

# QUALITY IMPROVEMENT COMMITTEE PLAN

JUNE 4, 2020



## Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	<i>Optional</i>
Development of Service Standards		✓	✓
Clinical Quality Management		✓	<i>Contributes but not responsible</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Quality Improvement Committee responsibilities as defined in the Planning Council Primer 2018, updated 2020

As identified in the highlighted area, the Quality Improvement Committee's only required role is in the development of the service standards. These are required to be reviewed and updated on a yearly basis. The CQM staff in the Recipient's office should present outcomes of their data and performance measures within each service standard and work in collaboration with the QI Committee to improve outcomes in deficient areas.



1. The Quality Improvement Committee's role has changed as it relates to the Quality Improvement Plan because of the following:
  - a. The Recipient now has a dedicated Clinical Quality Management team that does the following:
    - Reviews and revises Regional Quality Management Plans.
    - Serves as liaison/advisor to the Planning Council.
    - Reviews benchmarks for service standards and quality indicators.
    - Coordinates performance measures data, analyzes and reports findings to the Planning Council, subcontractors and other key stakeholders.
    - Provides quarterly updates to the Quality Improvement Committee to monitor progress of performance outcomes within the EMA.
  - b. Each of the 5 regions have their own Quality Improvement Committees that report to the Recipient's CQM staff and collaborate on region specific PDSAs (Planned Do Study Acts) in order to focus on annual quality goals.

# THE QUALITY IMPROVEMENT COMMITTEE'S PLAN SHOULD INCLUDE:

1. Review outcomes of linkage to care, retention in care and medical adherence for the defined 3 priority populations (Young MSM of Color/Hispanic, Transgender Women and African American Women). This will allow us to evaluate the Intensive Medical Case Management component of the MCM service standard.
2. Review Getting to Zero/Ending The HIV Epidemic (GTZ/EtHE) Plan progress and collaborate with the Recipient's office to determine the development of quality indicators for Ryan White Services and participate in developing the evaluation and monitoring plan for the initiative.
3. Update Service Standards with guidance from CQM staff in order to support their efforts in meeting defined EMA goals.
4. Review quarterly updates presented by the Quality Assurance Manager in the Recipient's office to monitor the progress of performance outcomes within the EMA.

**(1) Reduce New Infections - Promote “Treatment as Prevention”:**

- a. Increase Viral Suppression among RWPA clients from 90% to ??? and all PLWH from 60% to 65% by increasing RWPA Medically Case Managed through Ryan White services.
- b. Reduce new infections among the priority populations; Transwomen of Color, Black/African American Women and Young MSM of Color (Black/African American and Hispanic).

**(2) Intensive Medical Case Management Component**

- a. Increase linkage and retention in care among newly diagnosed and out of care RWPA clients (PC QI committee identify goal)
- b. Improve ICM and DIS partnerships to bring newly diagnosed individuals into care in a timely manner (what timeframe denotes timely manner?)

**(3) Increase Access to care and improve health outcomes for PLWH:**

- a. Increase PLWH Medically Case Managed through Ryan White services from 57% to ??%.

**(4) Reduce HIV-related disparities and health inequities:**

- a. Analyze Care Continuums from Connecticut Department of Public Health based on viral suppression rates among special populations within the EMA’s five regions.

**(5) Getting to Zero Project**

- a. Regional QI committees working in collaboration with GTZ teams to determine effectiveness of GTZ work plan. (John Saperro input, where does this belong)