

Oregon Ryan White Part B

HIV Care & Treatment
(CAREAssist and HIV Community Services)

QUALITY MANAGEMENT PLAN

2025-2027

Last revision: July 22, 2025

INTRODUCTION & QUALITY STATEMENT

The HIV Care and Treatment (HIVCAT) Quality Management (QM) Program's mission is to improve the health and well-being of persons living with HIV (PLH), ensuring the highest quality and equitable access of HIV care and supportive services for PLH in Oregon.

The vision of the QM Program is to ensure a seamless system of comprehensive HIV services that provide a continuum of care and eliminates health disparities across jurisdictions for people with HIV in Oregon. HIVCAT's QM Program's purpose is to coordinate activities aimed at improving HIV care, health outcomes, and satisfaction for Oregonians served by the RWHAP Part B grant and program generated income.

The QM Program's vision and purpose are accomplished by:

- Improving access to CAREAssist (ADAP) services by continually improving application and recertification processing.
- Improving alignment across subrecipient/providers by monitoring core performance measures across RW Part B Program subrecipient/providers.
- Improving alignment across services through standardization of case management.
- Improving alignment across RW Programs by expanding quality related collaboration.
- Gathering, tracking, and analyzing subrecipient/contractor service delivery data and information.
- Analyzing outcomes and quality of services to identify areas for improvement activities to meet program goals.
- Determining to what extent the needs of PLH are being met and assist providers better meet those needs.
- Measuring providers' performance, using performance data to identify areas for improvement, implementing quality improvement projects using established tools and methodologies, and aiding providers in improving performance.

ANNUAL QUALITY GOALS:

1. Continue to improve HIV-Related Health Outcomes and reduce HIV-Related Disparities and Health Inequities
2. Achieve integrated, coordinated efforts that address quality management expectations (including PCN 15-02) for linkage to care service delivery models
3. Advance the quality of HIV supportive services and equitable service delivery across funded providers in support of the goals above, particularly ensuring financial support services are provided as funds of last resort
4. Continue Quality Improvement projects related to subrecipient/service providers Food Security and Housing stability, and CAREAssist Case Worker Training project

The HIV Care and Treatment Quality Management (QM) Program is committed to carrying out its work according to the following guiding principles:

- Create a culture for continuous quality improvement across all Ryan White Part B providers.
- Implement data-based decision-making and robust quality improvement projects that can measurably impact the quality of care and services.
- Focus on meeting the unique needs of high-risk populations.
- Address the social determinants of health to ensure equitable access to HIV care.
- Promote comprehensive and integrated services that are client-centered; and
- Adapt to the evolving needs of clients, communities, and service providers.

The Ryan White Part B Quality Management Plan describes the overall QM Program infrastructure, goals, activities, and expectations specific to Ryan White Part B-funded agencies (sub-recipient and providers). The activities are intended to improve health outcomes for PLH by ensuring access to high-quality medical care, supportive services, and client satisfaction. The Plan serves as a roadmap to implement and monitor performance measures and quality improvement efforts in delivering supportive services. It is a living document with continuous activities that fit within the framework of grant administration. The QM Program coordinates its implementation with other quality improvement program activities.

The Quality Management Plan is valid through December 2027.

The Quality Management Plan review is accomplished through activities including:

- Interactions with leadership to provide guidance and direction.
- Evaluation and monitoring of services delivered by Ryan White Part B-funded providers.
- Routine contract management and program monitoring activities.
- Input from Ryan White Part B service providers.
- Input from clients and community representatives on what is expected or needed when accessing services; and
- Identification, monitoring, and reviewing service standards and performance indicators to ensure services achieve their desired quality outcomes.

The Ryan White Part B Quality Management Committee (QMC) is responsible for developing, reviewing, revising, and coordinating the implementation of recommendations that impact the delivery of services to clients by re-evaluating the plan at least annually and more frequently when needed. A detailed description of our QMC is provided within this document.

QUALITY MANAGEMENT INFRASTRUCTURE

LEADERSHIP

Our End HIV/STI Oregon Statewide Planning Group includes representatives of Ryan White Parts A, B, C, D, and F, HIV Prevention, HOPWA Programs, Hepatitis Prevention Programs, Department of Corrections, the STI Prevention Program, the AIDS Education and Training Center, and community-based AIDS Service Organizations. Notably, 40% of End HIV/STI Oregon Statewide Planning Group members identify as PLH. Our Ryan White Part B grant is administered through our HIV Care and Treatment (HIVCAT) program, which is comprised of our AIDS Drug Assistance Program known as CAREAssist (CA), and our HIV Case Management Program called HIV Community Services Program (HCS). The HIVCAT program is within the HIV, STD, TB (HST) section of the Public Health Division of the Oregon Health Authority in the State of Oregon. Our HIVCAT program is supervised by the HIVCAT Program managers, who are responsible for providing staff management and program oversight to ensure quality management activities are implemented per the program's annual Quality Management Plan (QMP) and ensures quality assurance and improvement activities meet the expectations of funders. The coordinator of the QM program, the HIV Quality Improvement Strategist, is responsible for convening the program's QMC, participating in statewide quality improvement planning, implementing the program's QMP, monitoring and presenting outcomes and recommending improvement strategies. The HIVCAT Compliance Specialist is responsible for coordinating contractor monitoring activities to include conducting site reviews, reviewing and following up on contractor reports and is a part of the QM team monitoring data quality, although the HIV Quality Improvement Strategist is an integral part of the programmatic site visits. The CAREAssist and HIV Community Services Coordinators are responsible for participating as members of the program's quality management committee to ensure program activities are aligned with the HIVCAT program's QMP. In addition, these positions and the Data Analysts participate in contractor compliance activities, quality assurance, and quality improvement related training and technical assistance. The Financial Operations Analysts are responsible for monitoring fiscal compliance, to include monitoring budgets, expenditures and conducting fiscal site reviews.

QUALITY MANAGEMENT COMMITTEES

The HIVCAT QMC membership is comprised of individuals who have different responsibilities in the development, implementation, evaluation and support of the QMP. Each member serves an important role in helping ensure accountability and standardization of efforts, identifying gaps in care and fostering collaboration and sharing of knowledge. Members of the QMC are expected to participate in at least quarterly meetings.

The following table describes the current membership of the HIVCAT QM Committee (QMC).

Program Representation/Role	Resource/Area of Expertise	Current Status
HIV/STD/TB (HST) Section Manager: Annick Benson-Scott	Oversight and responsible for supervision of HIV, STD, TB programs in State of OR Public Health Department.	Participates as needed/requested
HIVCAT Program Managers: Heather Blake (HCS/Housing); Joanna Whitmore (CA); Myriam Polanco-Allen (CA-Client Services)	Oversight and responsible for supervision of the HIVCAT Program, State of OR Public Health Department (CAREAssist/ADAP and HIV Community Services/Housing).	Participating.
HIV Quality Improvement Strategist: DeAnna Kreidler (HIVCAT, QMC Facilitator)	Quality Management (QI/QA), data quality, for the HIVCAT program. Participates in QM part of site visits for the HIV Community Services (HCS) Ryan White Part B subrecipient and service contractors.	Participating.
HIV Care Services Strategist: “LC” Laura Camerato	HCS client services (HIV Case Management Standards of Services and support services guidance), special projects, contractor training and education, report submission.	Participating.
HIV Care and Treatment Compliance Specialist: Christie Jackson	QA, HCS site visits for the RW Part B subrecipient and service contractors, and compliance/reporting.	Participating.
CAREAssist Program Coordinator: Kris Harvey	CAREAssist policies and procedures, data collection, special projects, contractor training and education.	Participating.
HIV Community Services Data Analyst: Laura Yantz	CAREWare database administration and generating reports.	Participating.
CAREAssist Data Coordinator: Pauline Fernandez	CAREAssist data analysis/generating reports.	Participating.
Oregon Housing Opportunities Program (OHOP) Program Coordinator: Amber Smith	Ryan White Part B Programs Housing Programs services and ServicePoint data collection and reporting	Participates in workgroups and on QMC as needed/requested.
HIV Community Services Program Assistant: Stacey Thorup	OHOP housing fiscal data collection and reporting.	Participates as needed/requested.

Financial Operations Analysts: Dori Rickert and Monty Schindler	Fiscal compliance including monitoring, analyzing and reporting of budgets and expenditures. Conducts contractor fiscal site reviews.	Participates in contract workgroup as needed and in QMC as needed/requested.
Information Technology Dept. (OIS): Jeff Lawton, et al	Database support for CAREWare and CAREAssist database.	Participates as needed/requested.
Program Design & Evaluation, and data: Linda Drach, Senior Operations & Policy Analyst and Amy Zlot, HST Epidemiologist	Provides evaluation TA and support for program income funded projects, particularly related to Oregon's Integrated Plan .	Participates in workgroups and in QMC as needed/requested.
HIV Surveillance: Lea Bush and Jeff Capizzi	Compile lab files for uploads into database systems (CAREWare and CAREAssist), as well as provides Surveillance data and reports annually and as requested.	Participates in workgroups and QMC/SQMC as needed/requested.
HIV Consumer Representative	Person/s living with HIV/AIDS (PLH)	Participates in the End HIV/STI Oregon Statewide Planning Group (formerly known as IPG), and the CAREAssist Advisory Board (CAB).

Oregon Part B HIV Care and Treatment Quality Management Committee (QMC)

Meeting Purpose:

1. Meet HRSA's minimum requirements (PCN 15-02):
 - Ensure our Clinical Quality Management (CQM) program includes the coordination of activities aimed at improving client care, health outcomes, and client satisfaction
 - Analyze our performance measure outcomes:
 - ensure health equity related to client care, health outcomes and client satisfaction
 - ensure the min. # of PMs by service category usage
 - plan QI activities to improve
 - Use data for program and service decisions
2. Identify Improvement efforts based on data and above

3. Support, empower and energize our HCT QMC activities and our Community partner efforts to strive towards making a difference for Oregonians living with HIV in the Part B service area.

