



HIV Services Quality Management Plan  
San José, CA (Santa Clara County) Transitional Grant Area

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January 1 to December 31, 2017

Santa Clara County  
**PUBLIC**  
**HEALTH**

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# I. INTRODUCTION TO THE PLAN

## Background

Part A of the Ryan White HIV/AIDS Treatment Extension Act provides funding for HIV/AIDS care and support services to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs) across the country. The San José, CA TGA (Santa Clara County) is a recipient of these funds, which are used to support HIV/AIDS care and treatment services for people living with HIV (PLWH) who are residents of Santa Clara County. These funds are managed and administered by the Santa Clara County Public Health Department HIV/AIDS Program (“the recipient”). The Santa Clara County HIV Planning Council for Prevention and Care is responsible for comprehensive planning for these federal funds, including setting priorities and making resource allocation recommendations to the recipient.

Ryan White Program Part A recipient are required to implement quality management (QM) activities. Specifically, the Ryan White Program legislation states that all recipients must:

“establish a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent PHS guidelines for the treatment of HIV disease and related opportunistic infections. [As applicable, recipient should] develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.”

In addition to legislative requirements, Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) requires recipient s to establish and implement a clinical QM plan to guide quality-related activities in the local service area. A QM plan should outline the recipient -wide HIV quality program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program. To this end, the recipient engaged in an effort to update a QM plan that would formally document some of the QM activities and processes that were already in place, and provide an opportunity to revise or update other activities and processes to reflect the current system of care and treatment.

## Process

To update the HIV Services QM Plan for the San Jose TGA in 2017 the Santa Clara County Public Health Department coordinated the efforts in-house as part of a clinical quality improvement (CQI) initiative, funded by Ryan White.

**QM Plan Workgroup.** Staff assigned to the CQI initiative and tasked with updating the QM Plan established a QM Plan Workgroup to ensure a broad range of stakeholders were able to participate and advise the recipient on the revision of this document. The recipient identified and invited workgroup members, and included representatives from funded service providers, members of the local Planning Council, other “external” stakeholders with QM and/or HIV services expertise, and recipient staff. Staff informed the workgroup of the plan to develop, revise, and finalize a QM plan for the 2017 calendar year. The QM Plan Workgroup met two times, in April and November of 2016, and debated and voted on whether to keep or revise important components of the 2016 plan, including its vision and mission, goals and performance measures. Voting was done through an email voting ballot. Each of the workgroup members emailed their ballot to the staff of the Santa

Clara County Public Health Department STD/HIV Prevention & Control Program’s Clinical Quality Improvement (CQI) who then tallied the votes and finalized the results. The CQI staff drafted the plan while the QM Plan Workgroup reviewed and approved it in January 2017. Participants on the QM Plan Workgroup and their affiliations are listed in Table 1.

