

Bergen-Passaic TRANSITIONAL GRANT AREA

Ryan White HIV/AIDS Program – Part A



PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

COLLABORATIVE RESEARCH

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BACKGROUND

The Bergen-Passaic Transitional Grant Area (TGA) consist of two counties (Bergen and Passaic Counties) in northeast New Jersey. The TGA is geographically the second smallest of the nine New Jersey planning regions, the second largest in general population and is the second most densely populated. The CEO for the Ryan White HIV/AIDS Program (RWHAP) Part A funds is Mayor of the City of Paterson, NJ. The Clinical Quality Management Committee (CQMC), was originally established to guide the development of Standards of Care for HIV services in the TGA and has now evolved into a comprehensive clinical quality improvement component for the RWHAP. The CQMC will work with all RWHAP Part A subrecipients to continuously improve the quality of care, service delivery, and health outcomes among People Living with HIV (PLWH) in the Bergen-Passaic TGA, with a vision of *Ending the Epidemic*.

QUALITY STATEMENT

The Clinical Quality Management Plan (CQMP) of the Bergen-Passaic TGA is a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to the people living with HIV (PLWH) throughout the Bergen-Passaic TGA. The RWHAP, Part A Program Director, will develop assist in developing strategies and assisting in monitoring Clinical Quality Management (CQM) activities to ensure that service delivery to all Ryan White Part A (RWPA) eligible PLWH are equitable and adheres to the National HIV/AIDS Strategy, HIV clinical practice standards and Public Health Service guidelines, and the HRSA/HAB RWHAP Program guidelines.

The following components are vital to the success of the Bergen-Passaic TGA CQMP. These components will to ensure that service delivery is effective and equitable for RWHAP eligible PLWH in the Bergen-Passaic TGA:

- **Infrastructure:** the backbone of a CQM program, detailing the roles of the CQMC, RWPA staff, RWPA consumers and stakeholders, and evaluation of the CQM program.
- **Performance Management:** the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction.
- **Quality Improvement:** the development and implementation or activities to make changes to the program in response to the performance driven results.

The purpose of the CQMC is to:

- To demonstrate a commitment to continued quality improvement throughout the Ryan White Part A (RWPA) service delivery area;
- Assist in describing the TGA's CQMP and CQMC infrastructure;
- Identify strategic activities for quality improvement;
- Guide the development of structured activities that will enhance service delivery to RWPA eligible PLWH in the TGA; and
- Communicate the roles, responsibilities, and expectations of the RWPA Program staff, CQMC, and quality improvement activities.

CQMC INFRASTRUCTURE

The CQM Program operates through the Clinical Quality Management Committee (CQMC) which receives guidance and support from the RWPA Recipients Office. Participation of subrecipient's receiving funding from the RWPA program is required. Input is received from all RWPA subrecipients, in addition to RWPA Planning Council, PLWH receiving RWPA services, and non-RWHAP funded community partners. Priorities are established in concert with the RWPA Planning Council and aligned Policy Clarification Notice (PCN) #15-02. The CQMC meets quarterly.

The purpose of the CQMC is to establish a mechanism where RWPA subrecipients can coordinate efforts and demonstrate improvement in service delivery and performance measure outcomes. The need for technical assistance, capacity building, and training opportunities are assessed and provided as appropriate to further the CQMC goals and objectives. The efforts of the Bergen-Passaic TGA CQMP contributes to improved health outcomes for RWPA eligible PLWH in the TGA, ensures that service delivery is equitable and adheres to the National HIV/AIDS Strategy, HIV clinical practice standards and Public Health Service guidelines, and the HRSA/HAB RWHAP Program guidelines.

To ensure that all aspects of patient health are included in the quality improvement effort, the CQMC is comprised of a diverse group of members ranging from RWHAP subrecipients, to HIV/STD prevention providers, housing and employment providers, PLWH, and community stakeholders. The CQMC seeks to represent a variety of skill sets as well as a variety of provider disciplines. In addition to representation from social service and clinical program. The CQMC strives to engage members who can analyze data, assist with capacity building, and provide consumer input.

