QUALITY MANAGEMENT PLAN
CHARLOTTE TRANSITIONAL GRANT AREA

Ryan White Program – Part A
Mecklenburg County Health Department

June 26, 2009
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INTRODUCTION

Background

The Ryan White Program is a federal grant program focused on providing necessary medical treatment and support services to low-income people living with HIV/AIDS (PLWHA). The program grants funding to cities, states, and health care organizations to serve this population. In 2006, the Health Resources and Services Administration (HRSA) designated the six county Charlotte region as a Part A Transitional Grant Area (TGA). The six counties include five North Carolina counties – Anson, Cabarrus, Gaston, Mecklenburg, and Union – and one bordering South Carolina county – York. The TGA covers 3,134 square miles and has an estimated population of 1.6 million.

In May 2007, the TGA was first awarded Ryan White Program Part A funding to finance (as a payer of last resort) health care and related services for low-income, under-insured, and uninsured PLWHA. The program subcontracts with service providers to deliver care to PLWHA. The TGA serves an estimated 1700 clients, the majority of whom are men of color, live below the poverty level, are uninsured or underinsured, and are between the ages of 25 and 44.

The Charlotte TGA is administered by the Mecklenburg County Health Department. Its staff includes:

Luis Cruz – Ryan White Program Manager
Marquis Eure – Contract Coordinator
Valetta Rhinehart – Contract Coordinator
Lynn Smith-Clay – Contract Coordinator
Quality Management Lead
Janet McGill – Fiscal Manager
Gabriela Montilla-Perez – Administrative Assistant
Phillip Byrnes – CAREWare/Data Consultant

Services and Subcontractors

Federal guidelines of the Ryan White Program require that seventy-five percent (75%) of TGA funding be directed toward core medical services. These services include: ambulatory/outpatient services; AIDS Drug Assistance Program (ADAP) treatment; drug reimbursement; oral health care; early intervention services; health insurance premium and cost-sharing assistance for low-income individuals; home health care; medical nutrition therapy; hospice services; home and community-based health services; mental health services; substance abuse outpatient care; and medical case management, including treatment adherence services.

The remaining twenty-five percent (25%) of funding is allocated for support services, which must be linked to medical outcomes and may include: outreach, medical transportation, linguistic services, respite care for people caring for HIV/AIDS patients, referrals for health care and other support services, case management, and substance abuse residential services.
For the 2009 grant year Appendix A provides a list of subcontractors, the services they provide, and the county(s) served.

**Legislative Requirements**

A major focus of the Ryan White Program is to improve the quality of care provided to PLWHA. Legislative requirements in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 direct grantees in the Part A program to develop, implement, and monitor clinical quality management programs to ensure that service providers adhere to established HIV clinical practices and quality improvement strategies. Additionally, the legislation requires that demographic, clinical, and health care utilization information is used to monitor trends in the spectrum of HIV-related illnesses and local epidemic. HRSA’s HIV/AIDS Bureau (HAB), which administers the Ryan White Program, defines quality as “the degree to which a health or social service meets or exceeds established professional standards and user expectations.” To comply with this federal mandate and to ensure quality of care, the Charlotte TGA established its Quality Management (QM) Program.

**North Carolina Quality Collaboration**

Like other states, North Carolina is striving to achieve seamless quality monitoring of its Ryan White Program. In the state, the Ryan White Program is comprised of five parts, which include the following:

- Part A provides funds to urban areas, i.e. the Charlotte TGA, through a series of grants designed to allocate resources based on relative need;
- Part B provides funds to the state-administered AIDS Drug Assistance Program (ADAP) and other programs based upon need;
- Part C funds community-based organizations through a competitive grant application process;
- Part D provides resources for family-centered care for women, infants, children, and youth with HIV/AIDS; and
- Part F is a funding stream for the AIDS Education and Training Centers (AETC) Program, which provides training and education programs for health care providers who treat PLWHA, and the Special Programs of National Significance (SPNS), which fund innovative models of care and support the development of effective delivery systems for HIV care.