**Table 1: 2016 QM Plan Workgroup Participants**

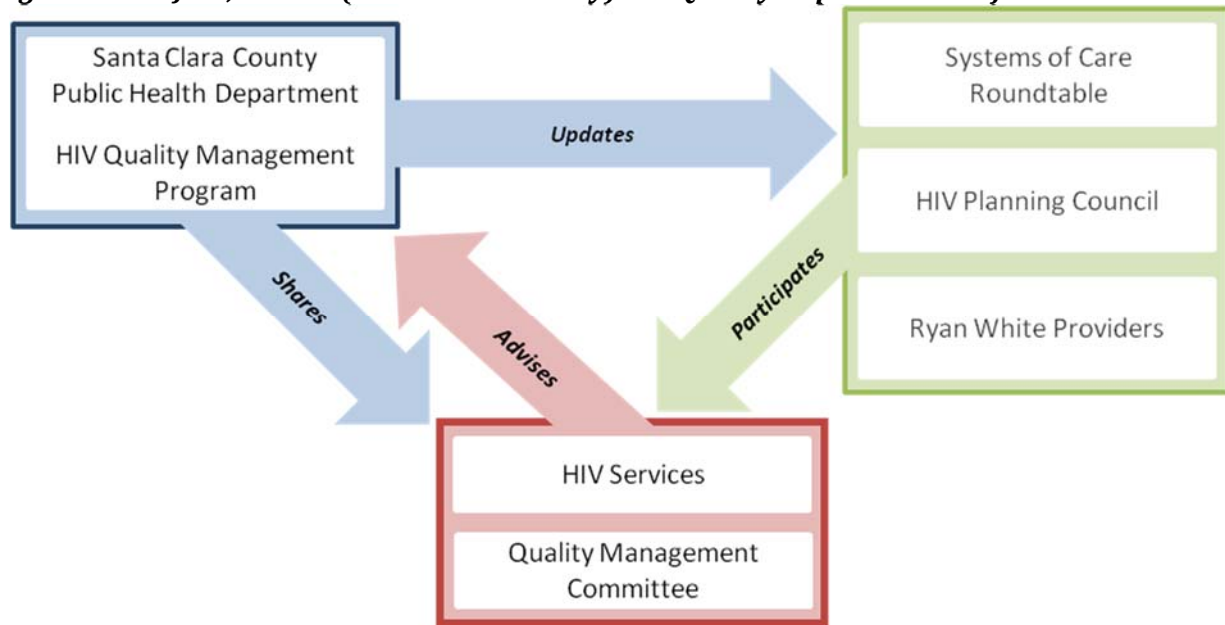
<b>Name</b>	<b>Affiliation</b>
Malaya Arevalo	Asian Americans for Community Involvement
Hilary Armstrong	Law Foundation of Silicon Valley / Planning Council
Marlene Benet	Law Foundation of Silicon Valley / Planning Council
Teddy Daligga	Planning Council
Vivian Laitila	The Health Trust
Romida Magnampo	Ira Greene PACE Clinic
Kathy McQuaid	Santa Clara County Public Health Department
Rene Padilla	Santa Clara County Public Health Department
Leslie Perez-Ortiz	The Health Trust
Supriya Rao	Santa Clara County Public Health Department
Bob Reed	Planning Council
Lori Salmiery	Community Health Partnership / Planning Council
Mike Torres	Santa Clara County Public Health Department
Rigoberto Valdez	Social Services Agency / Planning Council
Kim Walker	Santa Clara Valley Medical Center
Cheryl Walter	Onsite Dental Foundation
Whitney Webber	Santa Clara County Public Health Department

**Purpose of the Plan.** The purpose of this QM plan is to guide the San José, CA TGA (Santa Clara County) HIV QM program and related activities. Although the TGA and HIV service providers have been conducting QM activities for many years, this plan formalizes these activities and provides an important structure for ongoing and future work. It articulates the goals of the QM program, identifies key roles, establishes annual goals and objectives (including priority performance measures), and recommends additional goals, objectives, and activities for subsequent years (to be re-assessed at the end of the first year). Lastly, the plan provides a timeline for key activities to facilitate progress toward the goals and objectives.

## II. QUALITY IMPROVEMENT INFRASTRUCTURE

The quality improvement infrastructure describes the organization of the QM program, including leadership, accountability, resources, and various roles and responsibilities of major stakeholders. The diagram below illustrates the vision of the quality improvement infrastructure for the Santa Clara County TGA, and is followed by a description of the primary elements.

**Figure 1: San José, CA TGA (Santa Clara County) HIV Quality Improvement Infrastructure**



### Santa Clara County Public Health Department HIV Quality Management Program

**Leadership and Accountability.** As the recipient and administrator of the federal Ryan White Part A funding for HIV services, the Santa Clara County Public Health Department STD/HIV Prevention & Control Program is responsible for the implementation of the system-wide HIV QM Program. The HIV QM program will be led by the Clinical Quality Management (CQM) Coordinator who reports to the Program Manager for STD and HIV Prevention and Control. The HIV QM Program is accountable to the Santa Clara County Public Health Department HIV/AIDS Program and to HRSA/HAB. The CQM Coordinator is supported by a Healthcare Program Planner responsible for communicating with members of the QM Committee and for providing technical assistance to Ryan White Part A sub-recipient s.

**Resources.** The resources available for the HIV QM Program include the STD/HIV Prevention & Control Program CQI staff (noted above), information technology, and other infrastructural resources (e.g., meeting space, supplies, etc.). In addition, a key resource for the HIV QM Program (and all funded providers) is California’s AIDS Regional Information and Evaluation System (ARIES), a custom, web-based, centralized HIV/AIDS client management system that provides a single point of entry for client-related data, allows for coordination of client services among providers, meets both HRSA and state care and treatment reporting requirements, and provides

comprehensive data for program monitoring and scientific evaluations. ARIES enhances services for clients with HIV by helping providers automate, plan, manage, and report on client data. ARIES is administered by the CA Office of AIDS, another resource for QM activities in the state. Lastly, technical assistance resources are also available through HRSA/HAB, the National Quality Center, and other local or national organizations.

