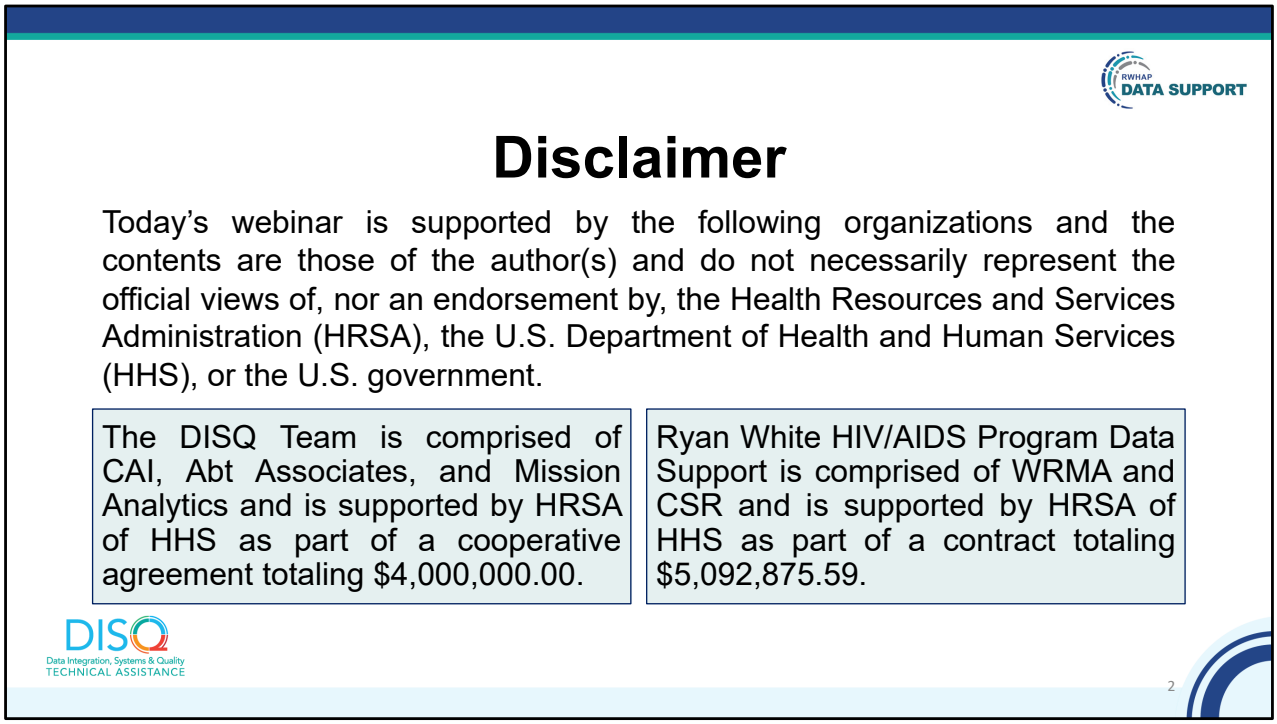
Welcome to today's Webinar. Thank you so much for joining us today!

My name is AJ, I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to Ryan White HIV/AIDS Program (RWHAP) recipients and providers.