Efforts to collaborate include the establishment of the North Carolina Quality Initiative, a state-administered project to coordinate quality monitoring practices, and the Part B Quality Conferences, which provide an opportunity to share best practices relating to quality management across the state. The TGA is collaborating with the South Carolina Ryan White Program as well.

**CAREWare Utilization**

In order to monitor and assess performance measures of the QM Program, the Charlotte TGA utilizes CAREWare, which is software for managing HIV clinical and support services. Each subcontractor in the TGA is required to input performance data into CAREWare. This data can be extracted at any time by the Ryan White Program staff and the subcontractors to assess TGA-wide and subcontractor-specific
performance on selected measures. These personalized performance reports can aid subcontractors in the development and monitoring of their own quality management program and activities. Additionally, the software allows for quick production of the Ryan White HIV/AIDS Program Annual Data Report (RDR) and the new Ryan White HIV/AIDS Program Services Report (RSR), which provides client-level data.

**The Purpose of the Document**

The purpose of this document is to provide a framework and guidance on how to develop, monitor, and improve the TGA’s quality management program and activities, while promoting substantive consumer and provider involvement.
MISSION & SCOPE

Mission Statement

The mission of the Charlotte Transitional Grant Area (TGA) Quality Management (QM) Program is to ensure the delivery of high quality care for persons living with HIV/AIDS who receive care through the Part A program. This will be accomplished through planning, assessing, implementing, and evaluating performance strategies of medical and support services for those living with HIV/AIDS in the TGA.

Specifically, the QM program will ensure that services do the following:

- Adhere to Public Health Services (PHS) clinical guidelines for the treatment of HIV/AIDS and TGA established standards of care and
- Improve health outcomes, reduce health disparities, and increase access and retention to care for PLWHA.

Scope

The Charlotte TGA QM Program is committed to ensuring that clients receive quality care based on mandated guidelines, professional standards, and best practices. The Charlotte TGA currently funds 20 subcontractors (see Appendix A) that provide core and support services to PLWHA in the 6 contiguous counties.

The program addresses quality content regarding the following areas:

- Consumer Satisfaction
- Core Services
  - Ambulatory/Outpatient Medical Care/Eye Care
  - Drug Reimbursement
  - Medical/Nutritional Therapy
  - Health Insurance – Premium and Co-pay Assistance
  - Medical Case Management
  - Mental Health
  - Oral Health
  - Psychosocial Support
  - Substance Abuse Outpatient Care
- Support Services
  - Emergency Financial Assistance
  - Food Bank/Home Delivered Meals
  - Housing Assistance
  - Legal Services
  - Medical Transportation
  - Outreach
  - Substance Abuse Residential Care
QUALITY MANAGEMENT INFRASTRUCTURE

Accountability

The Charlotte TGA QM Program is accountable for assessing, planning, directing, coordinating, evaluating and improving core and support services in the Ryan White Program. The structure of the QM Program is comprised of the QM Leadership Team and QM Committee.

The primary role of the QM Leadership Team is to educate service providers on quality management and assure adherence to PHS HIV/AIDS treatment guidelines. The QM Committee works in tandem with the QM Leadership team to develop and review the quality management plan and the quality improvement activities implemented TGA-wide.

Additional detail of the structure and responsibilities of the QM Leadership Team and the QM Committee are found in the following sections.

Quality Management Leadership Team

The QM Leadership Team is comprised of the following individuals, who have the following responsibilities:

**Ryan White Program Manager**
- Assumes the leadership and final accountability of the QM Program.

**QM Program Lead**
- Co-Chairs the QM Committee.
- Coordinates quality data collection and quality improvement activities, including site-visits, for the entire TGA.

**TGA Contract Coordinators**
- Require, review, and approve subcontractors QM plans in collaboration with the QM Program Lead.
- Provide support to QM improvement activities.

**Data Consultant**
- Provides technical assistance and training to the subcontractors on inputting performance data into CAREWare.
- Collaborates with the QM Program Lead on extracting data for review.

The QM Leadership Team will meet monthly to address the following activities:

- Review program QM issues and challenges.
- Evaluate data and outcome measures that address quality issues.
- Determine quality initiatives and performance indicators and goals across the TGA.
- Develop QM Committee agendas and discussion items.
- Update and review the QM Plan annually.
• Report performance measures to the Advisory Council quarterly.
• Report improvement activities and performance data to HRSA at specified times.