**Responsibilities.** The QM Program, led by the Clinical Quality Management Coordinator will be responsible for the following activities:

1. Overseeing all of the recipient's quality-related activities and requirements
2. Ensuring that QM activities and expectations are articulated in contracts with all funded HIV services providers
3. Regularly assessing the status of quality performance measures for priority services
4. Sharing quality data regularly with the HIV Services QM Committee
5. Co-leading the HIV Services QM Committee and convening it at least twice per year
6. Providing regular updates on QM activities to the Planning Council, the Ryan White Providers, and other stakeholders as necessary
7. Reporting quality data to HRSA/HAB as required
8. Conducting site visits to monitor adherence to Standards of Care
9. Implementing other evaluations, studies, or data collection activities to gather complementary data or to explore particular issues or CQI initiatives
10. Providing technical assistance around QM and CQI to Ryan White service providers and other stakeholders

### **HIV Services Quality Management Committee**

To ensure broad participation of key stakeholders (e.g., providers, consumers, and other groups) in future and ongoing QM activities, the recipient will establish the HIV Services Quality Management Committee. The purpose of the HIV Services QM Committee is to advise the Santa Clara County Public Health Department on the implementation of the QM Program. While the QM Committee has no legal, regulatory, or statutory authority and exists at the discretion of the Santa Clara County Public Health Department HIV/AIDS Program, it will serve an important advisory role, such as providing critical input to the QM Program, assessing quality data, and recommending quality improvement activities or projects.

**Membership.** Committee members will be identified and appointed by the Clinical Quality Management Coordinator in the Santa Clara County Public Health Department STD/HIV Prevention & Control Program. The Committee shall consist of at least ten members, and include the following representatives<sup>i</sup>:

- At least one representative from each organization funded to provide HIV services
- At least three representatives from the HIV Planning Council including the chair of the Quality and Standards (Q&S) Committee; at least two of the Council representatives shall be people living with HIV/AIDS
- At least one representative from the Part A recipient's program, including at a minimum, the Clinical Quality Management Coordinator

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<sup>i</sup> It is acceptable for one individual to represent several required categories. For example, a representative from a funded organization may also be a member of the Council and a person living with HIV.



Other external stakeholders with HIV or related expertise (e.g., substance abuse, hepatitis, mental health services providers) and/or QM expertise may be appointed at the discretion of the Santa Clara County Public Health Department HIV/AIDS Program.

**Leadership and Accountability.** The QM Committee will be co-chaired by (1) the Clinical Quality Management Coordinator from the Santa Clara County Public Health Department HIV/AIDS Program, and (2) one member of the Committee nominated and elected by a majority of the committee membership. As noted above, the QM Committee is ultimately accountable to the Santa Clara County Public Health Department HIV/AIDS Program, but also has obligations and expectations for linkages to the HIV Planning Council for Prevention and Care.

**Meetings.** The Committee shall meet at least twice per year, and meetings shall take place at the Santa Clara County Public Health Department, or in another location as agreed upon by the members.

**Resources.** The Committee's resources include the commitment, participation, and expertise of the membership, infrastructure resources provided by the Santa Clara County Public Health Department (e.g., meeting space, meeting materials, etc.), and data reports generated by the Santa Clara Public Health Department HIV/AIDS Program, as well as service category data submitted on a regular basis by funded HIV services providers. Technical assistance resources are also available through HRSA/HAB, the National Quality Center, and other local or national organizations.

**Responsibilities.** The HIV QM Committee will be responsible for the following activities:

- Advising the San Jose/Santa Clara County HIV QM Program on quality-related activities, including providing input and feedback on HIV QM Program activities
- Assisting with and/or implementing activities (at the discretion of the recipient) that help achieve the goals and objectives of the QM plan (e.g., helping develop or refine Standards of Care, assessing and recommending performance measures, conducting trainings, etc.)
- Monitoring progress toward achieving the goals and objectives of the QM plan
- Discussing quality data presented by the QM Program and recommending system-level quality improvement activities as needed
- Evaluating and assessing the QM Program annually
- Updating the QM plan annually

## **Other Stakeholders**

The QM Workgroup identified two important stakeholder groups in the San Jose/Santa Clara TGA that have a role in the QM Program. This includes the HIV Planning Council and the Provider Roundtable.