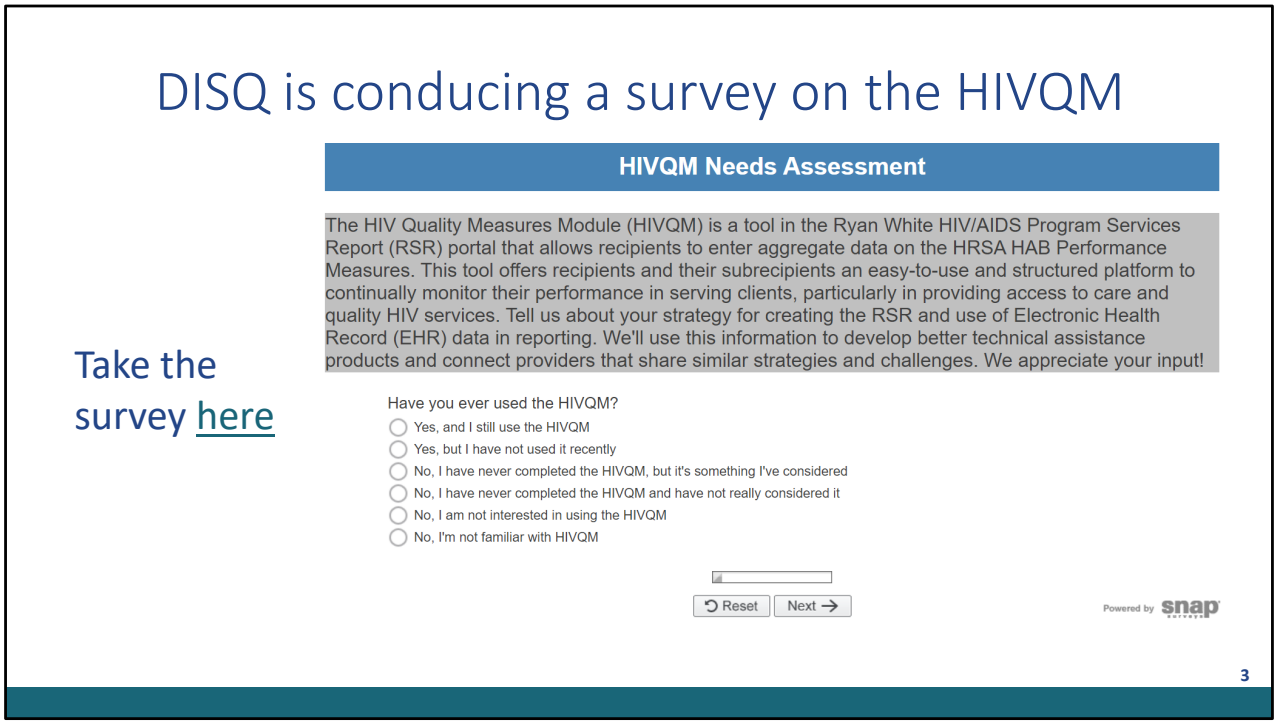
In today's webinar, we're going to be talking about and sharing strategies for submitting data on the HIV Quality Measures Module (or HIVQM), which is a system developed by HAB to help you continually monitor performance in serving clients. Today's presentation will be presented by my colleague Imogen Fua with the RWHAP Data Support team, and we're also thrilled to have presenters from the field who have experience using the HIVQM.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Audrey is going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and we'll conference you in.

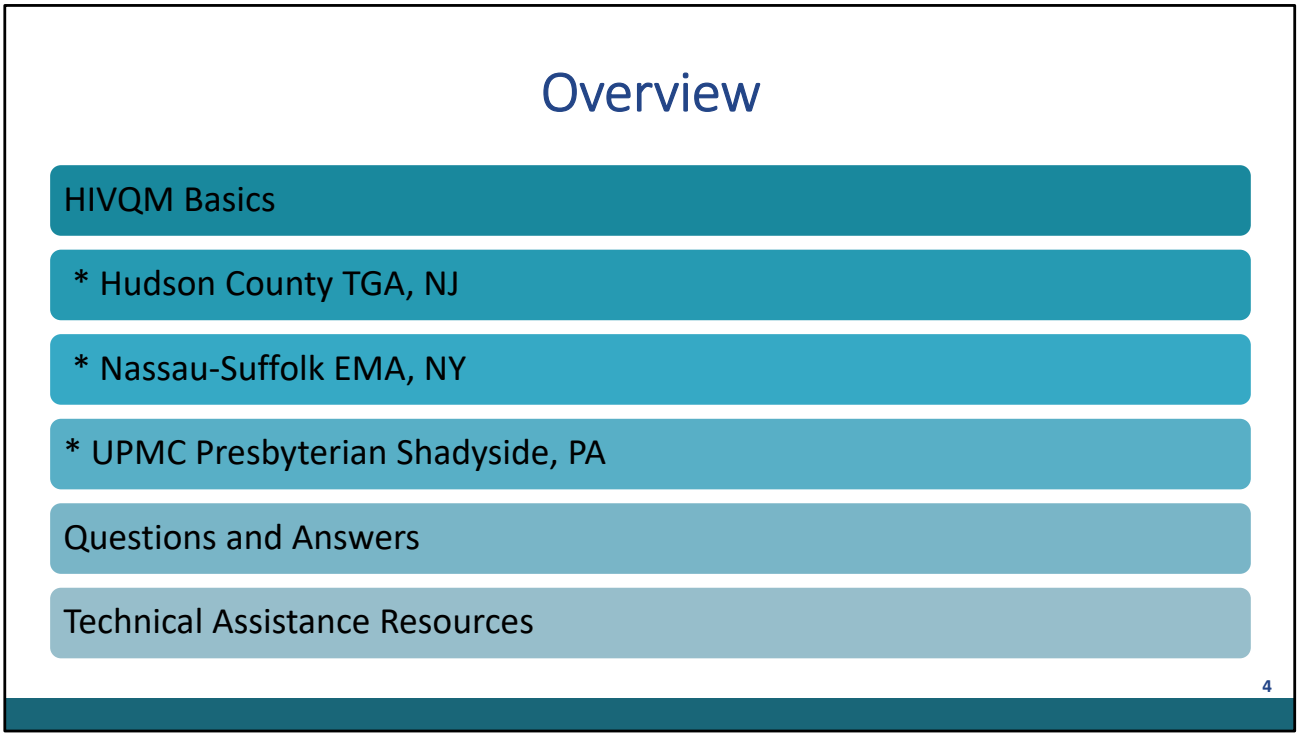


Today's webinar is supported by the organizations shown on the slide, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the U.S. Government.