**The Quality Management Committee**

The QM Committee is a collaboration of core and support service providers, consumers, and specialty experts in the Charlotte TGA. Specialty experts will be invited to participate in meetings on an ad hoc basis. The structure of the committee will be geographically representative of the TGA and is as follows:

- QM Program Lead (co-chair)
- Medical Advisor (co-chair)
- Ryan White Program Manager
- Mental Health Provider
- Oral Health Provider
- Primary Care Provider
- Medical Case Manager
- Substance Abuse Treatment Provider
- Epidemiologist
- Medical Transportation Provider
- Legal Services Provider
- Food Bank Provider
- Consumers
- Specialty experts/Sub-committees/Working Groups (as needed)
- Ryan White Part B, C and D

The meetings will be held monthly (or as needed).

The responsibilities of the QM Committee members include:

- **Quality Management Plan Development**: Participate in the development, implementation, and evaluation of the QM program and plan for the Charlotte TGA, and contribute to the annual evaluation of the QM plan.
- **On-going Evaluation of Service Effectiveness**: Review information collected to evaluate how well services funded by Part A are meeting community needs.
- **Attendance**: Regular participation is defined as at least attending 80% attendance of all QM committee meetings (in-person or via conference call) in a grant year.

**Charlotte TGA Advisory Council**

The Charlotte TGA Advisory Council assesses the service needs of the community and establishes funding priorities. The Advisory Council will aid in the communication of Ryan White Program activities to the community-at-large. The Charlotte TGA Advisory Council meets quarterly. Collaboration between the QM Leadership Team and the Council ensures that council members have the QM data to assist in establishing funding priorities and resource allocation.
**Stakeholders**

Stakeholders are significant due to their commitment to improving and ensuring access to quality care for all PLWHA in the Charlotte TGA. The Ryan White Program administration will provide feedback to the QM Leadership Team through quality assessments, focus groups, and other methods appropriate to the QM project. The internal and external stakeholders are identified in the following table. The next table includes the roles of the external stakeholders.

<table>
<thead>
<tr>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOCC – Board of County Commissioners</td>
<td>Consumers</td>
</tr>
<tr>
<td>Mecklenburg County Health Department</td>
<td>Community-at-Large</td>
</tr>
<tr>
<td>Ryan White Program Staff/Administration</td>
<td>HRSA</td>
</tr>
<tr>
<td>Ryan White QM Leadership Team</td>
<td>Subcontractors (Appendix A)</td>
</tr>
<tr>
<td>Ryan White Advisory Council</td>
<td>Quality Management Committee</td>
</tr>
<tr>
<td>Data Consultant</td>
<td>NC Ryan White Part B Program</td>
</tr>
<tr>
<td></td>
<td>NC AETC</td>
</tr>
<tr>
<td>External Stakeholders</td>
<td>Involvement in QM Program</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------</td>
</tr>
</tbody>
</table>
| Consumers             | • Participate on QM Committee  
                       | • Participate in quality improvement initiatives as necessary  
                       | • Participate in client satisfaction surveys  
                       | • Make suggestions/recommendations for quality improvement initiatives to the QM program  
                       | • Make suggestions/recommendations to providers on quality improvement needs | • Participate on QM Committee  
                       | • Participation on Ryan White Advisory Council  
                       | • Focus Groups |
| Community-at-Large    | • Provide input into the QM program | • Focus Groups  
                       | • Town-hall type meetings |
| Subcontractors        | • Provide care to consumers that are consistent with public health service guidelines  
                       | • Ensure that quality management components of their contract are met  
                       | • Adhere to standards of care specific to their program service area(s)  
                       | • Develop a quality management plan for their program  
                       | • Provide QM Program Lead with requested performance data in respective service category  
                       | • Participate in continuous quality improvement | • Provider meetings  
                       | • Bi-Monthly QM performance reports (see Performance Measurements and Appendix B)  
                       | • Annual QM performance report (see Appendix B)  
                       | • Quality Management training  
                       | • CAREWare training |
| Quality Management Committee | • Provide input on quality goals and improvement priorities  
                       | • Review written QM reports  
                       | • Review performance measures  
                       | • Participate in quality improvement projects as needed  
                       | • Review/research best practices and additional QM processes | • Monthly meetings, or as needed |
| NC Quality Collaboration - Part B Conferences and NC Quality Init. | • Work in collaboration with Part A QM  
                       | • Help ensure that all parts of the RWP use similar measurement criteria to facilitate valid comparisons | • Electronic mail  
                       | • Conference calls  
                       | • In-person meetings |
Quality Management Program Resources