**HIV Services Planning Council.** As the formal planning body for Ryan White Part A and HIV prevention services, the Planning Council has an existing linkage with the recipient, and will have a formal linkage with the HIV QM Committee. As noted above, at least three members of the HIV QM Committee will be members of the Council. Their role will be to represent the Q&S Committee of the Planning Council, serve as a liaison between the two groups, and ensure that information about the QM Committee and Council activities, and potential implications, are included as part of each group's planning processes. In addition, the recipient will update the Council on quality management activities and results throughout the year.

**Systems of Care Roundtable.** The HIV/AIDS Systems of Care Roundtable fosters collaboration among HIV/AIDS service providers and promotes efforts to improve services. Roundtable meetings will be held three times a year and serve as a resource for networking, enhancing services, and improving HIV/AIDS care system-wide.

### **III. QUALITY STATEMENT**

The quality statement is an articulation of the goal of the HIV quality program toward which all activities are directed. The vision and mission as adopted by the QM Plan Workgroup each reflect local priorities as well as national goals.

#### **Vision**

To provide a continuum of care and support services that promotes optimal health, decreases HIV transmission, eliminates health care disparities and promotes a high quality of care, consumer empowerment and self-determination.

#### **Mission**

To achieve its vision, the Santa Clara County Public Health Department STD/HIV Prevention & Control Program's QM program will work to ensure equitable access to comprehensive, high quality care and support services for PLWH by:

- Ensuring adherence to clinical guidelines and Standards of Care
- Maximizing collaboration and coordination of service providers to enhance access
- Promoting partnerships of consumers and providers that are respectful and promote client self-determination
- Providing services that are culturally appropriate and focused on individual client need
- Maximizing the efficient use of resources to provide cost-effective services

### **IV. GOALS**

The goals used to achieve the above vision and mission, and adopted and retained by the QM Workgroup, are as follows:

1. Provide continuous, high-quality health care for people living with HIV/AIDS that meets or exceeds public health service (PHS) guidelines.
2. Ensure people living with HIV/AIDS have access to a range of core medical and support services as part of a comprehensive system of care.
3. Ensure individuals who test positive for HIV are linked to care within one month of diagnosis.
4. Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by professionals with relevant training and expertise.
5. Implement a robust Quality Management Program to monitor and improve the quality of services that includes the participation of providers and consumers, yet minimizes the burden on all stakeholders.

## V. OBJECTIVES

Clinical Quality Improvement staff within the STD/HIV Prevention & Control program of the Santa Clara County Public Health Department amended and updated the objectives that were included in the 2016 plan, to reflect changes in priorities at a local, state, and national level, and to better indicate progress toward achieving the goals outlined above. Objectives were further refined by the QM Plan Workgroup. Progress toward achieving the objectives listed below will be monitored by the HIV Services QM Committee, and will be modified as needed during annual updates to this plan. To facilitate implementation, all objectives are SMART (specific, measurable, achievable, realistic, and time phased).

### **GOAL 1: Provide continuous, high-quality health care for people living with HIV/AIDS that meets or exceeds public health service (PHS) guidelines.**

#### ***Objectives:***

- 1.1. Beginning January 1, 2017, implement the priority performance measures for Outpatient Ambulatory Care Services (identified in Table 2).
- 1.2. Beginning April 1, 2017, extract and analyze performance measures data for ambulatory outpatient care every six months, and give feedback to providers within three months of extraction.

### **GOAL 2: Ensure people living with HIV/AIDS have access to a range of core medical and support services as part of a comprehensive system of care.**

#### ***Objectives:***

- 2.1. Beginning January 1, 2017, implement the priority performance measures for HIV Medical Case Management Services (identified in Table 3).
- 2.2. Beginning April 1, 2017, extract and analyze performance measure data for HIV Medical Case Management Services every six months, and give feedback to providers within three months of extraction.
- 2.3. Beginning January 1, 2017, implement the priority performance measures for Oral Health Services (identified in Table 4).
- 2.4. Beginning April 1, 2017, extract and analyze performance measure data for HIV Oral Health Services every six months, and give feedback to providers within three months of extraction.
- 2.5. Beginning January 1, 2017, implement the priority performance measures for Mental Health Services (identified in Table 6).
- 2.6. Beginning April 1, 2017, extract and analyze performance measure data for Mental Health Services every six months, and give feedback to providers within three months of extraction.
- 2.7. Beginning January 1, 2017, implement the priority performance measures falling within the Other Systems Level category (identified in Table 7).
- 2.8. Beginning April 1, 2017, extract and analyze performance measure data falling within the Other Systems Level category every six months, and give feedback to providers within three months of extraction.

