

## **New York State HIV Quality of Care (QOC) Program Standards**

The New York State Department of Health AIDS Institute HIV Quality of Care Program, overseen by the Office of the Medical Director, is committed to advancing the quality of HIV clinical care delivered to people living with HIV and to building capacity for quality management in HIV programs throughout New York State. These goals are consistent with the mission of the AIDS Institute and the goals of the Governor's Initiative to End the Epidemic (EtE), and accelerate measurable and continuous progress toward effective, equitable, and consumer-centered services and improved patient outcomes.

The following New York State HIV Quality of Care Program Standards are applicable to HIV clinical care programs, including those that receive state funding or support in New York State:

### **A) Infrastructure of the HIV Quality Management Program**

The HIV quality management program is actively supported and formally guided by clinical leadership and senior administration, providing institutional commitment and allocation of appropriate resources to ensure sustainable implementation of improvement activities. The HIV quality management program is effectively linked with the institution-wide quality management program, as evidenced by the routine reporting of improvement efforts and performance measurement data.

#### HIV Program Staff

Program staff are aware of the quality management infrastructure, understand their roles in improvement activities, and actively participate in agency-wide quality management program activities.

#### HIV Quality Management Committee

The HIV quality management committee is fully accountable for HIV-specific improvement activities, development of annual quality improvement goals, prioritization of key quality indicators for review, sharing of HIV performance data with staff and stakeholders, including consumers, as well as the routine evaluation of the HIV quality management program. The committee membership includes staff from all key medical and non-medical services. Consumer representatives are included who provide input to ensure that services effectively meet or exceed patient needs and expectations. The committee meets at least once every other month.

#### Quality Management Plan

Each HIV quality management program has a written quality management plan that is reviewed and updated annually by the HIV quality management committee. The plan is shared with staff and consumers to gather input and to promote involvement in the quality management program and its activities. The plan includes the following elements:

- Quality statement describing the overall mission of the HIV quality management program.
- Staffing plan describing roles and responsibilities pertaining to the quality management program including the quality committee, its membership, and leadership.
- Performance measurement activities describing indicators and data collection methodologies.
- Annual improvement goals based on identified gaps in performance data, as well as internal program priorities and statewide public health objectives.
- Processes for training and engagement of staff, consumers, and stakeholders; and

- Procedure(s) for routine evaluation of the quality management program.

The quality management plan includes a formal workplan that identifies implementation responsibilities and a timetable for their completion. The workplan is reviewed routinely at quality management committee meetings and used as part of formal evaluation of the HIV program to monitor whether it is being implemented as planned and whether goals are achieved.

## **B) Performance Measurement**

### Performance Indicators

Performance indicators guide the development and implementation of improvement activities. Indicators are chosen based on identified gaps in performance, internal HIV program priorities and external expectations. The quality management plan describes these performance indicators, including their definitions, sources of data, desired health outcomes, and frequency of data collection. Indicator definitions are updated at least annually to reflect current standards of care and practices.

### Performance Reviews

HIV program staff conduct and analyze the performance of core HIV services at least quarterly and more frequent measurements based on identified needs for improvement and as needed to fulfill reporting requests made by the AIDS Institute Quality of Care Program. At a minimum, indicators measure key health outcomes, such as viral suppression.

The HIV program generates, and reviews newly diagnosed and established patient treatment cascade data at least annually. Programs are expected to develop, measure, and revise process changes aimed at diminishing gaps in linkage, engagement, treatment, and viral suppression outcomes to improve patient health and contribute to statewide goals aligned with the Governor's EtE Initiative, as well as the AIDS Institute goal to sustain gains and continuously improve care for people living with HIV.

### Data Analysis and Follow-up

Performance data results are reviewed during quality management committee meetings to guide improvement activities. Data are disaggregated by patient characteristics, including age, sex, race/ethnicity, and HIV exposure risk, to identify potential disparities in HIV care and services. An action plan to address performance gaps includes a description of implementation steps, specific responsibilities, and a time frame for completion of activities. Performance data results are shared with staff, consumers, and key stakeholders.

### Information System

The HIV program has a functional and efficient information system in place for tracking all HIV-infected patients--even if they are not receiving HIV care from the organization--and for monitoring their patient care across the entire organization. The information system integrates electronic medical records systems, prescription and laboratory records, and billing data. The program's information system produces meaningful performance data reports that include patient-specific and aggregate data on key quality of care indicators, such as viral suppression. The system is accessible to all relevant staff. The program is encouraged to use data from local public health departments or Regional Health Information Organizations (RHIOs) to augment the analysis of information available internally.

### **C) Quality Improvement Activities**

The HIV quality management program continuously strives to eliminate gaps in quality of care outcomes that are identified and prioritized by the HIV quality management committee, based on organizational treatment cascade findings and other performance data, consumer and staff input, as well as external expectations.

The quality management committee oversees all improvement activities to eliminate gaps in quality of care outcomes by continuously seeking to eliminate waste, add value and strengthen processes.

Improvement teams with cross-functional representation, including consumers, are formed to address specific gaps in care, drill down data, investigate and improve current processes, and monitor changes, adjusting processes accordingly. Results of continuous improvement work are presented to the HIV quality management committee, shared among staff and consumers, and are used to spur further improvements, and for future planning.

### **D) Staff Involvement**

The HIV quality management committee and improvement teams are comprised of staff members representing all roles and disciplines, including medical providers. Job expectations and descriptions require staff involvement in quality management activities. An annual staff satisfaction survey is implemented with results shared with staff and used for improvement.

Staff participate in capacity building activities, including NYLinks Regional Groups, which have specific activities to improve quality of care outcomes by focusing on HIV treatment cascade data. Staff are expected to participate in QI learning networks, which promote peer learning, accelerate improvement project implementation, and spread improvements between providers and across regions to drive Ending the Epidemic goals.

The objectives, progress, and results of improvement activities are routinely communicated to staff to increase awareness and participation in the HIV quality management program. At a minimum, quality improvement training for staff occurs annually. QI activity updates are provided to staff, at a minimum, on a quarterly basis.

### **E) Consumer Involvement**

Consumers are routinely included in improvement activities to solicit their input and feedback in the selection of improvement priorities.

The HIV quality management program involves consumers in quality improvement activities that include: membership on the HIV quality management committee, participation on improvement teams, coordination between the consumer advisory board and quality management committees, formal solicitation of representative consumer input to identify improvement activities, training for consumers in quality improvement, and review of performance data.

The quality management program assesses consumer experience at least annually. Findings are formally integrated into improvement activities and communicated back to staff and consumers.