The Charlotte TGA QM Program has the following resources available for utilization as it continually strives to improve the performance of services delivered to PLWHA.

Human Resources

- Health Research and Services Administration (HRSA)
- The National Quality Center (NQC)
- North Carolina Part B Program/ Part B Quality Management Conferences
- North Carolina Quality Initiative
- North Carolina AIDS Education and Training Centers (AETC)
- South Carolina Part B Program

Structural

- Conference room space
- Access to computers, internet, telephone, fax

Additionally, the Charlotte TGA is exploring the possibility of webinar and conference call capacity for meetings and technical assistance.
QUALITY GOALS & PERFORMANCE MEASUREMENT

Annual Quality Goals

Providers will direct efforts and resources toward achieving measurable goals established annually by the QM Leadership Team. These goals will focus on retention in care efforts and process improvements in order to strengthen the QM Program.

The following goals will be pursued by the QM Leadership Team:

Goal #1: Develop processes to ensure RWP clients receive at least 2 medical visits annually, thereby ensuring retention in health care services

Key Activities

- Develop at least two quality improvement (QI) projects to implement in the TGA.
- Track the 5 performance measures identified.
- Discuss and report on specific data collected and recommendations at QM Committee and Advisory Council Meetings.

Goal #2: Measure consumer satisfaction in the TGA through satisfaction survey implementation.

Key Activities

- Emphasize with the subcontractors the need to assess consumer satisfaction.
- Develop a consumer satisfaction template for subcontractors to utilize.
- Require each subcontractor to implement a consumer satisfaction survey.
- Report subcontractor specific client satisfaction data to the QM committee, if available.

Goal #3: Assist in the development of QM programs and QM plans for each subcontractor, thereby increasing the knowledge-base of QM principles.

Key Activities

- Provide QM Training to appropriate subcontractor staff.
- Conduct QM evaluations of each subcontractor.
- Develop a QM plan template for subcontractors.
- Assist, as needed, subcontractors with quality improvement activities.

Goal #4: Ensure all subcontractors are inputting performance measures into CAREWare.

Key Activities
• Provide CAREWare Training to appropriate subcontractor staff.
• Provide CAREWare technical assistance.
• Implement pilot project for subcontractors to begin reporting on performance measures.

Goal #5: Maintain a Quality Management Program and Plan

**Key Activities**

• Incorporate QM competencies into job descriptions of Ryan White staff.
• Ensure consumer representation in quality improvement activities.
• Maintain a racially/ethnically and geographically diverse and multi-disciplinary quality management committee through utilization of QM committee application.
• Review and revise the QM plan to assure ongoing relevance of annual goals and performance measures.

**Performance Measures**

The following performance measures are based on US Department of Health and Human Services guidelines and will be monitored for the entire 12 month grant period. The measures will be monitored continually based on data collected through CAREWare and, if need be, client files. The QM Leadership Team in collaboration with subcontractors will implement quality improvement initiatives to facilitate the attainment of the designated measures. If the goal for an indicator is met or exceeded in two consecutive data extractions, the QM Leadership Team will update the performance measure by the next data extraction period.

