in gonorrhea cases, and 118% increase of primary and secondary syphilis. Finally, there are over 12,000 people living with HIV in Indiana as of 2021. It is important to note that all these rates and statistics will vary and disproportionately harm People of Color. According to preliminary IDOH HIV testing data in 2021, only 25% of individuals that are tested for HIV are also tested for Hepatitis C. Only 20% of individuals tested for HIV are also tested for gonorrhea and chlamydia in Indiana for 2021. Finally, only 14% of individuals tested for HIV are also tested for syphilis. These combined, comprehensive testing statistics are alarming as co-infection of HIV, STDs, and/or Hepatitis C is common.

The CQM Program understands the importance of alignment of all testing opportunities as reducing access barriers for Hoosiers. The CQM Program will work with the Prevention team to create a flow for IDOH-funded testing events to include a seamless process for comprehensive testing. This coordination will reduce burdens experienced by Hoosiers accessing HIV, STD, and Hepatitis C tests – ultimately leading to more Hoosiers tested, being aware of their status, and linked into treatment. The goals of this initiative are found below:

Goal #1: Find People Living with HIV/STD/HCV – By offering comprehensive testing at IDOH-funded testing events, it is more convenient for Hoosiers to receive tests for HIV, STD, and Hepatitis C. From this, more Hoosiers will know their status. The CQM program will work with the prevention team at IDOH to increase the number of reactive tests for HIV/STD/HCV. The CQM program will work with the prevention team and testing staff to create a screening tool that will prioritize populations at highest risk for coinfection of HIV, STD, and Hepatitis C.

Goal #2: Increase the Number of Referrals for Services – By offering comprehensive testing, and by prioritizing populations at highest risk for coinfection, the CQM program will find more individuals living with HIV, STDs, and/or Hepatitis C. The CQM program will work with the prevention team and testing staff to create a flow to increase the number of referrals into services for PrEP, Ryan White/HIV, STD, and/or Hepatitis C.

Subrecipient Quality Improvement Projects

Subrecipients are required to submit quarterly QI project reports to the IDOH CQM Team utilizing the QI Project Report Form found in the resource section here: https://www.in.gov/health/hiv-std-viral-hepatitis/quality-management/ The 2021-2022 reporting schedule can be found in the table below.

Quarter	Report Due Date
1	December 31, 2021
2	March 31, 2022
3	June 30, 2022
4	September 30, 2022

Evaluation

The following types of evaluation will be used to review the CQM Program:

- Target Center Part B Organizational Assessment Tool (https://www.in.gov/isdh/files/Organizational%20Assessment%20tool%20Part%20B.pdf) – This will be completed annually in August by the CQM Team.
    - The CQM will use the pre-OA evaluation checklist in July, prior to drafting the next year's CQM plan.
- CQM Team self-assessment – This will include evaluation of the work plan to assess the efficacy of the CQM program. This will be, at a minimum, once in July by the CQM Team.

CQI projects will be evaluated by the CQM Team, and both CQM Committees to assess the effectiveness and success of the project.

Updating the CQM Plan

Annually in August, the CQM Team will review the CQM Plan and make any needed revisions. The CQM Team will then create a draft of the CQM Plan for the following year. The draft will be presented to the Internal and External CQM Committees for their review and suggestions. Then the IDOH Quality Management Team will make final edits based on the advisement from the CQM Committees. Following final revisions, the plan will be sent to the Division Director for final signature of support.

Capacity Building

The Quality Management Team will provide technical assistance and trainings on CQM and seek to build a culture of quality internally at IDOH and at all funded care sites. It is essential to engage subrecipients as part of the CQM process.