CQM Leadership

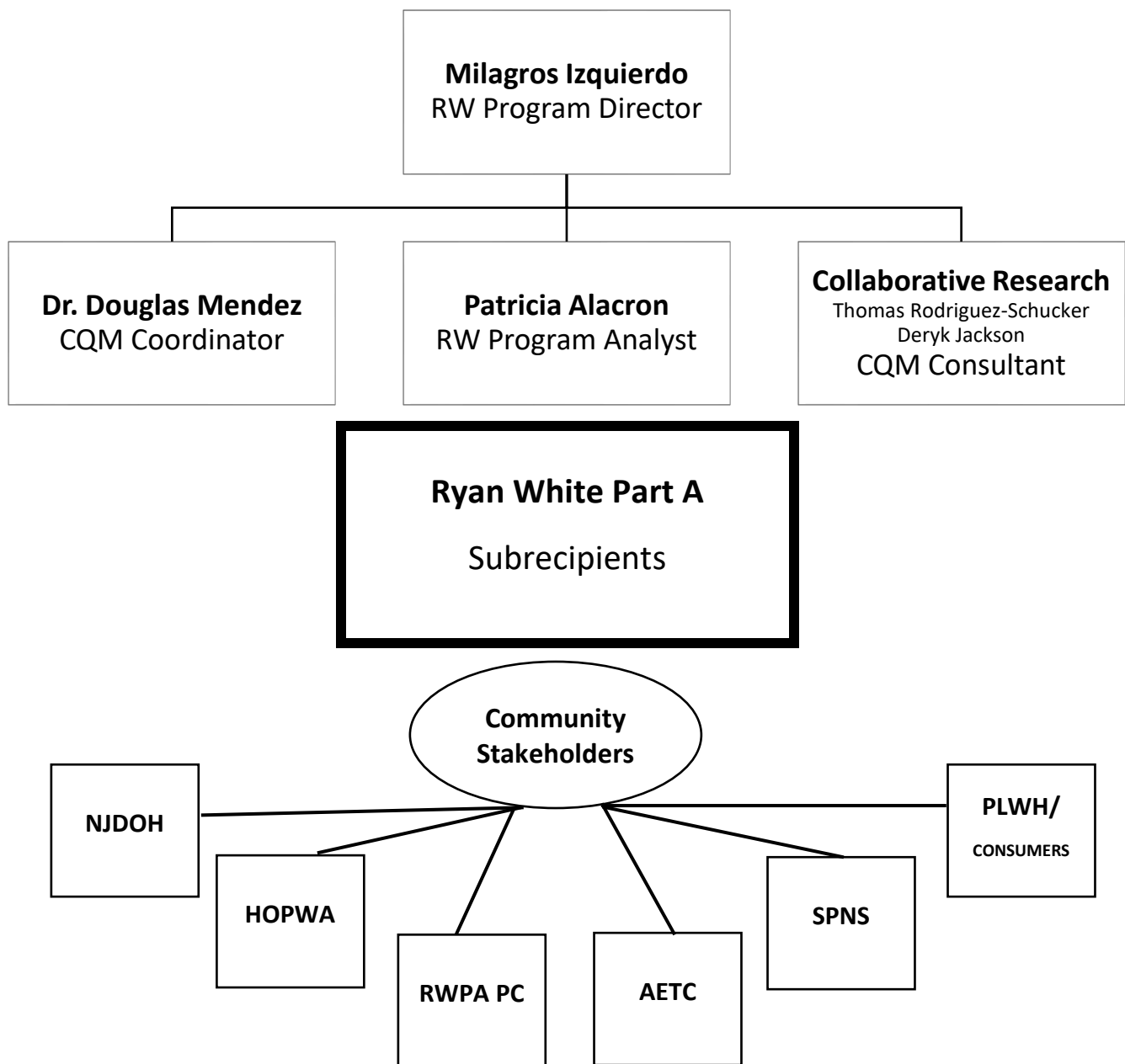
Leadership of the CQM program is provided through several sources. Within the RWPA Program, the Program Director, Program Analyst, Clinical Quality Management Director and Quality Management Consultant serve as the QM Leadership Team and are responsible for overseeing, guiding, and implementing CQM and CQI activities. Additionally, the City of Paterson Mayor designates the Director of Health to participate on the Bergen-Passaic TGA Ryan White Planning Council and reports back to the Mayor and City Council relevant information regarding CQM activities and accomplishments. Furthermore, the Planning Council, along with its Planning and Development Committee (P&D), provide added leadership and direction for the CQM Program, as outlined below:

Ryan White Planning Council

Planning Council members work to set priorities and allocate resources to funded service categories for the RWPA Program. Council members also evaluate the cost effectiveness and the quality of the services provided based on aggregate Care Continuum and performance indicator data provided by the QM Team. The RWPA Program provides monthly administrative, fiscal and QM updates to the Planning Council to ensure the Planning Council has adequate information for decision making.

Planning and Development Committee

The P&D Committee, a subcommittee of the RWPA Planning Council, is responsible for overseeing the development of community needs assessments, establishing and monitoring the Planning Council's comprehensive plan for the delivery of HIV services, and determines the guidelines for the provision of RWPA services. Additionally, the P&D Committee is tasked with the oversight and monitoring of the RWPA Program's commitments to and required actions steps of the 2017-2021 Integrated HIV Prevention and Care Plan. Furthermore, the P&D is responsible for development of standards of care for the RWPA-funded service categories. The committee collaborates with the RWPA QM Team, service area experts and consumers to review aggregate data on clinical outcomes and service quality. This information helps to refine outcome targets defined within the standards of care and monitors service quality in the TGA.



CQM Committee

The membership of the CQMC reflects the diversity of disciplines involved in the HRSA defined RWPA Program core and clinically related support services in the TGA. The committee structure consists of:

- (5) RWPA Staff: Program Manager, Quality Management Analyst, Quality Management Contractor, Clinical Quality Management Contractor, and Management Information System Consultant; and
- (6+) Part A Subrecipients: A minimum of one representative from each subrecipient dedicated to QM; and
- (3) Part A Consumers: Three Planning Council consumers.

The CQM Committee will be responsible for the following activities:

- Establish TGA-wide target goals for each continuum stage based on performance measure results;
- Subrecipient members conduct PDSAs or quality improvement projects and present findings on a minimum of two PDSAs annually to the committee at quarterly meetings based on agency-specific continuum data and other performance measurements;
- Review and provide feedback on the RWPA QM Plan, as necessary;
- Participate in subcommittees/workgroups as requested to address service specific quality issues; and
- Make recommendations for improvements in standards of care, committee process, overall CQM program, and performance measures based on available data.

The QM Team will be responsible for assisting with the following list of committee activities:

- Quarterly meetings to review system-wide CQM issues/challenges and development of strategies to improve care;
- Annual presentation to review data related to quality improvement based on performance measures, reports and other relevant data;
- Identify TGA-wide quality initiatives, performance indicators and goals;
- Review and recommend revisions of measures to reflect current US Health and Human Services (HHS) Treatment guidelines as well as federal and state regulations for HIV care and services;
- Review and devise assessment and data collection tools/protocols as necessary;
- Establish subcommittees/workgroups as needed to address service specific quality issues;
- Plan and develop educational opportunities for subrecipients which may include improving HIV care, QI knowledge and provide clinical updates according to HHS guidelines;
- Review and update the QM plan;
- Provide input into an annual evaluation of the HIV QM program conducted by the recipients;
- Distribute updated care continua by subrecipient and service category on a quarterly basis; and
- Facilitate the committee working process, record meeting minutes and distribute to all committee members prior to the next meeting.

Dedicated Resources

AIDS Education and Training Center (AETC)

The AETC provides targeted, multi-disciplinary education and training programs for healthcare subrecipients treating PLWH. These trainings include consultation and preceptorships for HIV care subrecipients, presentations on updated clinical guidelines, information on new pharmaceuticals, and chronic disease management.