**GOAL 3: Ensure individuals who test positive for HIV are linked to care within one month of diagnosis.**

***Objectives:***

- 3.1. Beginning January 1, 2017, implement the priority performance measures falling within the Early Intervention Services category (identified in Table 5).
- 3.2. Beginning April 1, 2017, extract and analyze performance measure data falling within the Early Intervention Services category every six months, and give feedback to providers within three months of extraction.

**GOAL 4: Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by professionals with relevant training and expertise.**

***Objectives:***

- 4.1. By December 31, 2017, assess adherence to Standards of Care through contract monitoring and/or site visits to a sample of service providers.
- 4.2. By May 31, 2017, assess need amongst providers for training or resources to ensure the delivery of culturally and linguistically appropriate care.
- 4.3. By December 31, 2017, provide at least one training on cultural humility to increase awareness and knowledge among service providers of appropriate delivery of services.

**GOAL 5: Implement a robust Quality Management Program to monitor and improve the quality of services that includes the participation of providers and consumers, yet minimizes the burden on all stakeholders.**

***Objectives:***

- 5.1. By April 30, 2017, convene a Quality Committee that meets at least bi-annually to assist with the implementation of the QM plan.
- 5.2. By July 31, 2017, revise, as needed, the contractual requirements for Part A funded service providers to reflect implementation of relevant Standards of Care, expectations for collecting and reporting performance measures, and requirements for participating in the QM Program, including the QM Committee.
- 5.3. By December 31, 2017, provide at least one QM training for members of the Planning Council.
- 5.4. By December 31, 2017, ensure at least one member of the recipient's QM Program has attended or participated in a professional development opportunity related to QM.
- 5.5. By December 31, 2017, provide at least one report to the Planning Council and the HIV Services Quality Committee on the quality of at least two funded services (e.g., primary care and medical case management).
- 5.6. By December 31, 2017, implement at least one other activity (e.g., satisfaction survey, focus group, or other effort) to gather additional data on quality of services provided and complement other data collection activities.
- 5.7. Based upon analysis of QM findings, identify and develop a plan for at least one system-wide quality improvement activity by December 31, 2017.
- 5.8. Throughout 2017, monitor implementation of the QM Plan and evaluate and revise it by December 31, 2017.

## VI. PERFORMANCE MEASUREMENT

The QM Program has been collecting and reporting quality related data for many years. The revision of this QM Plan enabled the recipient and service providers to again reflect on the performance measures used locally and to make recommendations to streamline efforts, maximize the use of existing data systems, reduce data collection and reporting burdens, and align local efforts with HRSA/HAB and other national QM activities.

In developing this section of the plan, the QM Plan Workgroup reviewed the 2016 QM Plan and discussed performance measures and related data. Participants on the QM Plan Workgroup then considered which of the 2016 measures they wanted to update with current HRSA definitions, which if any measures they wanted to drop, and finally which if any measures they wanted to add to the countywide QM Plan. When selecting measures, participants were asked to consider whether the measures as defined were valid (relevant to the work of providers and HIV/AIDS services in the TGA), measurable (data are obtained and reported relatively easily), and actionable (data serve as good indicators of performance and can show where improvements may be made). Significant changes were made to the performance measures selected for monitoring for the 2017 QM Plan. The committee voted to increase the number of performance measures for outpatient ambulatory health services from six to twelve, mental health services from one to two, and oral health services from three to five (Table 7). A total of 26 performance measures were included in the 2017 QM Plan.

Performance measure data will be collected and input by service providers into data systems on an ongoing basis. The recipient will analyze and report performance measure data at least once every six months, prior to QM Committee meetings, and as needed for HRSA reports. Data will help to demonstrate the quality and effectiveness of services provided. Where feasible, the recipient will examine and stratify performance measure data by population subgroups to determine if there are any gaps in health care services.

### HIV Services Performance Measures

The tables below list the performance measures that were selected by the QM Plan Workgroup and that service providers ultimately approved of for use to assess the quality of services within the San José TGA. The tables also include the sources of these measures and the sources<sup>ii</sup> of the data that will be used. The tables are followed by recommendations for additional measures or quality management activities for consideration in the next annual revision and for potential implementation in 2018.