Technical assistance visits are conducted on a yearly basis (or upon request) with all subrecipients. At those visits, subrecipients are provided binders with performance and health outcome data, as well as CQM resources. Subrecipients are also provided with information about how their CQM program will be evaluated by IDOH. The content of these binders can also be found online at https://www.in.gov/health/hiv-std-viral-hepatitis/quality-management/

Communication and Information Sharing

The CQM Program recognizes the importance of communicating feedback about all performance measures. The CQM Program will offer a variety of media types to be utilized for information sharing including but not limited to reports and infographics. Reports for statewide performance measures will be dispersed to all funded subrecipients quarterly and will include all data points captured for the previous quarter. The CQM Program will share programmatic updates, including but not limited to QI project progress, PM data update, and subrecipient progress on QI initiatives, on a quarterly basis with the HIV/STD Advisory Board, ZIP Coalitions, and/or any other key bodies of stakeholders. Pertinent resources and materials will also be shared on the Division's website https://www.in.gov/health/hiv-std-viral-hepatitis/quality-management/

Reports

Performance measurement data will be sent to all subrecipients/stakeholders each quarter and may contain any of the performance measures listed in the appendix. The data should be used for the purposes of sharing best practices with other organizations and identifying opportunities for improvement around the state.

The HIV/STD/Viral Hepatitis CQM plan has been approved by the CQM team and HIV/STD/Viral Hepatitis Division leadership. The plan is effective from 10/01/2021 until 09/30/2022.

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Division Director

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Larry Stribling Jr.
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Clinical Quality Manager

Appendix

Performance Measures

Service Category	Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target	Data Source

Overall Statewide	HIV Viral Load Suppression	**Description:** Percentage of consumers, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.
		
		Numerator: Number of consumers in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year
		
		Denominator: The number of consumers, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.
		
		Exclusions: Consumers diagnosed with HIV during the measurement year and consumers who died during the measurement year.
			• Race/Ethnicity:
			  ○ White
			  ○ African American/Black
			  ○ Hispanic
			• Risk Factor:
			  ○ MSM
			  ○ AA
			  ○ White
			  ○ Hispanic
			  ○ IDU
			• Gender:
			  ○ Women
			  ○ Transgender
			  ○ MTF
			  ○ FTM
			• Age:
			  ○ 13-24
			  ○ 25-34
			  ○ 35-44
			  ○ 45-54
			  ○ 55-64
			  ○ 65+
			• Diagnosed with HIV outside of the US
				Measurement Period: 12 months
				
				Reporting Frequency: Quarterly
				
				Target: 70%
				
				Baseline: 68%
					eHARS

Ryan White HIV Services Program (HSP)	HIV Services Program recertification/ referral	**Description:** Percentage of consumers currently enrolled on a program within HSP who complete the birthday/half-birthday recertification/referral by the required date. **Numerator:** The number of consumers in the denominator who completed the recertification/referral for the program within HSP by the due date outlined in RWISE. **Denominator:** The total number of consumers on a program within HSP with a recertification date outlined in RWISE **Exclusions:** Consumers who died during the measurement year, consumers who voluntary withdraw from the HSP program, and consumers who failed to recertify due to a waitlist for ADAP. *This measure cannot be fully captured until IDOH fully transitions into RWISE with historical data. Thus, reporting on this measure may be delayed until implementation is complete.	• By subrecipient • By HSP Program ○ Services ○ HiAP ○ HIP Basic ○ HIP Plus ○ MDAP ○ ADAP + EIP ○ Delta Dental ○ State-funded NMCM only	**Measurement Period:** 12 months **Reporting Frequency:** Monthly **Target:** TBD **Baseline:** TBD	**RWISE**
Non-medical Case Management	HIV Viral Load Suppression	**Description:** Percentage consumers, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of consumers in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of consumers, regardless of age, with a diagnosis of HIV who had at least one non-medical case management visit in the measurement year	• Race/Ethnicity: ○ White ○ African American/Black ○ Hispanic • Risk Factor: ○ MSM ○ AA ○ White ○ Hispanic ○ IDU • Gender: ○ Women	**Measurement Period**: 12 months **Reporting Frequency**: Yearly **Target**: 85% **Baseline: 83%**	**CAREWare & eHARS**