During the 12 month grant period, the following performance indicators will be measured (Currently, a pilot project is in effect to monitor the following indicators. The baseline measures were established from the pilot project’s April 2009 results.):
## Performance Measurements

|-----------|------------------------------------------------------------------------------|--------------------------------------|---------------------|-----------------------|------------------|
| Ensure Medical visits of PLWHA | % of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement period | **Numerator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e., MD, NP, PA, in an HIV care setting 2 or more times at least 3 months apart during the measurement period.  
**Denominator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once during the measurement period. | June 15, 2009  
August 15, 2009  
October 15, 2009  
December 15, 2009  
February 15, 2010  
April 15, 2010 | 320/346=92.5%  
(3 subcontractors, 50% of medical providers reported) |  |
| Monitor CD4 T-Cell Count | % of clients with HIV infection who had 2 or more CD4 T-Cell counts performed in the measurement period | **Numerator:** Number of HIV-infected clients who had 2 or more CD4 T-cell counts performed at least 3 months apart during the measurement period  
**Denominator:** Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e., MD, NP, PA, during the measurement period. | June 15, 2009  
August 15, 2009  
October 15, 2009  
December 15, 2009  
February 15, 2010  
April 15, 2010 | 327/346=94.5%  
(3 subcontractors, 50% of medical providers reported) |  |
| Pregnant Women and Antiretroviral Therapy | % of pregnant women with HIV infection who are prescribed antiretroviral | **Numerator:** Number of HIV-infected pregnant women who were prescribed antiretroviral therapy during | June 15, 2009 | 17/17=100.0%  
(Only one |  |
<table>
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<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>therapy</td>
<td>the 2nd and 3rd trimester.</td>
<td>August 15, 2009</td>
<td>subcontractor saw a pregnant client during time period)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Number of HIV infected pregnant women who had a medical visit with a provider with prescribing privileges, i.e., MD, PA, NP, at least once in the measurement period.</td>
<td>October 15, 2009</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Numerator:</strong> Number of clients who were prescribed PCP prophylaxis at the time when the CD4+ count was below 200/μL in the measurement period.</td>
<td>December 15, 2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Denominator:</strong> Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least once in the measurement period and had a CD4 T-cell count below 200 cells/mm³.</td>
<td>February 15, 2010</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Numerator:</strong> Number of clients who were prescribed PCP prophylaxis at the time when the CD4+ count was below 200/μL in the measurement period.</td>
<td>April 15, 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve Appropriate prescribing of PCP prophylaxis</td>
<td>% of clients with HIV infections and a CD4 T-cell count below 200 cells/mm³ who were prescribed prophylaxis</td>
<td>August 15, 2009</td>
<td>84/90=93.3%</td>
<td>(3 subcontractors, 50% of medical providers reported)</td>
<td></td>
</tr>
<tr>
<td>Improve Appropriate prescribing of HAART</td>
<td>% of clients with AIDS who were prescribed HAART</td>
<td>August 15, 2009</td>
<td>81/90=90.0%</td>
<td>(3 subcontractors, 50% of medical providers reported)</td>
<td></td>
</tr>
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<tr>
<td></td>
<td></td>
<td>condition), and had at least one medical visit with a provider with prescribing privileges, i.e. MD, PA, NP, in the measurement period.</td>
<td>December 15, 2009</td>
<td>February 15, 2010</td>
<td>April 15, 2010</td>
</tr>
</tbody>
</table>

* The goals will be set based upon national benchmarks once we have all ambulatory care providers reporting performance data. At that point, the baseline measures may be edited as well.

The following provides guidance on the time periods for the designated reporting dates:

<table>
<thead>
<tr>
<th>Reporting Date</th>
<th>Denominator/Eligibility Start/End</th>
<th>Numerator Start/End</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 15, 2009</td>
<td>July 1, 2009 – August 31, 2009</td>
<td>September 1, 2008 – August 31, 2009</td>
</tr>
</tbody>
</table>

Note: As the Charlotte TGA QM Program matures, additional performance objectives and indicators for the support services will be developed.
EVALUATION

Evaluation Plan

The QM Team will evaluate the QM program at the end of the Part A grant funding year. Evaluation will include assessment of the effectiveness of the QM infrastructure, the performance measures, the annual quality goals, consumer satisfaction, the Ryan White Program staff, and the QM plan.