Meeting Responsibilities:

Performance measurement review and quality management activities: purpose of quarterly and annual review is to discuss how data and other findings from performance measurement and quality improvement activities can be used to inform funding decisions, enhance service delivery, and improve health outcomes for PLH and/or clients. In addition, review quarterly and annual data to determine if changes to performance measures and benchmarks need to occur based on outcomes, and discuss challenges or barriers for resolution and improvement purposes. Review/analyze trends and concerns/issues regarding quarterly data for the following: Program (CAREAssist and HIV Community Services) care continuum performance measure outcomes, Service category utilization with PM outcomes, review/analyze and next steps for any QA issues/concerns/trends and make decisions/updates regarding QI projects.

Meeting Membership:

- DeAnna Kreidler, HIV Care and Treatment Quality Improvement Strategist, Chair/Facilitator
- Heather Hargraves, HIV/TB Community Services Manager
- Joanna Whitmore, CAREAssist Program Manager
- Kris Harvey, CAREAssist Program Coordinator
- LC Laura Camerato, HIV Care Services Strategist
- Laura Yantz, HIV Community Services Data Analyst
- Myriam Polanco-Allen, CAREAssist Client Services Manager
- Christie Jackson, HIV Care and Treatment Compliance Specialist
- Pauline Fernandez, CAREAssist Data Coordinator

Optional Quarterly Attendance (as needed based on topic):

- Amber Smith, OHOP, Housing Coordinator
- Dori Rickert, HIV Community Services Program Fiscal Analyst
- Monty Schindler, CAREAssist Program Fiscal Analyst

Meeting Schedule/Time Commitment:

- Quarterly, 60-90-minute meetings
- Additional ad hoc meetings work group CORE meetings, as needed (e.g., quality improvement project participation, data analysis, and other training opportunities)

Oregon HIV Statewide Quality Management Committee (SQMC)

Meeting Purpose: To provide a forum for collaboration among Oregon’s Ryan White HIV services programs on quality management metrics, measurement, policies, procedures, and programs, supporting Oregon’s End HIV goals.

Meeting Responsibilities: The HIV Statewide Quality Management Committee (SQMC) supports individual Ryan White HIV services programs in developing, implementing, and monitoring the Ryan White quality management activities with shared, statewide End HIV Oregon goals. Specific activities include:

- Share information about the quality management activities of individual Ryan White programs in Oregon.
- Discuss, develop, and monitor shared Ryan White metrics for measuring progress, goals, objectives, and activities.
- Share information on best practices for gathering and reporting on measurement data.
- Provide expertise and information about emerging trends related to HIV care and treatment and quality improvement initiatives.
- Contribute data for a Ryan White cross- part quality management report and share cross-part Ryan White data and/or information with community partners.

Meeting Membership:

- Co-chaired by Ryan White Part A and Part B Quality Management staff.
- Members include those responsible for quality management activities in their respective agencies. Others with interest in or experience with performance management/measurement may be included, at the discretion of the Committee Chairs.
- Members are representative of at least Part A, Part B, and Part C/D programs. Additional members or participants may include Surveillance, HIV prevention, Part F (AETC), and other key partners, as needed.

Meeting Schedule/Time Commitment:

- Annual meeting
- Additional ad hoc meetings and project work, as needed (e.g., quality improvement project participation, data analysis, and other training opportunities)

The following **SQMC performance measures** revised June 22, 2022 to align with SQMC's charter.

- Performance Measure outcomes are compiled by the State of Oregon Public Health HIV Surveillance team annually in June/July
- SQMC reviews annual performance measure data in September

Oregon HIV Statewide Quality Management Committee (SQMC) – PERFORMANCE MEASURES

DIAGNOSED		LINKED TO CARE	RETAINED IN CARE	VIRALLY SUPPRESSED
PM 1: Goal: 15% Late – Delayed HIV Diagnosis (HIV Diagnosis and time to AIDS) <i>Numerator:</i> Number of people with late diagnosed HIV in CY in the jurisdiction based on residence at time of diagnosis. <i>Denominator:</i> Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining conditions ≤ 3 months (90 days) after a diagnosis of HIV infection. Note: calculating delayed diagnosis, don't include day 0- the day of diagnosis, count the day after Dx: within 1-30 days or 0-90 days.	NEWLY DIAGNOSED	PM 2 (formerly PM 3): Goal: 95% (by 2025) Newly diagnosed PLWH are in care within 30 days, as defined as having CD4 or VL test after date of diagnosis. <i>Numerator:</i> The number of individuals diagnosed with HIV in the past year with 1 CD4 or VL test at least 1 day after their diagnosis date that is within 30 days of their diagnosis date. <i>Denominator:</i> The number of all newly diagnosed individuals with HIV (DX code=900) in the CY, as indicated in ORPHEUS. PM 3 (formerly PM 4): Goal: 100% (BY 2025) Newly diagnosed PLWH are in care within 90 days, as defined as having a CD4 or VL after date of diagnosis. <i>Numerator:</i> The number of individuals diagnosed with HIV in the past year with at least 1 CD4 or VL test after their diagnosis date that is within 90 days of their diagnosis date. <i>Denominator:</i> The number of individuals diagnosed with HIV (dx code=900) in the CY, as indicated in ORPHEUS.	PM 5: Goal: 90% Newly diagnosed PLWH with at least one VL or CD4 count within 12 months after first CD4 or VL test after diagnosis. <i>Numerator:</i> The number of individuals diagnosed with at least 1 CD4 or VL test within 12 months after their 1 st CD4 or VL test after diagnosis in CY. <i>Denominator:</i> The number of individuals diagnosed with HIV (dx code=900) in the CY, as indicated in ORPHEUS.	PM 7 (formerly PM 9): Goal: 80% # of newly diagnosed PLWH in the CY whose most recent VL result is suppressed (under 200). <i>Numerator:</i> The number of individuals diagnosed in the CY whose most recent viral load result within 12 months is <200 copies per ml (suppressed) <i>Denominator:</i> The number of people who are diagnosed with HIV past year and believed to be living in Oregon.
	ALL PLWH	PM 4: Goal: XX% Out of Care – Linkage to Care <i>Numerator:</i> <i>Denominator:</i> Challenges to identifying the N/D: <ul style="list-style-type: none"> • What is the definition for falling out of/not in care? • We will discuss/decide this PM later, once the above question has been determined. 	PM 6: Goal: 100% by 2025 # of PLWH with at least 1 VL or CD4 test in the past year. <i>Numerator:</i> The number of individuals that have had at least 1 VL or CD4 count within 12 months. <i>Denominator:</i> The number of people who are diagnosed with HIV and believed to be living in Oregon.	PM 8 (formerly PM 10): Goal: 95% by 2025 # of PLWH whose most recent VL result is suppressed (under 200). <i>Numerator:</i> The number of individuals whose most recent viral load result in the calendar year is <200 copies per ml (suppressed) <i>Denominator:</i> The number of people who are diagnosed with HIV and believed to be living in Oregon.

CAREAssist 340B Oversight Committee

Meeting Purpose: Monitor the CAREAssist 340B program for compliance with federal regulations and contract requirements.

Meeting Responsibilities: The committee has oversight of following monitoring activities:

1. HRSA Requirements – Monitoring Activities: 340B monitoring requirements include maintaining accurate records, conducting audits, and preventing diversion of drugs.
 - Duplicate Discounts
 - Eligibility (certification & OPIS changes
 - Diversion of Drugs (replenishment model)
2. Record Keeping
 - Up to Date 340B Office of Pharmacy Affairs Information System (OPAIS) records
 - Maintain auditable records that demonstrate compliance with 340B Program requirements
 - Back up certain information in a secure location
3. Auditing*
 - Perform quarterly internal audits and annual independent audits of contract pharmacies
 - Audit contract pharmacies using an independent audit firm at least once a year
 - Maintain records that can be audited
4. Preventing diversion
 - Prevent diversion of drugs to ineligible patients
 - Establish and maintain a tracking system to prevent diversion
 - Review the patient eligibility determination system used at contract pharmacies has context menu

***Auditing Procedure**

1. CAREAssist 340B Oversight Committee determines materiality of breach violations.
2. The threshold indicators, if exceeded, would constitute a material breach and compliance violation:
 - a. 30% of the audit sample of prescription records and script data;
 - b. 30% of total 340B purchases or impact to any one manufacturer; and
 - c. Will not self-correct within 4 months.

3. Instances of non-compliance not exceeding the threshold for material breach will be resolved and documented has context menu

Note: Joanna presents 340B findings to the CAREAssist 340B Oversight Committee once available.

Meeting Membership:

- Annick Benson-Scott, HST Section Manager
- Joanna Whitmore, CAREAssist Program Manager
- Myriam Polanco, CAREAssist Client Services Manager
- Kris Harvey, CAREAssist Program Coordinator (meeting agenda/minutes)
- Monty Schindler, CAREAssist Fiscal Analyst
- DeAnna Kreidler, HIV Quality Improvement Strategist (meeting coordinator/facilitator)
- Tammy Jenness, PBM, Ramsell Account Manager
- Gabe Mello, PBM, Ramsell Project Coordinator
- Valerie Arnold, PBM, Ramsell Sr. Director of Business Service/Operations

Meeting Schedule/Time Commitment:

- Quarterly, 90-minute meetings
- Additional ad hoc meetings and project work, as needed (e.g., quality improvement project participation, data analysis, and other training opportunities)

PERFORMANCE MEASUREMENT

Performance measures are selected and regularly reviewed for relevance and need QMC based on service utilization, collaborator, provider, and client feedback, and our HIV/STD/TB (HST) section leadership.