		Exclusions: Consumers diagnosed with HIV during the measurement year and consumers who died during the measurement year.	○ Transgender ○ MTF ○ FTM • Age: ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+		
	Retention in care (NMCM)	**Description:** Percentage of consumers who received non-medical case management and are retained in care during the measurement year. **Numerator:** The number of consumers in the denominator who are retained* in non-medical case management services. **Denominator:** Number of patients who had at least one non-medical case-management visit in the measurement year. **Exclusions:** Consumers who are closed out in CAREWare by their non-medical case management site during the measurement year. *Retained in care meaning the consumer received at least 2 non-medical case management visits during the measurement year	• Age: ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+	**Measurement Period**: 12 months **Reporting Frequency**: Yearly **Target**: 94% **Baseline:** 92.3%	**CAREWare**
ADAP	Application Determination	**Description:** Percent of ADAP applications approved or denied for new* ADAP enrollment within 14 days (two weeks) of ADAP receiving a complete application in the measurement year.		**Measurement Period**: **Reporting Frequency**:	**RWISE**

		Numerator: Number of applicants that were approved or denied for new ADAP enrollment within 14 days of ADAP receiving a complete application in the measurement year. **Denominator:** The total number of complete ADAP applications for new ADAP enrollment received in the measurement year. **Exclusions:** 1. ADAP applications for new ADAP enrollment that were incomplete or incorrectly filled out. 2. Complete ADAP applications for new ADAP enrollment received by ADAP within the last 14 days of the measurement year. *new ADAP enrollment refers to individuals who applied to ADAP for the first time ever.		Yearly **Target**: 92% (National Target) **Baseline:** 81%	
	Eligibility Recertification	**Description:** Percentage of ADAP enrollees who are reviewed for continued ADAP eligibility two or more times in the measurement year. **Numerator:** Number of ADAP enrollees who are reviewed for continued ADAP eligibility at least two or more time which are at least 150 days apart in the measurement year. **Denominator:** Number of consumers enrolled in ADAP in the measurement year. **Exclusion:** 1. Consumer approved for new ADAP enrollment in the measurement year. 2. Consumers terminated from ADAP in the first 180 days of the measurement year.		**Measurement Period**: **Reporting Frequency**: Yearly **Target**: 80% **Baseline:** 55.7%	**RWISE**
Health Insurance Premium and	HIV Viral Load Suppression	**Description:** Percentage of consumers, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year.		**Measurement Period**: 12 months	**eHARS & RWISE**

Cost Sharing Assistance		**Numerator:** Number of consumers in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of consumers, regardless of age, with a diagnosis of HIV, who was received health insurance premium and cost sharing assistance during the measurement year **Exclusions**: Consumers diagnosed with HIV during the measurement year, patients who died during the measurement year, and consumers pulled from ACAPS with no matching profile in eHARS.		**Reporting Frequency**: Yearly **Target**: 90% **Baseline:** 86.1%	
Food Bank	HIV Viral Load Suppression	**Description:** Percentage of consumers, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of consumers in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of consumers, regardless of age, with a diagnosis of HIV who had at least one food bank service in the measurement year **Exclusions**: Consumers diagnosed with HIV during the measurement year and consumers who died during the measurement year.		**Measurement Period**: 12 months **Reporting Frequency**: Biannually **Target**: 91% **Baseline:** 88.3%%	**CAREWare & eHARS**
Medical Nutrition	HIV Viral Load Suppression	**Description:** Percentage of consumers, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV		**Measurement Period**: 12 months	**CAREWare**