Integrated HIV Prevention and Care Plan for Bergen-Passaic TGA

In 2017, the Bergen-Passaic TGA Ryan White Part A Planning Council formally unveiled the Integrated HIV Prevention and Care Plan (IP), a five-year plan to end the epidemic in the TGA. More than 50 community members contributed 150 hours creating the plan. An additional 336 people living with, or at-risk for contracting HIV informed planning activities by sharing their personal stories about accessing prevention and care services. The plan is structured around the four (4) NHAS Goals and its objectives are aligned to the NHAS performance metrics. To better address the issues across the diverse landscape of the TGA. The Planning Council's P&D Committee is responsible for the oversight of the IP.

National HIV/AIDS Strategy (NHAS): Updated to 2020

The NAHS details principles, priorities, and actions to guide the national and local responses to the HIV epidemic. The Strategy set these main goals: reducing new HIV infections, increasing access to care and improving health outcomes for PLWH, reducing HIV-related health disparities and inequities, and achieving a more coordinated response to the epidemic. The identified goals and action steps are linked to measurable health outcomes to address the epidemic.

Center for Quality Improvement & Innovation (CQII)

The CQII (formerly NQC) provides focused quality improvement and QM technical assistance to the grantee and Ryan White subrecipients. These trainings include, but are not limited to, QM planning, Care Continuum implementation, assessments, training of trainers for quality improvement principles and quality leadership.

Consumer Involvement

Consumer involvement in the CQM program is a key component to ensuring successful quality improvements. The TGA incorporates consumer feedback and input through the use of targeted needs assessments, consumer trainings and the recruitment of consumers for the RWPA Planning Council, the CQM Committee and various workgroups. This CQM Committee requires at least two consumers be included in the membership of the committee and encourage/advise subrecipient agencies to include consumers within their respective quality management programs.

Stakeholder Involvement

While the CQM Committee provides leadership for QI initiatives, the primary goal is to provide a coordinated, comprehensive, and continuous effort to monitor and improve the quality of care provided to PLWH throughout the TGA; therefore, their input is critical to every stage of planning, implementation and evaluation.

Table 2 lists the various stakeholders involved in QI activities, along with the type and level of involvement each has with the CQM process.

Table 2. Quality Management Stakeholders and Involvement Levels	
Stakeholder	Type of Involvement
Consumers	Inform CQM Committee, make suggestions, and evaluate.
Subrecipients	<i>System-wide program</i> Inform, participate in decision making about system-wide improvement. <i>Individual contractor initiatives</i> Design own CQI initiatives, Meet contract deliverables for QM programs and PDSAs.
Planning Council	Collaborate with CQM Committee, Support the development and approval of Standards of Care.
HRSA	Establish guidelines/standards for performance and program compliance.

Capacity Building

The RWPA Program conducts the following capacity building activities:

- Annual completion and reporting of NQC Organizational Assessment Tool results for each subrecipients;
- The QM Team participates in the NQC and other Ryan White QM trainings offered for Recipients, as needed;
- Connection to AETC for any new subrecipients and/or core service subrecipients.
- Ongoing eCOMPAS trainings for all subrecipients and established protocols for setting up new subrecipients in eCOMPAS; and
- And additional TA is provided to subrecipients on an as needed basis.

Communication

The QM Team believes that the sharing of information serves to strengthen our partnerships within the community and helps to provide services more efficiently to people affected by HIV. Reliable data and consistent communication are important because they provide transparency and accountability regarding what services are being offered and the effectiveness of those services. The QM Team ensures that each stakeholder listed below is provided the relevant education/training, as necessary, to understand the information and data that is disseminated by the RWPA Program.

Table 3 outlines regular communications with stakeholders, the frequency of the communication and the method:

Table 3: OUTLINE OF REGULAR QUALITY MANAGEMENT COMMUNICATIONS			
Information	Stakeholder	Frequency	Communication Methodology
QM Plan	HRSA Planning Council Subrecipients	Annually	Written document and presentation Website publishing
Service Standards	HRSA Planning Council Subrecipients Client	As needed	Oral and written documents and presentations as appropriate Website publishing
Service-specific Outcome Reports	HRSA Planning Council Subrecipients Client	Annually	Annual Report
Annual Site Reviews	Planning Council Subrecipients HRSA	Annually after review	Annual Report
Monthly Service Reports	HRSA Project Officer	Monthly	Quantitative and narrative reports
Evaluation of Administrative Mechanism	HRSA Planning Council	Annually	Narrative Report
CQM Bulletins	CQM Committee	Monthly	Monthly communication containing updates and meeting information