Performance measure data are also collected and analyzed for health disparities across target populations on a quarterly basis by the HIVCAT program. HIV Community Services subrecipient and providers analyze this data and provide a semi-annual performance measure narrative plan for meeting unmet goals.

Frequency of performance measure data collection

HIV case management subrecipient and subcontractor providers are required to enter client level data in the centralized CAREWare database. Contractors are also required to submit a semi-annual progress report that includes a performance measure narrative based on data provided by HCS program.

HIVCAT also compiles quarterly quality management tracking and performance measure data from various sources, to include CAREWare, the CAREAssist database, HIV surveillance and the CAREAssist Pharmacy Benefits Management contractor, for the HIVCAT program and QMC to analyze this data. HCS provides subrecipients quarterly data for the HIV Care Continuum, the current program Quality Improvement project, and Performance Measures, in an excel worksheet. HIVCAT, HCS and our Subrecipient/providers analyze this quarterly data, in addition to trended performance measure outcomes over three years in order to identify trends over time.

Health Equity

The Oregon Health Authority is committed to eliminating health inequities in Oregon by 2030 and continuing the work of developing and promoting culturally and linguistically appropriate programs. Our HIV/STD/TB (HST) Section is committed to promoting and achieving health equity in all its work through our HIV Care and Treatment Health Equity data analysis plan. This plan includes demographic data analysis for our performance measures, including stratifying the data to identify health disparities and sharing the data with our program committees. Our Community Services program provides performance measure data for clients from communities of color to our providers and have added reporting requirements to ensure reporting on specific provider outreach efforts to these communities, in addition to service delivery and program considerations the providers have taken or plan to take to address disparities.

HIV Care and Treatment Program: CAREAssist and HIV Community Services

2024-2025 Performance Measures for Programs and Service Category Utilization

Performance Measures

Performance measure data are collected and analyzed for health disparities across target populations quarterly and annually by the HIV Care and Treatment program. HIV Community Services subrecipients and providers analyze these data and provide a semi-annual performance measure narrative plan for unmet goals.

Performance measures by HRSA Service Category**Program: CAREAssist -- ADAP****Service Category: ADAP**

1. Clients enrolled in CAREAssist (CA) at any point in the calendar year
 - 1.1. **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
 - 1.2 **In Care / Retained in Care:** 90% of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).
2. Insured CAREAssist (CA) clients who had one Pharmacy dispensing payment for medication.
 - 2.1. **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
3. Uninsured CAREAssist (CA) clients who had one full cost payment for CA-funded medication.
 - 3.1. **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

Program: HIV Community Services – RW Part B HIV Case Management

1. Service Category: **Case Management (non-medical)**
 - 1.1 **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.
 - 1.2 **Stable Housing:** 90% of clients will have stable housing.
2. Service Category: **Medical Case Management**
 - 2.1. **MCM Care Plan:** 90% of medical case management (MCM) clients will have a MCM care plan developed and/or updated 2 or more times a year
 - 2.2. **In Care / Retained in Care:** 90% of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).
3. Service Category: **Emergency Financial Assistance**
 - 3.1. **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

4. Service Category: **Food Banks/Home Delivered Meals**

4.1 **Viral Suppression:** 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

4.2 **In Care / Retained in Care:** 90% of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).

5. Service Category: **Housing Services**

5.1 **Stable Housing:** 90% of clients will have stable housing.

6. Service Category: **Medical Transportation**

6.1 **In Care / Retained in Care:** 90% of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).

Performance measures for all Service Categories, regardless of funding:

HIV Care and Treatment clients (CAREAssist and HIV Community Services) who received a service in the Calendar Year (CY), regardless of funding source:

Viral Suppression: 90% clients will have a HIV viral load less than 200 copies/mL at last HIV viral load test during the year.

In Care / Retained in Care: 90% of clients will have a HIV medical visit within 12 months (as measured by CD4 or VL Lab).

Program: CAREAssist

1. **Application Determination:** 95% of CAREAssist (CA) applications¹ approved/denied for new CA enrollment within 14 days of CA receiving complete application in the year.
2. **Eligibility Recertification:** 95% of CA enrollees reviewed for continued CA eligibility two or more times a year.

Program: HIV Community Services

1. **MCM Care Plan:** 90% of medical case management (MCM) clients will have a MCM care plan developed and/or updated 2 or more times a year.
2. **Stable Housing:** 90% of clients will have stable housing.

¹ New applications of clients received complete in CY who were never enrolled before

HIV Care Continuum

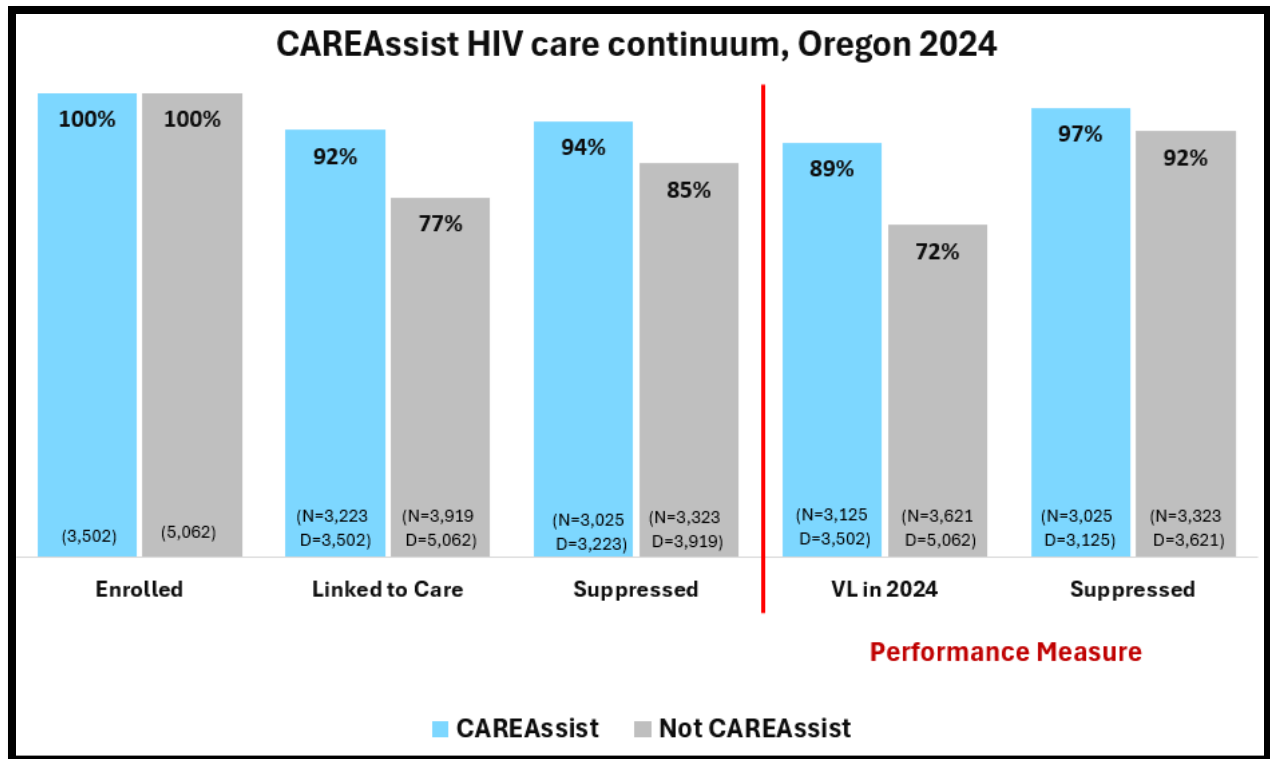
HIV Care and Treatment: CAREAssist and HIV Community Services HIV care continuum

1. **Enrolled:** clients who received a service in CY.
2. **In Care:** Clients who received at least one service and had at least one CD4 or VL lab reported in CAREWare/CAREAssist databases in CY. Goal=90%
3. **Suppressed:** Clients who had HIV viral load less than 200 copies/mL at last HIV viral load test in CY. Goal=90%

State of Oregon HIV care continuum:

1. **Infected:** Total HIV-infected in Oregon, diagnosed and not diagnosed
2. **Diagnosed:** Confirmed HIV cases living in Oregon
3. **In Care:** One or more CD4 or viral load result reported in CY
4. **On Treatment**²: Medical Monitoring Project estimate of 97% of in-care patients on ARVs
5. **Suppressed:** Percent of resident HIV cases whose last viral load in CY was < 200 copies/mL