The evaluation plan of the QM program includes the following activities and responsibilities that occur at the following frequency:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsibility</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review QM goals and assess for relevance.</td>
<td>QM Lead</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>QM Committee</td>
<td></td>
</tr>
<tr>
<td>Review mission statement to determine relevance.</td>
<td>QM Leadership Team</td>
<td>Bi-Annually (every 2 years)</td>
</tr>
<tr>
<td></td>
<td>QM Committee</td>
<td></td>
</tr>
<tr>
<td>Approve and finalize QM plan.</td>
<td>QM Leadership Team</td>
<td>Annually</td>
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<tr>
<td></td>
<td>QM Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other stakeholders</td>
<td></td>
</tr>
<tr>
<td>Evaluate RW Program staff and QM Leadership Team</td>
<td>Subcontractors</td>
<td>Annually</td>
</tr>
<tr>
<td>Review epidemiological data to identify gaps in medical service delivery.</td>
<td>QM Leadership Team</td>
<td>Bi-Annually</td>
</tr>
<tr>
<td></td>
<td>QM Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>QM Advisory Council</td>
<td></td>
</tr>
<tr>
<td>Conducts needs assessment to identify gaps in supportive service delivery.</td>
<td>RWP Manager takes lead</td>
<td>Annually</td>
</tr>
<tr>
<td>Engage in continuous performance measurement and quality improvement.</td>
<td>QM Lead</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Data Consultants</td>
<td></td>
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<tr>
<td></td>
<td>Subcontractors</td>
<td></td>
</tr>
<tr>
<td>Conduct client satisfaction surveys to determine quality improvement needs at the service delivery level.</td>
<td>QM Lead</td>
<td>Annually</td>
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<tr>
<td></td>
<td>Subcontractors</td>
<td></td>
</tr>
<tr>
<td>Review HIV/AIDS treatment guidelines to assure compliance with the best standards of care.</td>
<td>QM Leadership Team</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Tools to survey Ryan White clients and the Ryan White staff will be developed by the QM Leadership Team. Subcontractors will be allowed to use existing client satisfaction tools providing they incorporate the criteria established by the QM Leadership Team, which will include access, timeliness, availability of services, and confidentiality measures. A survey to evaluate Ryan White staff will be developed and disseminated to subcontractors.
Capacity Building

The Charlotte TGA will conduct the following training and capacity-building activities:

**Quality Management Training**  
- All stakeholders will participate annually.

**CAREWare Training**  
- Subcontractors will be trained annually.  
- Evaluate competency of CAREWare knowledge.

**Providers Annual Meeting**  
- All subcontractors will meet annually to network and discuss policies and procedures that are new for the grant period. Quality Improvement activities may be identified during these meetings. Meetings will occur at the beginning of grant year.

**Service-specific Support**  
- Subcontractors providing similar services (i.e. case managers, etc.) will have conference calls or in-person meetings quarterly (or as needed) to learn best practices and discuss issues pertaining to their service delivery.