Therapy	(MNT)	viral load test during the measurement year. **Numerator:** Number of consumers in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator:** The number of consumers, regardless of age, with a diagnosis of HIV who received at least one medical nutritional therapy service unit in the measurement year.		**Reporting Frequency**: Biannually **Target**: 91% **Baseline: 89.7%**	
HIV Prevention	HIV Testing in Priority Populations	**Description:** The percentage of IDOH-funded test events performed on individuals in priority populations (at least one of the following risk factors/groups: IDU, MSM, AA women, Hispanic women, youth ages 15-29, transgender individuals) during the measurement year**.** **Numerator:** The number of IDOH-funded test events performed on individuals in a priority population (at least one of the following risk factors/groups: IDU, MSM, AA women, Hispanic women, youth ages 15-29, transgender individuals) during the measurement year. **Denominator:** The number of IDOH-funded HIV tests performed during the measurement year.	• By subrecipient	**Measurement Period:** 12 months **Reporting Frequency:** quarterly **Target: 70%** **Baseline: 68%**	**Aphirm**
	Positivity Rate	**Description:** The percentage of IDOH-funded HIV tests with a final result of reactive. **Numerator:** The number of IDOH-funded HIV tests with a final result of reactive. **Denominator:** The number of IDOH-funded HIV tests performed within the measurement	• By Subrecipient	**Measurement Period:** 12 months **Reporting Frequency:** quarterly	**Aphirm**

		period.		**Statewide Target: 0.61%** **Statewide Baseline: 0**.47%	
STD Prevention	CT/GC Screening	**Description:** The average number of underinsured/uninsured consumers screed through an IDOH funded CT/GC site during the measurement period. **Numerator:** The number of consumers screened at an IDOH funded CT/GC site during the measurement year. **Denominator:** The total number of consumers who receive services for CT/GC, regardless of the participation in IDOH's CT/GC program	• By district ○ Stratified by Chlamydia and Gonorrhea	**Measurement Period:** Quarterly **Reporting Frequency:** Biannually **State Baseline:** Gonorrhea= 8% Chlamydia = 9% **State Target:** Gonorrhea = 10% Chlamydia = 10%	**NBS (CT/GC Screening Program)**
	Percent of Gonorrhea Cases with CDC-Recommended Treatment	**Description:** Of all gonorrhea cases, the proportion that are treated with the updated recommended treatment of Ceftriaxone **Numerator:** Number of confirmed cases that were treated with 500mg of Ceftriaxone **Denominator:** All confirmed cases of gonorrhea in a given timeframe for a given area	• By district • Stratified by disease	**Measurement Period:** Quarterly **Reporting Frequency:** Biannually **State Baseline:** 78% **State Target:** 80%	**NBS**
Viral Hepatitis	Acute Hepatitis Surveillance Investigation Completion	**Description**: Percent of acute investigations with completed and submitted to the CDC within 90 days **Numerator**: Number of acute and chronic		**Measurement Period:** 12 months **Reporting Frequency:** Quarterly	**NBS**

		hepatitis B and C cases that have been submitted to the CDC within 90 days **Denominator**: The total number of acute and chronic hepatitis B and C cases *Note: There needs to be contextual evidence explaining the baseline data, and by chance, first and second quarter data. The 2019 baseline data was collected after the Viral Hepatitis program transitioned from the existing surveillance database to the current NBS system. Due to this transition, case close was delayed because of several factors including: (1) all 180,000 historical viral hepatitis cases had to be imported two separate times due to NBS limitations, (2) a glitch in the NBS system where front data were lost and the servicer to the NBS system had to create patches, and (3) program staff reassigned to COVID-19 duties during 2020. The Hepatitis program will feverously backfill the data for reporting metrics as quickly as possible.		**Target:** 90% **Baseline:** 6.62%	
	Viral Hepatitis Prevention Field Outreach Events	**Description:** The number of viral hepatitis field outreach events that occur within the measurement period.		**Measurement Period:** 12 months **Reporting Frequency:** quarterly **Baseline:** 32 events **Target:** 36 events	**RedCap**
Harm Reduction	New SSP Clients	**Description –** number of new consumers accessing one of the syringe service programs	• By SSP Program	**Measurement Period:** 12 months	**IDOH Harm Reduction**

		in Indiana **Numerator** – Number of new consumers engaging with one of the syringe service programs in Indiana **Denominator** – Total number of consumers engaging the syringe service programs in Indiana		**Reporting Frequency:** quarterly **Baseline:** TBD **Target:** 10% above baseline	**Program SSP Database**