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<sup>ii</sup> The Management Information System (MIS) used to collect and report the TGA's client-level data are the AIDS Regional Information Exchange System (ARIES), Local Evaluation Online system (LEO), Early Intervention Service specific Access<sup>®</sup> database, the Enhanced HIV/AIDS Reporting System (eHARS), and HealthLink. ARIES and LEO are centralized MIS for Ryan White HIV/AIDS Program client level data and Testing & Counseling data respectively, and are overseen by the California Office of AIDS. The Early Intervention Services Access<sup>®</sup> database is an in-house system supported by the STD/HIV Prevention & Control. eHARS is a browser-based application provided by the Centers for Disease Control and Prevention (CDC) to enable the collection, management, and reporting of California's HIV/AIDS case surveillance data to the CDC. HealthLink is the Santa Clara Valley Medical System's electronic health record database.

**Table 2: Outpatient Ambulatory (Primary) Care Services Performance Measures**

Measure	Measure Source	Data Source
1. Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	HRSA/HAB Core Performance Measures	ARIES
2. Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	HRSA/HAB Core Performance Measures	ARIES
3. Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	HRSA/HAB Core Performance Measures	ARIES
4. Percentage of patients, 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	NHAS, HRSA/HAB Core Performance Measures	ARIES
5. Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom it was medically indicated (and that had no prior positive test), in which a tuberculosis (TB) screening test was performed and the results interpreted (for tuberculin skin tests or blood tests) at least once	HRSA/HAB All Ages Performance Measures	ARIES
6. Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year	HRSA/HAB All Ages Performance Measures	ARIES
7. Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV	HRSA/HAB All Ages Performance Measures	ARIES
8. Percentage of female patients with a diagnosis of HIV who had a Pap screening in the measurement year	HRSA/HAB All Ages Performance Measures	ARIES
9. Percentage of Ryan White Program-funded outpatient/ambulatory care patients in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ ambulatory medical care	HRSA/HAB All Ages Performance Measures	ARIES
10. Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year	HRSA/HAB All Ages Performance Measures	ARIES
11. Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year	HRSA/HAB All Ages Performance Measures	ARIES
12. Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity	HRSA/HAB All Ages Performance Measures	ARIES



**Table 3: Medical Case Management Performance Measures**

Measure	Measure Source	Data Source
13. Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits	HRSA/HAB Medical Case Management Performance Measures	ARIES
14. Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year	HRSA/HAB Medical Case Management Performance Measures	ARIES
15. Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year	HRSA/HAB Medical Case Management Performance Measures	ARIES

**Table 4: Oral Health Performance Measures**

Measure	Measure Source	Data Source
16. Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year	HRSA/HAB Oral Health Performance Measures	ARIES
17. Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year	HRSA/HAB Oral Health Performance Measures	ARIES
18. Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months	HRSA/HAB Oral Health Performance Measures	ARIES
19. Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year	HRSA/HAB Oral Health Performance Measures	ARIES
20. Percentage of patients with diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year	HRSA/HAB Oral Health Performance Measures	ARIES

**Table 5: Early Intervention Services Performance Measures**

Measure	Measure Source	Data Source
21. Percent of (newly diagnosed) patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis	HRSA/HAB Systems-Level Performance Measures	EIS Access Database
22. Percent of (previously diagnosed) PLWHA successfully brought back into medical care	CDC Measure	EIS Access Database

**Table 6: Mental Health Performance Measures**

Measure	Measure Source	Data Source
23. Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool	HRSA/HAB Systems-Level Performance Measures	ARIES

24. Percentage of patients aged 12 years and older screened POSITIVE for clinical depression on the date of the encounter using an age appropriate standardized screening tool & who had a follow-up plan documented on the date of the positive screen	HRSA/HAB Systems-Level Performance Measures	ARIES
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**Table 7: Other Systems-Level Performance Measures**

Measure	Measure Source	Data Source
25. Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	HRSA/HAB Systems-Level Performance Measures	ARIES
26. Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV	HRSA/HAB Systems-Level Performance Measures	eHARS

## Recommendations for Future Updates

When the QM Committee meets for its first quarterly meeting in April 2017 it will need to (1) examine the status of data collection and reporting for each of the measures included in this plan (2) include Santa Clara County HIV Care Continuum Workplan as part of the HIV Services Quality Management Plan (3) include annual data and benchmarks for all priority performance measures adopted in the HIV Services Quality Management Plan

