

HAB HIV Performance Measures: Systems-Level

Performance Measure: System Level: Quality management program	
Percentage of Ryan White Program-funded clinical organizations with an HIV-specific quality management program ¹ in the measurement year	
Numerator:	Number of Ryan White Program-funded clinical organizations in the system/network with an HIV-specific clinical quality management program ¹ in the measurement year
Denominator:	Number of Ryan White Program-funded clinical organizations in the system/network in the measurement year
Exclusions:	1. Organizations funded by the Ryan White Program to only provide services other than ambulatory outpatient medical services
Data Element:	<p><i>For each agency:</i></p> <ol style="list-style-type: none"> 1. Is the clinical organization Ryan White Program-funded? (Y/N) <ol style="list-style-type: none"> a. If yes, did the clinical organization have an HIV-specific clinical quality management program¹ during the measurement year? (Y/N) <p><i>For the system:</i></p> <ol style="list-style-type: none"> 1. How many clinical organizations are funded by the Ryan White Program? <ol style="list-style-type: none"> a. Of those organizations, how many have an HIV-specific quality management program¹ during the measurement year?
Data Sources:	<ul style="list-style-type: none"> • Data reports required by HRSA/HAB, such as the Ryan White Data Report (RDR) and Ryan White HIV/AIDS Program Services Report (RSR), may provide useful data regarding the number clinical organizations and the number of quality management programs. • Ryan White grantee contract language and contract monitoring • Quality management program documentation
National Goals, Targets, or Benchmarks for Comparison:	92.3% 2008 Ryan White Program Data Report Goal: 100% [legislative requirement]
Basis for Selection:	
<p>Quality management requirements were first introduced in 2000 reauthorization of “Ryan White CARE Act.” “Ryan White Treatment and Modernization Act of 2006” and “Ryan White HIV/AIDS Treatment Extension Act of 2009” further delineated these requirements. All RWTMA grantees are required to establish clinical quality management programs to:</p> <ul style="list-style-type: none"> • Assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and • Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.^{2,3} <p>A quality management program is defined by HRSA/HAB as:</p>	

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a systematic process with identified leadership, accountability, and dedicated resources and uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs should also focus on linkages, efficiencies, and provider and patient expectations in addressing outcome improvement and be adaptive to change. The process is continuous and should fit within the framework of other programmatic quality assurance and quality improvement activities, such as [The Joint Commission] and Medicaid. Data collected as part of this process should be fed back into the quality management process to assure that goals are accomplished and improved outcomes are realized.⁴

US Public Health Service Guidelines:

None

References/Notes:

¹ An “HIV-specific quality management program” is a quality management program operated by the Ryan White Program that includes a written quality management plan and that identifies quality indicators and/or quality goals which are specific to HIV care, for example, HAB HIV/AIDS Core Clinical Performance Measures (available at: <http://hab.hrsa.gov/special/habmeasures.htm>).

² Public Law 109-415, Ryan White HIV/AIDS Treatment Modernization Act of 2006, 42 USC 201.

³ Public Law 111-187, Ryan White HIV/AIDS Treatment Extension Act of 2009, 42 USC 201.

⁴ HRSA/HAB, “HRSA Quality Management Technical Assistance Manual”, 2003. Available at: <http://hab.hrsa.gov/tools/QM/>.