² Medical Monitoring Project estimate of 97% of in-care patients on ARVs

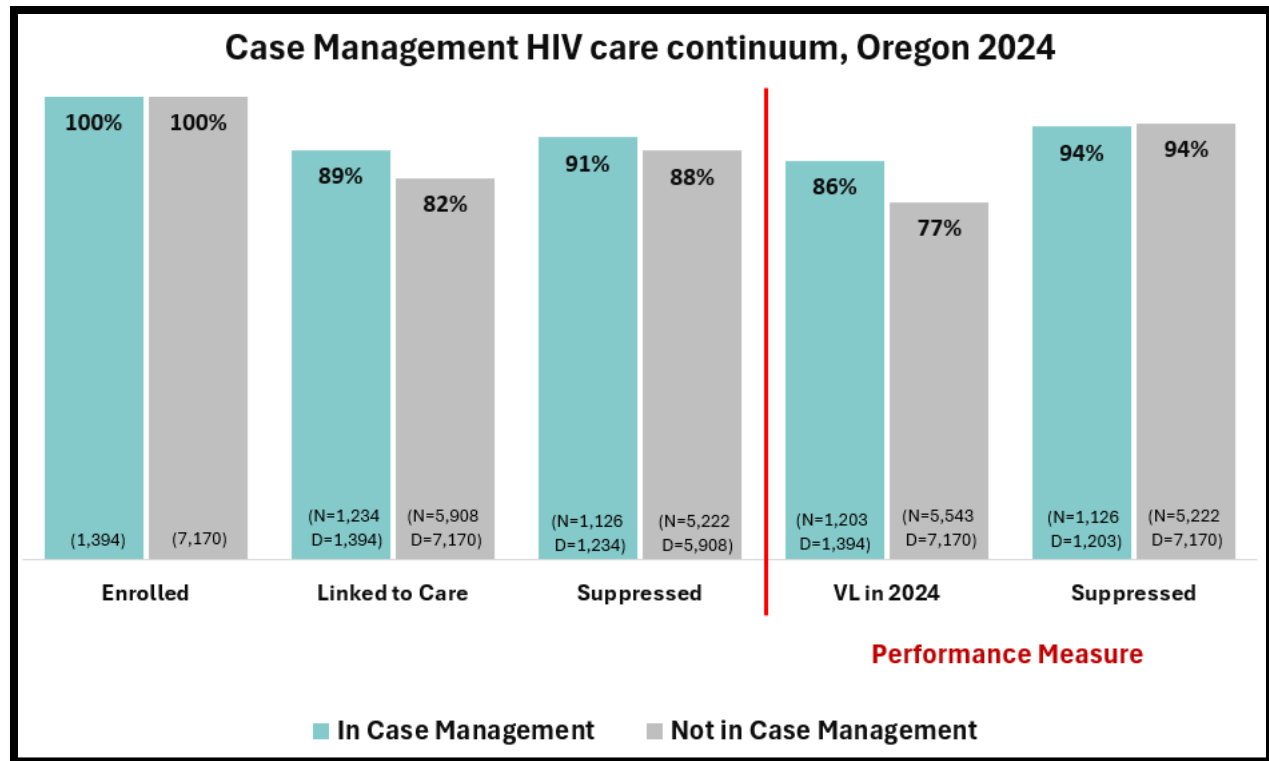


2024 CAREAssist HIV Care Continuum outcomes

15% more People Living With HIV (PLH) enrolled in CAREAssist are engaged in medical care (“In Care”) (92%)

than PLH in Oregon not enrolled in CAREAssist (77%)

Of those PLH “In Care”, CAREAssist clients have a 9% higher viral suppression rate (94%) than PLH in Oregon not in CAREAssist (85%)



2024 Part B Case Management HIV Care Continuum outcomes

7% more People Living With HIV (PLH) enrolled in Part B HIV Case Management are engaged in medical care (“In Care”) (89%)
 than PLH in the Part B HIV Case Management service area (82%)
 Of those PLH “In Care”, 9 % more Part B HIV Case Management clients had a viral load lab in 2024 (86%)
 than PLH in the Oregon non-metro Part B service area (77%)

Performance Measure Outcomes by Program – Across all Service Providers								
RWHAP Part B and Program Income Funding Sources: 2024 Quarterly and Annual Outcomes								
Program	Performance Measure		Enrolled at any point and received a service					
			Q1	Q2	Q3	Q4	CY 2024 Total	
CAREAssist (CA)	CAREAssist Total # enrolled		3422	3277	3175	3193	3694	Goal
	Viral Suppression	N	2827	2778	2708	2641	3005	90%
		D	2934	2881	2812	2706	3113	
		%	96%	96%	96%	98%	97%	
	Viral Suppression - CoC	N	779	767	736	717	717	
		D	812	798	767	737	737	
		%	96%	96%	96%	97%	97%	
	In Care / Retained in Care	N	3011	2955	2918	3146	3342	90%
		D	3341	3277	3175	3193	3694	
		%	90%	90%	92%	99%	90%	

	<i>In Care / Retained in Care - CoC</i>	N	830	817	791	795	795	
		D	918	904	861	870	870	
		%	90%	90%	92%	91%	91%	
	Application Determination (within 14 days)	N	62	60	65	58	229	95%
		D	66	70	75	64	273	
		%	94%	86%	87%	91%	84%	
	<i>Application Determination (within 14 days) - CoC</i>	N	26	25	26	27	97	
		D	27	28	27	28	110	
		%	96%	89%	96%	96%	88%	
	Eligibility Recertification (2 times a year)	N	3386	3380	3309	3214	3214	95%
		D	3422	3394	3269	3694	3694	
		%	99%	100%	101%	87%	87%	
	<i>Eligibility Recertification (2 times a year) - CoC</i>	N	928	934	914	878	878	
		D	1037	1049	1048	1046	1046	
		%	89%	89%	87%	84%	84%	
	Case Management Part B Total # served		1266	1269	1253	1275	1472	Goal

HIV Community Services Case Management	Viral Suppression	N	999	996	947	987	1097	90%
		D	1075	1080	1023	1057	1182	
		%	93%	92%	93%	93%	93%	
	<i>Viral Suppression- CoC</i>	N	320	318	295	331	355	
		D	352	347	317	354	384	
		%	91%	92%	93%	94%	92%	
	In Care / Retained in Care	N	1091	1102	1044	1085	1214	90%
		D	1266	1272	1258	1296	1497	
		%	86%	87%	83%	84%	81%	
	<i>In Care / Retained in Care - CoC</i>	N	355	353	324	359	390	
		D	401	401	402	433	486	
		%	89%	88%	81%	83%	80%	
	MCM Care Plan	N	408	386	400	424	418	90%
		D	513	513	501	515	552	
		%	80%	75%	80%	82%	76%	
	<i>MCM Care Plan - CoC</i>	N	137	138	137	192	148	
		D	168	169	161	204	179	

		%	82%	82%	85%	94%	83%	
	Stable Housing	N	1112	990	996	1155	1309	90%
		D	1266	1272	1258	1296	1497	
		%	88%	78%	79%	89%	87%	
	<i>Stable Housing - CoC</i>	N	319	318	321	383	419	
		D	401	401	402	433	486	
		%	80%	79%	80%	89%	86%	

Notes: Data Analyst analyzed data for Application Determination and Eligibility Recertification Performance Measures per ADOS Task 131880. Data Analyst has received approval from CAREAssist program to continue using these data for Performance Measures analysis.

Application Determination protocol changed as of 7/1/23, where clients with VA or OHP only needed one recertification annually instead of two.

CAREAssist annual data (total clients, viral suppression and retained in care) pulled from submitted ADR data.

CAREAssist quarterly data pulled from Dung Beetle reports.

2024 Performance Measure Outcomes Analysis

In 2024, the HIV Care and Treatment program analyzed four performance measures for the CAREAssist (ADAP) and Community Services (Part B) programs by quarter and annually. Outcomes in red indicate the overall goal was not met in the period.

Historically, the stable housing performance measure has never been met due to the difficult housing market and houselessness issues, therefore the Quality Management Committee (QMC) decided to reduce the goal to 85% beginning in 2025.

Client and staff turnover are contributing factors in the Care Plan performance measure struggling to meet the goal.

The following performance measures outcomes were compared between the total program populations and those of communities of color (CoC):

- CAREAssist performance measures had similar results between the total population and CoC:
 - CAREAssist clients from CoC have slightly higher outcomes in application determination and slightly lower outcomes in eligibility recertification.
- Community Services program performance measures were very similar between the overall population and clients from CoC outcomes:
 - Clients from CoC results were slightly higher for the Medical Case Management (MCM) Care Plan performance measure.

Performance Measure (PM) Outcomes by Service Category– Across all Service Providers
2024 Quarterly and Annual Outcomes

HRSA Service Category ¹ requiring a PM based on Client Threshold			Service Category Utilization					Performance Measure (PM) Outcomes by Service Category Utilization							
			Q1	Q2	Q3	Q4	CY 2024 Total	Chosen PM	Q1	Q2	Q3	Q4	CY 2024 Total	Goal	
1a.	ADAP:	N	1371	1141	867	772	1528	Viral Suppression	N	1232	409	293	258	1262	90%
	One Pharmacy dispensing payment for medication (insured)	D	3422	3394	3269	3193	3694		D	1257	425	302	264	1291	
		%	40%	34%	27%	24%	41%		%	98%	96%	97%	98%	98%	
1b.	ADAP:	N	288	300	325	331	606	Viral Suppression	N	261	119	124	115	506	90%
	One Full cost payment for CA-funded medication (uninsured)	D	3422	3394	3269	3193	3694		D	266	127	130	121	519	
		%	8%	9%	10%	10%	16%		%	98%	94%	95%	95%	97%	
2.	Case Management (non-medical)	N	1201	1188	1169	1219	1463	Viral Suppression	N	947	930	878	948	1085	90%
		D	1266	1269	1253	1275	1472		D	1022	1010	954	1015	1167	
									%	93%	92%	92%	93%	93%	

								Stable Housing	N	1036	933	954	1101	1298	90%
		%	95%	94%	93%	96%	99%		D	1201	1189	1170	1235	1483	
									%	86%	79%	82%	89%	88%	
3.	Medical Case Management	N	641	674	709	686	1226	MCM Care Plan	N	306	303	351	334	418	90%
									D	383	395	425	388	531	
									%	80%	77%	83%	86%	79%	
		D	1266	1269	1253	1275	1472	In Care / Retained in Care	N	524	560	554	543	995	90%
									D	639	674	710	696	1245	
		%	51%	53%	57%	54%	83%		%	82%	83%	78%	78%	80%	
4.	Emergency Financial Assistance	N	72	50	88	61	215	Viral Suppression	N	51	37	66	45	157	90%
		D	1266	1269	1253	1275	1472		D	60	45	78	49	176	
		%	6%	4%	7%	5%	15%		%	85%	82%	85%	92%	89%	
5.	Food Banks / Home Delivered Meals	N	505	565	552	565	800	Viral Suppression	N	396	444	420	439	608	90%
									D	434	486	461	481	669	
									%	91%	91%	91%	91%	91%	
		D	1266	1269	1253	1275	1472		N	440	496	471	497	687	90%
			40%	45%	44%	44%	54%		D	505	565	552	580	817	

		%						In Care / Retained in Care	%	87%	88%	85%	86%	84%	
6.	Housing	N	122	118	136	134	242	Stable Housing	N	97	93	108	114	205	90%
		D	1266	1269	1253	1275	1472		D	122	118	136	136	543	
		%	10%	9%	11%	11%	16%		%	80%	79%	79%	84%	84%	
7.	Medical Transportation	N	149	162	159	155	316	In Care / Retained in Care	N	121	146	142	129	276	90%
		D	1266	1269	1253	1275	1472		D	141	162	159	157	322	
		%	12%	13%	13%	12%	21%		%	86%	90%	89%	82%	86%	

Note: CAREAssist Performance Measures in lines 1a and 1b are preliminary analysis and are currently only capturing labs that occurred within the quarter of interest, instead of the labs that occurred within the past year. The Data Analyst is working to correct this report, and it is expected that this data will be corrected before annual analysis occurs. Once the data report is corrected, the data above will be updated.