**New Subcontractor Orientation**  
- Staff will develop packets and conduct orientation meetings at the beginning of each grant period for new subcontractors.
<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Services</th>
<th>County Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anson County Health Department</td>
<td>Ambulatory/Outpatient Care Drug Reimbursement Program Medical Case Management Medical Transportation</td>
<td>Anson</td>
</tr>
<tr>
<td>Bradley-Reid Corporation</td>
<td>Emergency Financial Assistance Food Bank Housing Assistance Substance Abuse Medical Transportation</td>
<td>Anson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cabarrus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gaston</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mecklenburg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Union</td>
</tr>
<tr>
<td>Cabarrus Health Alliance</td>
<td>Ambulatory/Outpatient Care Drug Reimbursement Program Emergency Financial Assistance Health Insurance-Premium/Co-pay Assistance Housing Assistance Medical Nutritional Therapy Medical Case Management Medical Transportation Oral Health</td>
<td>Cabarrus</td>
</tr>
<tr>
<td>Organization</td>
<td>Services</td>
<td>Location</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>
| Catawba Care Coalition              | Ambulatory/Outpatient Care Drug Reimbursement Program  
Health Insurance-Premium/Co-pay Assistance  
Medical Case Management  
Medical Nutritional Therapy  
Mental Health Services  
Oral Health Outreach | York                    |
| Carolinas Medical Center-Myers Park | Ambulatory/Outpatient Care Drug Reimbursement Program | Mecklenburg           |
| Carolinas Medical Center- Northeast | Ambulatory/Outpatient Care Drug Reimbursement Program | Anson  
Cabarrus  
Gaston  
Mecklenburg  
Union |
| Community Empowerment Center       | Medical Transportation                                                  | Cabarrus  
Gaston  
Mecklenburg  
York |
| Eastowne Family Physicians         | Ambulatory/Outpatient Care Health Insurance-Premium/Co-pay Assistance  | Mecklenburg           |
| Friendship Trays, Inc.              | Food Bank  
Medical Nutritional Therapy                                             | Mecklenburg           |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Services Provided</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaston Family Health Services</td>
<td>Ambulatory/Outpatient Care, Drug Reimbursement Program, Emergency Financial Assistance, Health Insurance, Medical Case Management, Medical Transportation, Mental Health Services, Oral Health</td>
<td>Gaston</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Legal Services</td>
<td>Anson, Cabarrus, Gaston, Mecklenburg, Union</td>
</tr>
<tr>
<td>Living Water Community Development Corporation, Inc.</td>
<td>Ambulatory/Outpatient Care, Medical Case Management, Medical Transportation</td>
<td>Anson, Mecklenburg, Union</td>
</tr>
<tr>
<td>Metrolina AIDS Project</td>
<td>Ambulatory/Outpatient Care, Drug Reimbursement Program, Medical Case Management, Medical Transportation</td>
<td>Anson, Mecklenburg, Union</td>
</tr>
<tr>
<td>Mcleod Addictive Disease Center</td>
<td>Substance Abuse</td>
<td>Anson, Cabarrus</td>
</tr>
<tr>
<td>Location</td>
<td>Services Provided</td>
<td>City(s)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Mecklenburg County Health Department</td>
<td>Medical Case Management, Medical Transportation</td>
<td>Mecklenburg</td>
</tr>
<tr>
<td>Mt. Zion Medical Clinics</td>
<td>Ambulatory/Outpatient Care</td>
<td>Mecklenburg</td>
</tr>
<tr>
<td>Quality Home Care Services, Inc.</td>
<td>Housing Assistance, Medical Case Management, Medical Transportation, Mental Health Outreach, Psychosocial Support</td>
<td>Cabarrus, Gaston, Mecklenburg, Union</td>
</tr>
<tr>
<td>RAIN (Regional Aids Interfaith Network)</td>
<td>Medical Case Management, Psychosocial Support</td>
<td>Anson, Cabarrus, Gaston, Mecklenburg, Union, York</td>
</tr>
<tr>
<td>Rosedale Infectious Disease, PLLC</td>
<td>Ambulatory/Outpatient Care, Food Bank</td>
<td>Anson, Cabarrus, Gaston, Mecklenburg</td>
</tr>
</tbody>
</table>

- **RAIN (Regional Aids Interfaith Network)**
  - Medical Case Management
  - Psychosocial Support

- **Rosedale Infectious Disease, PLLC**
  - Ambulatory/Outpatient Care
  - Food Bank
| South Carolina ADAP       | Drug Reimbursement Program Health Insurance Premium/Co-pay Assistance | Union York | York |
## Goal #1: Develop processes to ensure client-level data is collected and reported on the 5 performance measures.

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Steps</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Develop at least two Quality Improvement projects to implement TGA-wide. | a. Aim to have data inputted of all providers.  
b. Recommend QI project to QM Committee.  
c. Acquire QM Committee buy-in to QI project.  
d. Work with QM Committee to implement QI project. | a. September  
b. September  
c. September  
d. September | a. QM Leadership Team  
b. QM Leadership Team  
c. QM Leadership Team, QM Committee, Subcontractors  
d. QM Leadership Team |
| Track the 5 performance measures identified. | a. Performance data entered into CAREWare  
b. Extract data and communicate results  
c. Quarterly | a. Subcontractors, Data Consultant  
b. QM Lead  
c. QM Lead |
| Discuss data collected and recommendations at QM Committee and Advisory Council Meetings. | a. Extract data and communicate results  
b. Extract subcontractor specific data and provide feedback  
b. Quarterly  
c. Quarterly | a. QM Lead  
b. QM Lead  
c. QM Committee |