Evaluation of the CQM Program

The CQM Committee ensures that activities are effective and successfully identify areas in need of improvement, assesses possible changes, and evaluates the results of those changes in program implementation. The purpose of evaluating the QI and QM activities focuses on three areas:

- Evaluating the effectiveness of the CQM infrastructure to decide whether process improvement is needed;
- Reviewing performance measures to document whether the measures are appropriate to assess clinical and non-clinical HIV care; and
- Evaluating CQI activities to determine whether the annual quality goals for QI activities are met.

Table 4 outlines the mechanisms available to evaluate the effectiveness of CQI activities and objectives.

Table 4. EVALUATION OF CLINICAL QUALITY IMPROVEMENT ACTIVITIES			
Evaluation Area	Activities	Materials	Method/ Timeframe
Assess effectiveness of CQM structure	Assess program based on NQC QM Organizational Assessment	NQC Quality Management Organizational Assessment Tool	Annually
Review Performance Measures	Review CQM Plan with the Clinical Quality Management Committee.	CQM Plan	Annually
Evaluate CQI activities	Review annual goals, performance measure results and other related data.	Various Care Continua, PDSA presentations, Disparities data, and e2Bergen reports.	Annually

The CQM Committee meets annually to review the CQM plan and set goals and objectives for the upcoming/current year. Prior to this meeting, the committee solicits feedback from local subrecipients, cross-title administrators and community members in developing clinical and non-clinical measures that best assess the capacity of the RWPA Care Continuum to provide quality health and service outcomes for clients. The committee reviews the results, infrastructure and activities from the previous year, as well as any timely literature and HRSA guidance to ensure that the measures selected are sound and meet local and national standards. High-level analytical/technical assistance is sought, when needed, from the AETC and/or NQC staff to ensure that data collection/analysis methodologies reflect best scientific practice. The committee also identifies the ongoing responsibilities of each committee member to guarantee that the QM plan can be effectively implemented and identifies any gaps in capacity and assigns duties accordingly.

The CQM Committee meets quarterly to review progress made on the implementation objectives and performance measures outlined in the current CQM plan. The QM Team reports and solicits additional feedback on changes to performance measures at CQM Committee meetings and at Planning Council meetings, subrecipient meeting, and at other system-level meetings.

The QM Team produces an annual report detailing aggregate results of the CQM outcomes and other performance measures.

PERFORMANCE MEASUREMENT

The annual performance measures defined in the QM Plan are monitored collectively by the Recipient, consultants and the QM Team. The QM Team receives reports at each of its quarterly meetings. Additionally, the Quality Management Consultant and Clinical Quality Management Consultant review medical records and data reports to assure appropriate interpretation by the QM Team. Findings are articulated based on consensus of all three entities.

Data integrity is maintained through client level quality checks embedded in the MIS reporting system. An annual report is prepared, highlighting data and analysis of QM performance results. This report is shared with the Planning Council as part of its annual status report on the Integrated Prevention and Care Plan. The QM Plan is further incorporated into the Bergen-Passaic Integrated Prevention and Care Plan 2017-2021. Sign-off includes approval of the Integrated Plan by the Planning Council and the Quality Management Plan by the QM Team and the Recipient.

Continuum Definitions

The RWPA Program adheres to the definitions for the HIV Care Continuum. Those definitions are, as follows:

- HIV-Diagnosed – Numerator: Total HIV primary medical patients who are enrolled in RW active or inactive in the measurement year. Denominator: Total HIV primary medical patients who are enrolled in RW active or inactive in the measurement year.
- Linkage to Care – Numerator: Number of primary medical patients in the denominator who have at least one CD4, VL test or medical visit in 12 months and still alive within the measurement period. Exclude patients who died at any time during the 24-month measurement period. Denominator: Total HIV primary medical patients who are enrolled in RW active or inactive in the measurement year.
- Retained in Care – Numerator: Number of live patients 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 first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. Exclude patients who died at any time during the 24-month measurement period. Denominator: Total HIV primary medical patients who are actively enrolled in the measurement year.
- On Antiretroviral Therapy – Numerator: Number of patients from the numerator Linked to Care prescribed HIV antiretroviral therapy during the measurement period. Exclude patients who died at any time during the 24-month measurement period. Denominator: Total HIV primary medical patients who are enrolled in RW active or inactive in the measurement year
- Virally Suppressed – Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement period. Exclude patients who died at any time during the 24-month measurement period. Denominator: Total HIV primary medical patients who are enrolled in RW active or inactive in the measurement period.