CAREAssist annual data in lines 1a and 1b analyzed using Ramsell custom report and matching to ADR lab data.

QUALITY ASSURANCE MONITORING

This QA Monitoring table lists how contractor service delivery is assessed, and quality assurance activities monitor outcomes:

Activity	Quality Assurance (QA) Monitoring	Frequency
Program Progress Reporting	HIV Case Management subrecipient and providers are required to submit a bi-annual progress report which includes a narrative describing current and future efforts at meeting performance measure goals. These providers also provide a program narrative to include service successes and barriers, outreach efforts, trauma informed care efforts, and targeted quality management activities. The HIVCAT Team reviews reports and identifies items requiring follow-up at regularly scheduled provider check-in contract monitoring meetings. Report information is used for program planning and evaluation purposes. Technical assistance is provided to the contractor as identified and requested, and during monitoring meetings.	Bi-annual
Contract Pharmacy Review	Weekly dispense fee invoices, bi-monthly revenue capture invoices, and weekly wholesaler orders from the PBM's PMDC system are used to monitor contracted pharmacies. The Financial Operations Analyst reviews these reports to track spending, revenue capture, and order replenishment. The Financial Operations Analyst meets with CAREAssist management monthly to discuss any fiscal issues and discuss follow up as needed. Quarterly tele-conference meetings are held with the contracted pharmacies to discuss open issues that may affect more than one entity. The ADAP's 340B Program: year one emphasized compliance with 340B, year two emphasized contract compliance. Goal is for a 5-year contract with plan to renew. This audit will review pharmacies, PBM processes, and the CAREAssist 340B Committee oversight/monitoring.	Weekly to Quarterly
Pharmacy Benefits Manager (PBM) data	Ramsell, our PBM, submits a quarterly and annual Utilization Management (UM)/MTM report which includes client medication adherence statistics and client level data related to the number of identified inappropriate antiretroviral regimen (ARV) prescriptions resolved, in addition to the outcomes of the MTM program. In addition, Ramsell provides a Contract Monitoring Performance Measure report to indicate whether they met their identified goals in the following performance areas: turnaround time, help desk telephone response time and abandonment rate, Point-of-Sale data system availability, system change request process, and claims authorization	Quarterly and Annual

	processing. A Plan of Corrective Action is submitted for each outcome that did not meet the goal.	
Medication Therapy Management (MTM) data	Ramsell ensures access to ad-hoc reporting systems and submits financial and performance reports electronically as specified. A report is submitted with the following information: number of MTM clients identified as eligible for service by eligibility criteria, number of MTM encounters delivered, number of Clients enrolled in MTM, number engaged in MTM (appointments scheduled vs. appointments kept), MTM clinical interventions summary data, and documented interventions identifying non-conforming regimes (i.e., does not meet DHHS Guidelines).	Quarterly and Annual
Fiscal Expenditures	Monthly expenditures recorded through the Financial Services Office are monitored by the Financial Operations Analyst to track funded service providers monthly allocations and ensure that subrecipients are receiving their formula distributions. The program Financial Operations Analyst works with the State Financial Services Office to ensure that allocations are current, reports are received, and distributions are funded correctly.	Monthly
Fiscal Report	The Administrative Fiscal Form completed by the subrecipient/provider reports on current quarter expenses and year to date expenses as budgeted in the Care Services Budget for each contract agency. The Financial Operations Analyst and closely monitors these reports to track spending, ensures that charges are in compliance with state and federal guidelines and assures that subrecipients are providing planned services within the approved budget. These reports are compared to the Quarterly Revenue and Expenditure Reports filed with the Oregon Financial Services Office and the Financial Report generated from CAREWare. If discrepancies are found between these three reports, the Financial Operations Analyst works directly with the contracted agency to correct the discrepancies and request resubmission of any of these reports.	Quarterly
CAREWare Financial Report	The Financial Report, generated from CAREWare, provides the program with service utilization and service expenditure data for each contract agency. The HIV Community Services Program Manager and the Financial Operations Analyst and the Contract Administrator closely monitors the financial components of these reports to track spending, ensures that charges are in compliance with state and federal guidelines and assures that subrecipient/providers are providing planned services within the approved budget prior to paying invoices.	Monthly and Quarterly
Care Services Budget	The program requires that each funded service provider file an annual budget plan prior to the State fiscal cycle. The	Annually

	Financial Operations Analyst reviews and approves each plan to assure compliance with state and federal requirements.	
Ryan White Services Report (RSR)	Subrecipient/Providers and contractor agencies enter required data elements into the program's centralized CAREWare database. Data entered includes demographics, service utilization, primary medical and insurance provider information, household status and income data. The HIV Community Services Program provides contract agencies with a detailed data report in January identifying those data elements that are missing or questionable and provides technical assistance to assure accurate information is reported.	Annually
CAREAssist Data Report (ADR)	The CAREAssist program reports outcomes on the CAREAssist Data Report (ADR) according to the guidelines and definitions provided by HAB. All data for the ADR comes from the client level database that also interfaces with databases for the PBM, the HIV Surveillance Program, and state financial management systems.	Annually

Improvements and additions to monitoring activities:

HIV Community Services program frequently provides technical assistance and training to contractors to further enhance local quality management planning and activities. Quality improvement is a significant focus of onsite reviews, which includes quality assurance and improvement recommendations provided to contractors based on comprehensive client chart and system delivery review. Site visits include an offer to the subrecipient to meet with service delivery staff during the chart review to go over selected charts utilizing the chart review tool and CAREWare data entry.

Ongoing Activities and monitoring include:

- Contractors participate in the HIV Case Management Task Force, which identifies system improvements by reviewing quality trends and provides recommended changes to the standards of service and other program requirements.
- Technical assistance and ongoing training opportunities are available to contractors to ensure program and fiscal compliance, and to assist partners in monitoring quality indicators. In addition, the program provides extensive CAREWare support, which includes developing contractor requested custom reports and locally identified performance measures.
- The program has a Contractor Monitoring workgroup that meets monthly to review contract administration, report and deliverables monitoring and ensures timelines and reports are met.

Contractor Corrective action process

Corrective action requested by the HIV Community Services ranges from informal requests to formal reports. Quarterly CAREWare Financial Reports, Administrative Fiscal reports and Expenditure reports are monitored by the Financial Operations Analyst. Reports are analyzed to ensure accuracy in reporting and service delivery. Reports that require corrective action are sent back to the contractor for explanation and/or revision. Formal corrective action may be requested as a result of the annual On-Site Review or Bi-annual compliance PM report thresholds not being met. If a fiscal or programmatic deficiency is identified that warrants corrective action, HIV Community Services will notify the contract agency in writing. Deficiencies noted will require a Corrective Action Plan submitted by the contractor in writing and include specific descriptions of the items needing correction, the plan for correcting the problem identified, and a timeline for resolution. The program provides technical assistance to assist an agency in reaching compliance expectations as needed and/or requested by the contractor. Corrective Action plans resulting from an onsite review may result in additional site visits to ensure the issues have been rectified.

CAREAssist follows the state contracting division's requirements for corrective action, follow-up and resolution for contractors. Within the contracts division, financial penalties are defined within the contract for specific elements of the scope of work.

CAPACITY BUILDING MONITORING AND ACTIVITIES

Capacity building involves projects to review and enhance systems of care in improvement in the following areas:

1. The capacity to collect accurate data
2. The capacity to meet HRSA reporting requirements
3. The capacity to share data to determine QI needs

The HIV Care and Treatment program's quality management plan and evaluation studies have been instrumental in making program improvements to program design and services. In addition, trended data is used to shape the direction of the program. The program will continue to improve the process of using data to develop multi-year goals associated with viral load suppression and ensure HIV case managers use the available data to develop client level performance measure. HIV Case Managers are encouraged to use this data to determine those clients needing additional follow-up. The program reviews this data for each contractor site in CAREWare, develops standards to enhance service delivery to persons who are in medical care but are not suppressed across programs (CAREAssist, case management, adherence programs), and targets training and technical assistance for contractors aimed at increasing the overall percent of clients with a suppressed viral load.