In addition to assessing the status of the health performance measures above, the QM Committee may also wish to consider:

- Reviewing and recommending system-wide strategies/activities identified in the 2017-2021 California’s Integrated HIV Surveillance, Prevention, and Care Plan
- Adopting system-wide initiative focused on tracking referrals, including referrals made and referral outcomes
- Exploring participation in regional and/or national QM initiatives and/or trainings facilitated by the National Quality Council, and other resources, to assist the HIV QM Program in identifying best practices and/or additional benchmarks against which to assess the quality of care in Santa Clara County

## VII. TIMELINE

The following timeline is intended to help guide the implementation of this QM Plan and help the HIV QM Program achieve its objectives in the coming year. The timeline includes each objective outlined in *Section V: Quality Goals and Objectives*. For each objective, the period of activity is highlighted in blue and the final date of expected implementation is noted with an “X.” Lastly, the participants who will have primary responsibility for implementing each objective is noted in the final column, and may include the Santa Clara County Public Health Department STD/HIV Prevention & Control Program, the HIV Planning Council for Prevention and Care, and/or the HIV Services Quality Committee. These groups of participants and their roles in the HIV QM Program were described above in *Section III: Quality Improvement Infrastructure*.



**Table 8: Timeline (2017)**

Goals and Objectives	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Lead*
<b>Goal 1: Provide high-quality health care for PLWH that meets or exceeds PHS guidelines</b>													
1.1 Implement priority performance measures for Outpatient Ambulatory Care	X												1,4
1.2 Extract and analyze performance measures data for Outpatient Ambulatory Care				X						X			1
<b>Goal 2: Ensure PLWH have access to a range of core medical and support services</b>													
2.1 Implement priority performance measures for HIV Medical Case Management	X												1,4
2.2 Extract and analyze performance measures data for HIV Medical Case Management				X						X			1
2.3 Implement the priority performance measures for Oral Health	X												1,4
2.4 Extract and analyze performance measure data for HIV Oral Health				X						X			1
2.5 Implement the priority performance measures for Mental Health	X												1,4
2.6 Extract and analyze performance measure data for Mental Health				X						X			1
2.7 Implement the priority performance measures falling within the Other Systems Level category	X												1,4
2.8 Extract and analyze performance measure data falling within the Other Systems Level category				X						X			1
<b>Goal 3: Ensure individuals who test positive for HIV are linked to care within 3 months</b>													
3.1 Implement the priority performance measures for Early Intervention Services	X												1,4
3.2 Extract and analyze performance measure data for Early Intervention Services				X						X			1
<b>Goal 4: Ensure that HIV care and support services are high quality, culturally and linguistically appropriate, and delivered by trained professionals</b>													
4.1 Assess adherence to Standards of Care through contract monitoring and/or site visits to a sample of service providers												X	1
4.2 Assess need among providers for training or resources to ensure the delivery of culturally and linguistically appropriate care					X								1,2,3
4.3 Provide at least one training on cultural humility to increase awareness and knowledge among service providers of appropriate delivery of service												X	1
<b>Goal 5: Implement a robust QM program</b>													
5.1 Convene a Quality Committee that meets at least bi-annually				X						X			1,3
5.2 Revise contractual requirements for Part A-funded service providers to reflect new/revised QM activities							X						1,4
5.3 Provide at least one QM training for members of the HIV Planning Council												X	1,3
5.4 Ensure that at least one member of the HIV QM Program has attended or participated in a professional development opportunity related to QM												X	1
5.5 Provide at least one report to the HIV Planning Council and/or other relevant stakeholder groups on the quality of at least two funded services												X	1
5.6 Implement one other activity to gather data on the quality of services provided												X	1,2,3
5.7 Identify and develop a plan for at least one system-wide quality improvement activity												X	3
5.8 Monitor implementation of QM Plan and evaluate and revise annually												X	3
*Lead: <b>1</b> = Santa Clara Public Health Department, HIV/AIDS Program   <b>2</b> = HIV Planning Council for Prevention and Care   <b>3</b> = HIV Services Quality Management Committee   <b>4</b> = Service Providers Note: Blue shading indicates anticipated period of activity with an "X" indicating the target deadline for implementation or deliverable.													