## Goal #2: Measure consumer satisfaction through satisfaction survey implementation.

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Steps</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Emphasize with the subcontractors the need to assess consumer | a. Topic of discussion at Providers meeting  
b. Topic of discussion at initial QM Committee Meeting of year\  
c. Make part of monitoring process | a. April  
b. June  
c. Annually | a. RWP Manager  
b. QM Lead  
c. Contract Coordinators |
<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Steps</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide QM Training to appropriate subcontractor staff.</td>
<td>a. Facilitate QM training</td>
<td>a. Annually</td>
<td>a. QM Lead</td>
</tr>
<tr>
<td>Develop a QM plan template for subcontractors.</td>
<td>a. Draft QM plan template for utilization TGA-wide b. Require and approve subcontractor QM plans</td>
<td>a. July/August b. December</td>
<td>a. QM Lead/Consultant b. QM Leadership Team</td>
</tr>
<tr>
<td>Assist, as needed, subcontractors with quality improvement activities.</td>
<td>a. Provide technical assistance to subcontractors</td>
<td>a. Ongoing</td>
<td>a. QM Lead</td>
</tr>
</tbody>
</table>

**Goal #3:** Assist in the development of QM programs and QM plans for each subcontractor, thereby increasing the knowledge-base of QM principles.
<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Steps</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide CAREWare Training to appropriate subcontractor staff.</td>
<td>a. Provide CAREWare training</td>
<td>a. Annually, beginning of grant year</td>
<td>a. Data Consultant</td>
</tr>
<tr>
<td>Provide CAREWare technical assistance.</td>
<td>a. Technical assistance to subcontractors</td>
<td>a. Ongoing</td>
<td>a. Data Consultant</td>
</tr>
<tr>
<td>Implement pilot project for subcontractors to begin reporting on performance measures.</td>
<td>a. Provide template for subcontractors to report data</td>
<td>a. In process</td>
<td>a. QM Lead/Consultant</td>
</tr>
</tbody>
</table>

Goal #5: Maintain a Quality Management Program and Plan.

<table>
<thead>
<tr>
<th>Key Actions</th>
<th>Steps</th>
<th>Timeline</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate quality management competencies into job descriptions of Ryan White staff.</td>
<td>a. Edit job descriptions</td>
<td>a. As soon as possible</td>
<td>a. RWP Manager; RWP Administration</td>
</tr>
<tr>
<td>Ensure consumer representation in quality improvement activities.</td>
<td>a. Input from consumers in QM Committee Meetings.</td>
<td>a. As needed</td>
<td>a. QM Lead</td>
</tr>
<tr>
<td></td>
<td>b. Input from consumers in Consumer Committee Meetings.</td>
<td>b. As needed</td>
<td>b. QM Lead, Consumer Committee Lead</td>
</tr>
<tr>
<td>Maintain a racially/ethnically and geographically diverse</td>
<td>a. Inaugural QM Committee Meeting</td>
<td>a. June 26</td>
<td>a. Consultant</td>
</tr>
<tr>
<td></td>
<td>b. Monthly QM Committee Meetings</td>
<td>b. Ongoing</td>
<td>b. QM Lead</td>
</tr>
<tr>
<td></td>
<td>c. Dissemination and collection of QM committee applications</td>
<td>c. Ongoing</td>
<td>c. QM Lead</td>
</tr>
</tbody>
</table>
and multi-disciplinary quality management committee through utilization of QM committee application.

<table>
<thead>
<tr>
<th>Task</th>
<th>Frequency</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively recruit QM committee members</td>
<td>Ongoing</td>
<td>QM Lead</td>
</tr>
<tr>
<td>Review and revise the QM plan to assure ongoing relevance of annual goals and performance measures.</td>
<td>(see evaluation plan)</td>
<td></td>
</tr>
</tbody>
</table>