Table 5. PERFORMANCE MEASUREMENT GOALS

Performance Measure	Overall Goal	Annual Goals		Review Frequency	Source(s)	Notes
All Services Linkage to Care	By 2022, 80% of all RWPA clients will be linked to HIV care.	CY 2019: 78.64% (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: 79.80% Goal: 80% Result: Not Met	CY21: 63.75% Goal: 80% Result: Not Met			
All Services Retention in Care	By 2022, 60% of all RWPA clients will be retained in HIV care.	CY 2019: 55.42% (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: 56.78% Goal: 60% Result: Not Met	CY21: 25.72% Goal: 60% Result: Not Met			
All Services Viral Suppression	By 2022, 67% of all RWPA clients will achieve viral suppression.	CY 2019: 63.05% (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: 66.34% Goal: 65% Result: Achieved	CY21: 49.85% Goal: 67% Result: Not Met			
OAHS Retention in Care	By 2022, 90% of all of all OAHS RWPA clients will be retained in HIV care .	CY 2019: 83.26% (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: 88.21% Goal: 85% Result: Achieved	CY21: 87.26% Goal: 90% Result: Not Met			
OAHS Viral Suppression	By 2022, 91% of all OAHS RWPA clients	CY 2019: 86.61% (Baseline)		Quarterly	e2 Continuum Data / Report	eCOMPAS modules being updated to reflect QM Plan.
		CY20: 90.83%	CY21: 91.98%			

	will achieve viral suppression.	Goal: 85% Result: Achieved	Goal: 91% Result: Achieved		Subrecipient data entry into e2	
MCM Viral Suppression	By 2022, 85% of all MCM RWPA clients will achieve viral suppression.	CY 2019: Not Measured % (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: Goal: 80% Result: Not Measured	CY21: Goal: 85% Result:			
Mental Health Viral Suppression	By 2022, 85% of all MH RWPA clients will achieve viral suppression.	CY 2019: Not Measured % (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: Goal: 80% Result: Not Measures	CY21: Goal: 85% Result:			
ORAL HEALTH Viral Suppression	By 2022, 85% of all of all Oral Health RWPA clients will achieve viral suppression.	CY 2019: Not Measured % (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: Goal: 80% Result: Not Measures	CY21: Goal: 85% Result:			

EIS Linkage to Care	By 2022, 85% of all EIS RWPA clients will be linked to HIV medical care.	CY 2019: Not Measures % (Baseline)		Quarterly	e2 Continuum Data / Report Subrecipient data entry into e2	eCOMPAS modules being updated to reflect QM Plan.
		CY20: Goal: 80% Result: Not Measures	CY21: Goal: 85% Result:			

QUALITY IMPROVEMENT

System-wide quality improvement activities include: improvement of data collection techniques/tools, organizational assessments of the RWPA and subrecipient QM programs and distribution of needs assessment/client satisfaction results. The QM Team works with individual subrecipients to develop and implement QI initiatives, including agency-specific outcome goals. Following the Plan-Do-Study-Act (PDSA) model, subrecipients are required to identify areas of improvement, perform subsequent PDSAs to address identified concerns or target populations, and present findings, challenges and implementation plans to the CQM Committee on a quarterly basis.