Detailed Work Plan

Action Item	Description	Responsible Party	Timeframe	Comments/Updates
Calculate performance measure results for the Inclusive CQM Program	Performance measure results will be calculated from data extracted from the CAREWare, Evaluation Web, and NBS. A list of performance measures can be found in the appendix. **Other data sources will be used as necessary	Clinical Quality Manager and associated team members	Quarterly	
Prepare and distribute Data Feedback Reports to HSP and HIV/STD Prevention Subrecipients	Data Feedback Reports will be compiled and distributed to each HSP and HIV/STD subrecipients. Performance measures and additional data to be included in the report can be found within the CQM Plan.	Clinical Quality Manager and associated team members	Bi-yearly	
Schedule Internal CQM Committee Meetings	Internal CQM Committee meetings will occur once per quarter	Clinical Quality Manager and associated team members	Monthly	
Prepare Internal CQM Committee meeting agendas	Topics of discussion for each Internal CQM committee meeting will be determined along with identifying, collecting, and/or preparing data or documents.	Clinical Quality Manager and associated team members	Monthly	

Prepare Internal CQM Committee meeting minutes	Record notes during Internal CQM Committee meetings, format notes and distribute meeting minutes.	Internal CQM Committee Scribe	Monthly	
Schedule External CQM Committee Meetings	External CQM Committee meetings will occur once per quarter	Clinical Quality Manager and associated team members	Bi-monthly	
Prepare External CQM Committee meeting agendas	Topics of discussion for each External CQM committee meeting will be determined along with identifying, collecting, and/or preparing data or documents.	Clinical Quality Manager and associated team members	Bi-monthly	
Prepare External CQM Committee meeting minutes	Record notes during CQM Committee meetings, format notes and distribute meeting minutes.	External CQM Committee Scribe	Bi-monthly	
Review performance measure results	Analyze performance measure results for the CQM Program.	Clinical Quality Manager and associated team members	Quarterly	
Develop CQI projects	Design CQI projects from performance measure results. Internal and External CQM Committees will aid in developing statewide CQI projects.	Clinical Quality Manager and associated team members	Ongoing – As Needed	

Implement CQI projects	Work with subrecipients to implements CQI projects. Internal and External CQM Committees will aid in implementation of statewide CQI projects.	Clinical Quality Manager and associated team members	Ongoing – As Needed	
Evaluate CQI projects	Assess the success of CQI projects. Internal and External CQM Committees will assist in the evaluation of statewide CQI projects.	Clinical Quality Manager and associated team members	Ongoing – As Needed	
Provide trainings to subrecipients.	Develop and deploy trainings for subrecipients on data, CQI and building a culture of quality.	Clinical Quality Manager and associated team members	Ongoing – as needed	
Identify priority populations	Assist subrecipients in selecting a priority population to focus their viral suppression efforts, if applicable.	Clinical Quality Manager and associated team members	October/November 2019 – ongoing	
Identify priority testing populations	Assist subrecipients in selecting priority populations to focus their testing efforts, if applicable	Clinical Quality Manager and associated team members	As needed	
Review CQI reports submitted by subrecipients	Review CQI activity report at subrecipient sites undertaken during the year	Clinical Quality Manager and associated team members	Quarterly	

Conduct site/TA visits	Review and evaluate CQM programs and their activities at subrecipient sites, provide technical assistance and resources necessary at each site.	Clinical Quality Manager and associated team members	Yearly	

CQM Committee Matrices

External CQM Committee Member Matrix	Internal CQM Committee Member Matrix
Clinical Quality Manager	Clinical Quality Manager
Clinical Quality Management and Community Impact Program Director	Clinical Quality Management and Community Impact Program Director
Consumer(s) with HIV a. North b. Central c. South	Services Staff (2)
Representative from Part B Subrecipient a. North b. Central c. South	Prevention Staff (2)
Prevention Subrecipients (2)	Surveillance Staff (3)
DIS (1)	Clinical Quality Management and Community Impact Staff (1)
Marion County Part A and Part C representative (2)	