The data quality plan identifies reports that need to be generated for the CAREAssist and CAREWare databases and outlining procedures for data collection in these databases. Reports are generated and data completeness checks, validation, and data cleaning occur at least two months prior to annual report submission. Contractors are contacted and provided technical assistance to ensure that their data is accurate and complete prior to submission to reporting agencies. CAREAssist leadership and the Office of Information Services (OIS) has been working on a new database system called ORCares to expand the data quality plan to include an enhanced CAREAssist database. The expanded database will allow case workers to utilize custom reports to complete a review and clean-up of their data at specified time periods during the year to increase the capacity for the program to collect and report accurate data for HRSA reporting requirements. Currently, CAREAssist leadership reviews database reports quarterly and annually and provides training and direction to caseworkers during staff meetings.

The databases monitored in the Data Quality Plan are as follows:

- CAREAssist, used by the CAREAssist program.
- CAREWare, used by Ryan White Part B contractors
- ServicePoint, used by the housing coordinators.

Capacity Building and Monitoring Activities		
Capacity Building Goal	Activity	Person(s) Responsible
Data Quality Plan		
New service delivery staff will input service data and charting accurately.	Complete an informal chart review of new service delivery staff within 3 months of hire date.	Provider Supervisor, and/or HIV Quality Improvement Strategist
Providers will complete their own data quality activities.	Ensure contractors are running reports and fixing data entry problems annually. Provide technical assistance and training and encourage contractors to identify and fix data entry missing or incorrect fields more frequently, by running quarterly reports.	HIV Quality Improvement Strategist, HIV Care Services Strategist, Compliance Specialist, and HIV Community Services Data Analyst
The Data Quality Plan (DQP) will be revised to increase the breadth of the plan to include additional monitoring activities.	The DQP will be revised on an ongoing basis to add additional areas of monitoring service delivery data and aligning the data in the databases with reporting requirements and QI	CAREAssist Coordinator, HIV Quality Improvement Strategist; HIV Care Services Strategist; IT Data specialist, HIV Community Services Data

	activities.	Analyst, CAREAssist Data Coordinator, Compliance Specialist
Data will be used in reports to identify and guide QI activities and monitoring.	<p>Reports will be generated and reviewed by QMC to identify and/or monitor quality issues/concerns and will result in a QI initiative to address the issue. QMC will prioritize based on previous performance and outcomes.</p> <p>Technical assistance and ongoing training opportunities are available to subrecipients to ensure program and fiscal compliance, and to assist partners in monitoring quality indicators. In addition, the program provides extensive CAREWare support, which includes developing requested custom reports and locally identified performance measures for subrecipients.</p>	CAREAssist Coordinator, HIV Quality Improvement Strategist; QMC: HIV Community Services Data Analyst, CAREAssist Data Coordinator
Annual CAREAssist chart review; identify and make a plan to resolve potential barriers.	CAREAssist Caseworkers will complete an annual chart review. The HIV Quality Improvement Strategist will help to coordinate these activities, along with the CAREAssist Coordinator and Program Analyst.	CAREAssist Coordinator and Program Analyst, HIV Quality Improvement Strategist; QMC: CAREAssist Data Coordinator
Reporting Requirements Plan		
Changes to funder reporting requirements and revisions made to data entry requirements will be accurately reflected in materials provided to subrecipients and contractors.	HIVCAT staff will participate in funder sponsored webinars and meetings related to reporting and service requirements. User Manuals for all databases will be updated as changes occur and these changes will be communicated to contractors in multiple formats. Reporting requirements will be reviewed	HIV Care Services Strategist; IT Data specialist, HIV Community Services Data Analyst, CAREAssist Data Coordinator, Compliance Specialist, CAREAssist Coordinator, HIV Quality Improvement Strategist

	at least annually.	
Ensure accurate subrecipient data is used for the purposes of reporting to HCS and to identify a plan for subrecipient/providers to meet unmet goals.	Performance measure Progress report data will be provided to subrecipients to ensure accurate and consistent data and enable the subrecipient to measure their performance against the Part B service area as a whole.	HIV Quality Improvement Strategist, HIV Community Services Data Analyst, CAREAssist Coordinator
Sharing QI Data Plan		
Improve client outcomes by sharing data necessary for subrecipient to analyze this data for health disparities and service delivery for the subrecipient/providers to identify necessary quality improvement activities.	The HIV Community Services provides subrecipients quarterly data for the HIV Care Continuum, the current program Quality Improvement project, and Performance Measures, in an excel worksheet. Subrecipients will be provided TA, training and the tools necessary for the subrecipient to analyze this data and run additional CAREWare reports, as needed, in order to identify health disparities across different demographics; client outreach/referral; service delivery evaluations and/or changes; assessment of barrier; quality improvement projects; and/or request for program TA/training.	HIV Quality Improvement Strategist and the HIV Community Services Data Analyst
QMC will review program quarterly data to identify necessary QI activities to improve client or service delivery outcomes	HIVCAT will compile quarterly data for the HIVCAT QMC to analyze this data to identify health disparities across different demographics. client outreach/referral; service delivery evaluations and/or changes; assessment of barrier. quality improvement projects. and/or request for funder TA/training.	HIV Community Services Data Analyst, CAREAssist Data Coordinator, HIV Quality Improvement Strategist
QM Plan data will be reviewed by the HIVCAT program and the QMC.	Monthly, quarterly, and annual data from a variety of sources is collected, analyzed and	HIV Quality Improvement Strategist, HIV Community Services Data

	reviewed as part of the Ryan White Part B Quality Management Plan, including CAREWare, the CAREAssist database, HIV surveillance and the CAREAssist Pharmacy Benefits Management subrecipient.	Analyst, CAREAssist Data Coordinator, QMC
Quality care or service concerns will be communicated by/to HCS in order to be reviewed for potential QI activity or project	When routine review of CAREWare and CAREAssist data and chart reviews indicates potential instances of quality care or service concerns, the program follows up with subrecipients as necessary. CAREAssist case workers follow-up with clients and subrecipient case managers as necessary. When it is determined that there are systemic, program, or policy changes that need to occur as a result of these reviews, the program determines whether these changes can wait until the HIV Case Management Task Force convenes or if necessary, changes need to occur more immediately. Quality improvement activities and projects can occur as a result of these reviews, such as the 2016 Quality Improvement project.	CAREAssist Coordinator, CAREAssist Manager, and HIV Quality Improvement Strategist

QUALITY GOALS, IMPROVEMENT ACTIVITIES, AND PROJECTS

Quality improvement goals are established priorities which the QM program identifies annually to direct its efforts and resources towards. Goals are measurable and realistic and establish a threshold at the beginning of the year for each goal, and QMC determines an action plan for unmet goals, which includes establishing quality goals for the year based on outcomes. HIVCAT reviews HIV/AIDS Bureau performance measure recommendations annually and compares these to quality-of-care trends as identified by the stakeholders listed in this report.

Quality improvement goals are identified based on recommendations from the program's various planning groups and stakeholders, data quality analysis, quality assurance monitoring outcomes, and based on trended performance data. The QMC evaluates the recommendations, reviews the data, and sets the annual QI goals in order to improve previous performance rates and outcomes. QI projects are then identified and prioritized to address the QI annual goals.

Quality improvement activities are formulated to improve provider performance, service delivery, and system-wide capacity, and quality goals are derived from the following sources:

- Subrecipient and service providers' participation in HIVCAT's HIV Case Management Task Force every two years which identifies system improvements by reviewing quality trends.
- Regional subrecipient and service contractor are required to submit an annual Quality Management Plan and required to complete and include at least one annual quality improvement project.
- QA data.
- Bi-annual client satisfaction surveys.
- Performance measures.
- Annual site visit data.

HIVCAT Data Stratification and 2025-2026 Priority Areas

The QM team stratifies all performance measure data by the following:

- Service Category
- Subrecipient/Providers
- Communities of Color
- Gender
- Age
- County
- Filtering by the following data points to analyze service equity:
 - Acuity
 - FPL
 - Insurance type
 - Housing type

HIVCAT's Priority populations/Social determinants of health priorities for the 2025-2026 calendar years:

- Communities of Color
- HIV Medical Care (Linkage to Care/Viral Suppression) (proxy: presence of a CD4 and/or VL Lab)

- Food Insecurity
- Unstably Housed

QI Projects are developed using a PDSA model of improvement:

1. Plan the test, including a plan for collecting data
 - a) State the objective of the test
 - b) Make predictions about what will happen and why
 - c) Develop a plan to test the change (who, what, when, where, and why)
2. Do
 - a) Try the test on a small scale
 - b) Document problems and any unexpected outcomes
 - c) Begin analysis of the data
3. Study
 - a) Complete analysis of the data
 - b) Compare data to predicted results
 - c) Summarize what was learned
4. Act
 - a) Refine the change based on what was learned
 - b) Determine what changes need to be made
 - c) Determine next cycle

The following Quality Improvement Projects were for calendar year (CY) 2024 as a result of trended data and 2023 Performance Measure and Quality Improvement project outcomes.

2024 QUALITY IMPROVEMENT PROJECTS – OUTCOMES

Quality Improvement (QI) projects are planned, coordinated, tracked and monitored, and documented by the HIV Quality Improvement Strategist and reviewed by the HIVCAT QMC and shared with stakeholders such as the CAREAssist Advisory Group.

Part B Food Security Improvement Project – FFY24 APR**PDSA Cycle 1: FFY21-FFY23 – Project Development Phase with HIV Alliance (HIVA)**

Plan: Addressed food insecurity with HIV Alliance to align with our End HIV Oregon Integrated Plan activities. Our VISTA volunteer coordinated our efforts and presented findings, in addition to

a presentation on food insecurity screening and intervention, at our Part B Case Management Task Force.