The goal of the RWPA Program's QM Team is to ensure that PLWH in the TGA receive the highest quality core and supportive services. To accomplish this, the QM Team will ensure:

- Direct service medical subrecipients adhere to established practice standards, NPHPS Guidelines and Planning Council expectations to the extent possible;
- HIV-related supportive services focus on retention in care and viral load suppression as defined by the Care Continuum;
- Demographic, clinical and health care utilization information, as well as available health outcomes data and performance measures, are used to monitor the spectrum of HIV-related illnesses and trends in the local epidemic;
- The existing QM infrastructure and QM plan are annually reviewed and revised, as necessary;
- Technical assistance is provided to subrecipients in the development, implementation and maintenance of their respective QM plans;
- Compliance with HRSA/HAB Standards for core and support services;
- Participation in the AA's chosen process for consumer satisfaction surveys; and
- QI data is collected, maintained, analyzed and shared with appropriate stakeholders through publication, presentation or other appropriate formats.

Table 6 provides an overview of the Quality Improvement activities that the RWPA QM Team will be engaged in over the duration of the current QM plan. The table serves as a living document, containing the current and future QI activities. Updates, revisions and additions to this table are expected as health outcomes and performance measurement data are reviewed on a quarterly basis and will inform the activities herein. The table consists of seven (7) categories which are used to track the progress of each QI activity, beginning with the overall **Goal** for each activity. The next column contains the current **Status** for each activity, indicating whether it's ongoing (a continuous activity), progressing (activity in motion), pending (planned for future) or completed. High-level objectives for each activity are listed within the **Actions Steps** section. The **Target Date** section outlines proposed dates for the accomplishment/completion of each activity, while the **Responsible** section lists which QM Team member(s) are tasked with overseeing each activity. Next, the **Completed** section will be utilized to indicate the outcome of the goal or activity. Finally, any applicable **Resolution Notes** are included in the table for the corresponding activity.

Table 6. QUALITY IMPROVEMENT ACTIVITIES

Goal	Status	Action Steps (at Plan onset)	Target Date	Responsible	Completed	Resolution Notes
Annually review and update the TGA's QM Plan.	Ongoing: GY18 Update APPROVED GY19 Update APPROVED GY20 Update APPROVED GY21 Update APPROVED GY22 New Plan PENDING	1. CQM Leadership Team will conduct initial review and provide notes and suggested changes to AA. 2. Review proposed changes with entire QM Team. 3. Finalize the QM Plan. 4. Present QM Plan to CQM Committee for review and endorsement.	February 2021 August 2021 September 2021	QM Contractor QM Committee	Approved and Completed 9/20/2021	Updated plan to be presented to CQM Committee for review in September 2021 CQM Meeting.
Conduct reviews of Subrecipient quality improvement initiatives/PDSAs that address linkage to care timeframes.	Ongoing: -PDSAs submitted on biannual basis.	1. Provide meeting date information to subrecipients through CQM Bulletins using Basecamp. 2. Review received PDSAs and provide feedback/direction for improving QI project.	9/20/2021 10/13/2021 11/16/2021 12/14/2021 1/10/2022 2/14/2022	CQM Leadership QM Contractor QM Committee	Ongoing	During GY21, the subrecipient PDSAs focused on retention and suppression.
Conduct reviews of retention data provided by Subrecipient quality improvement initiatives/PDSAs designed to increase retention in care rates.	Ongoing: -PDSAs submitted on biannual basis.	1. Provide meeting date information to subrecipients through CQM Bulletins using Basecamp. 2. Review received PDSAs and provide feedback/direction for improving QI project.	9/20/2021 10/13/2021 11/16/2021 12/14/2021 1/10/2022 2/14/2022	CQM Leadership QM Contractor QM Committee	Ongoing	During GY21, the subrecipient PDSAs focused on retention and suppression.
Conduct reviews of viral load suppression data provided by Subrecipient quality improvement initiatives/PDSAs designed to increase viral load suppression rates.	Ongoing: -PDSAs submitted on biannual basis. -In CY21, there are PDSAs/QI projects progressing for viral suppression.	1. Provide meeting date information to subrecipients through CQM Bulletins using Basecamp. 2. Review received PDSAs and provide feedback/direction for improving QI project.	9/20/2021 10/13/2021 11/16/2021 12/14/2021 1/10/2022 2/14/2022	CQM Leadership QM Contractor QM Committee	Ongoing	In GY21, OAHS Clinics focused on improving data collection around viral load data and through the PDSA cycle. Viral suppression rates increase 5.37% from 2019 to 2021.