Do: Added SNAP related Hunger Vital Sign questions to our annual client Psychosocial Triage and Psychosocial Screening forms. Created a CAREWare (CW) Food Security service with check boxes to indicate if a client has SNAP or is ineligible, which providers asked clients at the initial Intake and annually at their Screening (high acuity clients) or at their Triage (low acuity clients). QM provided data to providers to assist in identifying clients most likely in need of food assistance. Added food security questions to provider Biannual reporting, including data and narrative to identify barriers and challenges.

Study: Data analysis of SNAP enrollments and food security Triage responses to indicate if the neediest clients were served. Reviewed the data in provider check-in meetings and problem solved low outcomes.

Act: There was insufficient data due to the protocol not accurately capturing the process. Repeated PDSA.

Plan: Developed new project workplan; created a CW PM for HIV Alliance to run monthly.

Do: Data Quality Plan activity: CW data entry monitoring and TA increased September-December 2023 for HIV Alliance (HIVA); revised QM protocol. HIVA's QA compliance steadily increased by 21%.

PDSA Cycle 2: FFY24 – Improvement Project Phase Regional Providers (HIVA & EOCIL)

AIM: 85% of all Part B Case Management clients who received a Screening or Triage will have a food security assessment for linkage to food and nutrition resources in CY2024.

Plan: CY2024: our QM team developed an AIM statement, provided TA and added our second Regional Provider to the project (EOCIL).

Do: QM Team worked with our Regional Case Management providers to enhance their QA and screening processes in 2024, providing TA/data monitoring and check-ins.

Study: Jan. 2025: Ran/analyzed one year of data. The goal of improving client food security through better assessment and linkage to food and nutrition resources in all 27 counties of our Part B case management service area was met and was a huge success!

Part B Food Security Improvement Project Outcomes for CY 2024

- ✓ Increased clients with a Food Security Screening from **55% to 86%**
 - Decreased clients without a Food Security Screening from 45% to 14%
- ✓ Increased the # of clients with a Food Security Screening from **593 to 907**
 - Decreased the # of clients without a Food Security Screening from 478 to 150

Act: FY25, our QM Team will work with the Regional Providers to finalize the protocol and incorporate them into our Standards. We will also continue meeting with providers to develop additional CW PMs and custom reports to use for client linkage and referral, and to analyze the success of these outcomes and test these changes for continuous improvements to client service delivery, as well as food security analysis and process improvements.

QI Project: Food Security Standard: Regional clients who have an annual Triage or Screening will have a Food Security Status subservice documented in CAREWare (CW PM¹: SR-43/SR-43E) Regional Providers CY 2024				
Date	Clients in D with No CW Food Security Status subservice Out of Compliance	Clients in D with a CW Food Security Status subservice (N=Numerator) In Compliance	Clients with an annual CW Triage or Screening subservice² (D=Denominator)	Compliance w/ Standard Minimum Compliance Threshold=85%
12/31/2024	150	907	1,054	86%
9/30/2024	190	883	1,073	82%
6/30/2024	159	906	1,065	85%
3/31/2024	296	775	1,071	72%
1/01/2024 ³	478	593	1,071	55%
¹ CAREWare Performance Measure (PM) of active clients ² PDSA Cycle 2 started 7/1/23 ³ Data collected 12/31/23				

CAREAssist Case Worker Training Quality Improvement (QI) Project

CAREAssist developed a Quality Improvement Project to address client responses on the 2023

CAREAssist Client Experience Survey related to benefit awareness. The Case Workers completed a twenty-question survey in January 2024 developed by the QM team to identify their training needs. The outcomes of the survey shaped the development of the 2024 training schedule, future improvement suggestions, and this project.

AIM: By January 2025, CAREAssist Case Workers will report at least 60% improvement in confidence and knowledge related to client benefits, referrals, and client/community outreach for each project goal.

Project Goals:

1. Increase the proportion of case workers who report being “very confident” in their ability to educate clients on how to navigate health and dental insurance systems from 20% to 80%. Goal Met=100%
2. Increase the proportion of case workers who report “often” providing a warm hand-off referral from 60% to 80%. Goal Not Met=50%
3. Increase the proportion of case workers who know the steps to provide clients a warm hand-off referral from 60% to 100%. Goal Met=100%
4. Increase the proportion of case workers who report “often” using the Support Networks and Client Resources sheet for client referrals from 60% to 80%. Goal not Met=50%
5. Increase daily community partner communication ≥ 90 min. for each case worker. Goal Met=100%
6. Increase daily client communication ≥ 90 min. (average) for each case worker. Goal Met=100%

Out of the eleven program improvement suggestions based on the survey responses, CAREAssist leadership and the QM Team evaluated the survey results and developed the QI project workplan with six project goals that QMC approved and the program implementation in 2024. The Quality Improvement Strategist coordinated the monthly trainings with CAREAssist leadership, who provided role playing scenarios for each case worker topic from the survey. Once the trainings were completed at the end of 2024, the survey was redistributed to Case Workers in January 2025 to determine if the trainings met the projected goals. Although there were staffing circumstances that prevented many Case Workers from completing the final survey, resulting in a response reduction of 60%, the results were still considered representative of the overall feedback provided since the Case Workers have all been fully staffed again, and therefore considered significant enough to use for future training development. Due to the success of this project and Case Worker enthusiasm, we have continued the trainings through 2025; monthly trainings center around current topics relevant to CAREAssist, client and Case Worker needs, as well as QI/QA identified issues, and continues to be coordinated by the HIV Quality Improvement Strategist in conjunction with the Client Services Coordinator and the Program Coordinator. Case worker suggestions are sought every month to form

training agendas, in addition to CAREAssist leadership input, CAREAssist Advisory Group (CAG) meetings, as well as the following topics: PBM information, QMC outcomes/topics, client outreach, program improvement, Case Worker Q&A, and referral information. We continue to provide CAG and QMC regular updates.

CAREAssist Dental Insurance Project:

Calendar Year 2023:

CAREAssist (CA) Dental Insurance improvement efforts were focused on monitoring and working with MODA Dental Insurance to prompt clients to submit completed applications to CA (rather than MODA) for client quality care/service insurance monitoring. This allowed our Case Workers to better educate case managers and dental navigators and clients on their dental insurance benefits and catch ineligible applications.

CY2024 Dental Insurance Summary

- ✓ 54% of CA clients are enrolled in Dental Plan
- ✓ 6-7 yrs. average for clients to be enrolled in dental plan
- ✓ 74% of clients with w/claims (processed as of 6/11/24) enrolled at least 5 years
- ✓ 32% of clients enrolled at least 10 years

Calendar Year 2024:

At the end of 2023, the dental insurance application instructions were revised to direct clients to return to CA instead of MODA Dental. This project intervention was a huge success! From the claims received so far through mid-2025, there has been an increase in dental claims from 2023 to 2024 due to of this project intervention. Because invoices are billed quarterly, there are still outstanding claims from 2023-2024 that have not been processed, therefore we will continue to adjust our project data. Part of our intervention was also providing additional CA Case Worker dental insurance benefit training to aid clients in better understanding and accessing their dental services. Our 2024 improvement processes focused on the refinement of insurance enrollment and claims processing, and further identification of client utilization patterns. With the addition of a new data coordinator with Power Bi experience in 2025, the collaboration of our QM team has expanded into dental insurance invoice processes and data analysis to better understand where improvement can be introduced for the next dental insurance project's focus.

Part B Subrecipient HIV Alliance (HIVA): 2022-2024 QI Project Linkage to Care

AIM Statement: Identify barriers for newly diagnosed clients getting into care within 30 days and 90 days of HIV diagnosis to improve client Linkage to Care by 5% each project year.

Plan: CY2020-2021; collected data on every newly diagnosed client for an in-depth look into each clients' chart to answer these questions:

- What are the barriers for new diagnosed clients getting into care within 30 or 90 days?
- Why are clients not getting into care within the timeframe?
- Are there any health disparities for newly diagnosed clients?

Part B HIV Case Management subrecipient HIV Alliance (HIVA) used data to identify two interventions to improve the Linkage to Care performance measure.

Do: developed and tested two interventions based on the data collected from the Planning phase.

- **Intervention 1** – Weekly Newly Diagnosed Critical Care Meeting
- **Intervention 2** – Bilingual Care Engagement Specialist.

Study: After running the interventions for six months, studied the results from the intervention and compared to their hypothesis to improve newly diagnosed clients' Linkage to Care.

Act/Study/Do: Intervention 1: Aug. 2022-completed Act phase in 2024: Newly Diagnosed Critical

Care Meeting begins, data is analyzed, study phase of this intervention began and moved to the Act phase. **Sept. 2023:** added Intake Coordinators to this meeting and reviewed all newly enrolled clients regardless of diagnosis status. **2024:** Completed the Act phase by refining the intervention after adding the Intake Coordinators to the meeting and including all newly enrolled clients regardless of diagnosis status. They ran the refined meeting for a year and re-analyzed the Linkage to Care data. The lessons learned during the study period of this invention where that the Intake Coordinators (ICs) are an important part of linking newly diagnosed clients to care, as the Medical and Non-Medical Case Managers rely on intake gathering income, residency, and HIV verification to determine insurance enrollment and are required to complete a CAREAssist application. They then started adding all newly enrolled clients, regardless of diagnosis status, to the weekly critical care meeting. Clients stayed on the meeting list until the client's intake, screening, and assessments were completed. For clients newly diagnosed, they stayed on the list until initial labs were also completed. They reran this intervention from Aug. 2023 to Aug.2024 before analyzing the intervention.

Intervention 2: 2022-completed Study phase in 2024: Bilingual Care Engagement Specialist

position. Implemented in January 2023, completed the Do phase of this intervention, and moved to the Study phase after six months of implementation. After the initial data set, determined needed a full 12 months of data, due to small sample size, to determine impact of the intervention. **2024,** completed the Study phase of this invention and analyzed the 12-month intervention period data set. Below are the outcomes.

HIV Alliance Linkage to Care QI Project Outcomes 2022-2024

Goal:	Pre-intervention	Intervention Period	Intervention Period Phase 2	Pre-intervention	Intervention Period	Intervention Period Phase 2
improve by 5%	Labs 30 days	Labs 30 days	Labs 30 days	Labs 90 days	Labs 90 days	Labs 90 days
Total	50% (10/20)	79% (11/14)	38% (8/21)	83% (20/24)	89% (16/18)	93% (26/28)

Pre-intervention: prior to implementing the Newly Diagnosed (Dx) Critical Care meeting.

Intervention Period: First six months of the intervention—weekly Newly Dx Critical Care Meeting.

Intervention Period Phase 2: refined intervention, adding the Intake Coordinators and all newly enrolled clients to the Newly Dx Critical Care meeting. The **30-day measure decreased**; the **90-day measure improved by 4%**. Data analysis indicates that by adding all newly enrolled clients in the meeting, the focus was lost on the true purpose of the meeting, which was to focus on newly diagnosed clients' linkage to care. Bilingual Care Engagement Specialist (CES) position: 67% of clients were enrolled in health insurance within 14 days of enrollment and 94% were enrolled within 30 days of enrollment. Pre-intervention data indicated having the Bilingual CES position improved the health insurance enrollment timeframe for newly diagnosed clients: 50% of clients were enrolled in health insurance within 14 days of enrollment, and 88% were enrolled within 30 days of enrollment. Out of all newly diagnosed clients in the same time-frame who were not referred to the CES due to having health insurance, 70% of the non-CES clients were enrolled into care within 30 days—this indicates that not having health insurance at enrollment is a barrier to linkage to care.

CQM infrastructure Improvement: Since 2022, HIVA had a goal to improve direct service staff input in their QI projects. In 2024, they maintained two staff participants in their QI project meetings. These staff provided input and conducted data analysis related to this project throughout the year.

PARTICIPATION, COMMUNICATION AND SUPPORT WITH STAKEHOLDERS

The following table describes the groups and agency stakeholders currently involved in HIV care activities and in providing data for the QM Committee, as well as the ways in which the HIV Care and Treatment program provides support, technical assistance, training, and guidance related to quality improvement and assurance activities.

QM Stakeholders	QM Participation	QM Data
Consumer (People living with HIV/AIDS)	<ol style="list-style-type: none"> 1. Participate in the CAREAssist Advisory Group and the End HIV/STI Oregon Statewide Planning Group. 2. Participate in Surveys, QI projects, and other special studies. 	
HIV Case Management Task Force	<ol style="list-style-type: none"> 1. Identify quality of care issues or concerns in Part B service area. 2. Provides recommendations on standards of service. 	PM and CQM data, site visits, chart reviews and CAREWare reports are utilized to recommend improvements to the Standards of Care and statewide data improvement initiatives.
End HIV/STI Oregon Statewide Planning Group	<ol style="list-style-type: none"> 1. Identify HIV related quality care issues or concerns in the State of Oregon. 2. Identify needed services and/or programs. 3. Provide recommendations on program goals and activities. 	Data and outcomes data are utilized to develop the HIV/VH/STI Integrated Comprehensive Plan. This includes improvement activities to address identified service needs and gaps, including developing goals and objectives that impact service priorities and resource allocation.
CAREAssist Advisory Group (CAG) and CAREAssist 340B Oversight Committee	<ol style="list-style-type: none"> 1. Identify quality care, service delivery issues. 2. Identify needed services and/or programs. 3. Oversight of 340B program and PBM monitoring (340B committee). 4. Provide recommendations on program goals and activities. 	Quality data and PM/service delivery and reimbursement outcomes are utilized to inform decisions about program and service improvements in CAREAssist.
Oregon HIV Statewide Quality Management Committee (SQMC) (formerly "Quality Improvement	<ol style="list-style-type: none"> 1. Receive updates pertaining to the QMP. 	<ol style="list-style-type: none"> 1. Share general program information across state organizations and agencies pertaining to their Ryan White programs/service delivery.

Collaborative”)		<p>2. Share ideas for quality improvement initiatives and decide on SQMC performance measures</p> <p>3. Provide a space for innovative collaboration.</p>
<p>RW Subrecipients and subcontractors:</p> <ul style="list-style-type: none"> • Regional • County 	<p>Subrecipients and providers are engaged, supported, and monitored with respect to quality improvement and quality assurance in the following ways:</p> <ol style="list-style-type: none"> 1. Scheduled monthly to quarterly provider check-in calls. Data is provided during meetings and ways to improve are discussed and monitored. 2. Regional providers submit annual agency QM Plan revisions, including current QI Projects and previous QI project outcomes. The HIV Quality Improvement Strategist reviews submitted plans with providers utilizing a QM Plan review checklist and discuss ways to improve. 3. QI projects processes and outcomes are reported on biannual progress reports. 4. QA: chart review outcomes are reviewed with providers and compliance plans are created, submitted, and monitored until provider meets agreed up completion activities/goals. <p>Stakeholders QM participation in their Biannual Progress reporting:</p> <ol style="list-style-type: none"> 1. Data and qualitative summary on service delivery via reporting. 2. Participation in chart review. 3. Participation in QI projects. 4. Ensure service delivery and standards of service according to contract requirements. 	<p>Data is provided when requested for technical assistance and training purposes, as well as from chart reviews, site visits, data quality, and feedback from report submissions. Contracted providers are encouraged to use data to identify opportunities for outreach efforts and specific program and clinical interventions for increasing client engagement and retention in care.</p>

ACTION PLAN, TIMELINE, AND RESPONSIBLE PARTIES

The table below lists the QM Plan activities annual schedule and responsible parties:

QM Plan Activities: Action Plan and Responsible Parties		
QM Activity	Timeline	Responsible Party
QI Project Implementation and Monitoring	CAREAssist and HIV Community Service program QI Projects are monitored weekly during the QI project implementation and then monthly to quarterly by either HIVCAT QMC or a QMC QI project workgroup. The QMC will determine annually which staff need to be on the QI Project workgroup based on the specific project. At least one member of the QMC will be on the QI Project workgroup.	HIVCAT Leadership, HIVCAT Coordinators, HIV Quality Improvement Strategist, and the HIVCAT Data Analysts
QA Data Collection	QA data is collected monthly, quarterly, and annually.	CAREAssist Coordinator, HIV Quality Improvement Strategist, and the HIVCAT Data Analysts
QM Data Collection	QM data is collected quarterly, and annually.	HIV Quality Improvement Strategist, and the HIVCAT Data Analysts
Client Services Satisfaction Survey Implementation, Data Collection, and Analysis	Client Satisfaction Surveys are rotated every year between the OHOP, CAREAssist, and HIV Community Services programs. QMC uses the data from these surveys to determine QI activities.	HIVCAT Leadership, HIVCAT Coordinators, HIV Quality Improvement Strategist, and the HIVCAT Data Analysts
QA and QM Data Analysis	The QA and QM data will be analyzed quarterly and annually to determine if goals were met and where QI activities are needed.	QMC
QM Plan Evaluation	The QM Plan will be evaluated annually at least one month prior to QM plan revision.	QMC
QM Plan Revision	The QM Plan will be revised annually.	QMC

HIV Care & Treatment Quality Management Plan

QM Activities Timeline – (April 2024 – March 2025)		April	May	June	July	Aug	Sept	Oct.	Nov	Dec.	Jan.	Feb.	Mar.
QM Data Collection and review	QA CA data												
	CA Chart Review												
	QA CM data & CA PM data												
	CM PM data												
Service/Cost Utilization	CW Financial reports												
QM Meetings	QI Project												
	QA Workgroup												
	QMC												
	SQMC												
	QI – Plan: Analyze data and develop intervention or project												
	QI – Do: Test intervention												
	QI – Study and Act: Analyze study results												
QM Plan Revision to Submit to QMC	Evaluation												
	Development												
	Due Date												
Informing Stakeholders	HIV Care and Treatment Staff and CM Providers												
	HRSA Project Officer												
	CAREAssist Advisory Group												
	CA 340B Oversight Comm.												
	SQMC												

QUALITY MANAGEMENT PLAN EVALUATION

The QMC evaluates the QM Plan (QMP) as follows:

1. Determining the effectiveness of the Quality Management infrastructure to decide whether there is need for improvement in how quality improvement work is accomplished.
2. Reviewing annual QMP goals and identifying outcomes and areas of improvement. Evaluating the QI activities to determine whether the annual QI goals are met.
3. Reviewing whether the performance measures are appropriately identified and evaluate if new measures should be introduced.

To ensure a useful and current QMP, it is essential to update the plan in a systematic and consistent manner. The process upon which the QMP will be updated is explained in the table below.

QMP Evaluation	Timeline
QI projects, performance measurement goal updates, Data Quality Plan updates, and updates to the QMP will be forwarded to the HIV Quality Improvement Strategist by RW Part B program staff, QMC members, and Stakeholders, and will be shared with the QMC for review, modification, and final QMP approval.	Quarterly Review Annual approval
<p>The QMC will evaluate the QMP by answering the following questions:</p> <ol style="list-style-type: none"> 1. What QI goals were achieved during the previous measurement year? 2. a) What performance measurement goals were met in previous measurement year? b) Are results in the expected range? If so, how? 3. How were stakeholders informed of performance measure results? 4. a) Did our current QM infrastructure work? b) Where are there areas for improvement in our current infrastructure? 5. a) Did we do what we said we were going to do for each measure and each QI project? b) Why or why not? 6. a) Are our measures meaningful to helping us understand HIV care systems in Ryan White Part B delivery systems in Oregon? b) Are they helping us identify whether or not we need to make changes? 	Annual