Before I turn things over to Imogen, I wanted to do a quick plug for a survey the DISQ team is conducting right now about the HIVQM. We want to hear from users, regardless of whether you've used the HIVQM in the past, to learn about your experiences and suggestions for the HIVQM. You can access the link to the survey in the document Audrey chatted out, and she'll also send out a direct link to the survey in the chat. We hope you can take a few minutes to fill that out!

With that out of the way, I'm going to turn things over to Imogen for our presentation. Take it away, Imogen.



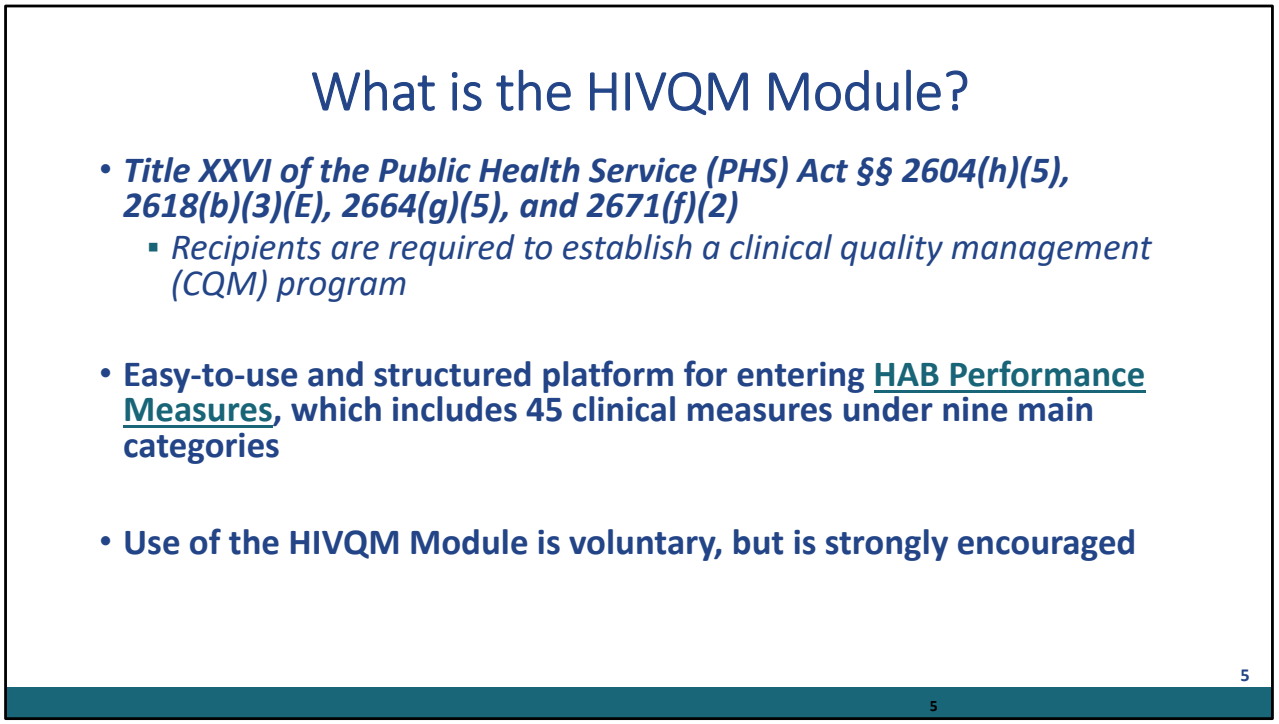
Hello everyone! Thank you for joining us today – we are doing something different, from the usual webinars that we do. We are so thrilled to be highlighting three expert HIVQM users who will be presenting their approach and practices in using the HIVQM Module. We are so grateful to them for taking time out of their busy schedules and allowing us to hear and learn from them today. They have been using the Module for quite some time; representing a diversity of how they use the Module, the performance measures that they enter and how they enter it, as well as how they use the data reports to inform their program. So we have a lot to get to today.

But before we get to the presenters, I will just do a quick overview of some basic information for the new folks or just to remind some of you of what the Module can do.

Then, we will first hear from New Jersey's TGA in Hudson County, then the Nassau-Suffolk EMA in New York and finally the University of Pittsburg Medical Center Presbyterian Shadyside in PA.

Right after, we will open up the webinar to give you all an opportunity to ask your questions to the presenters.

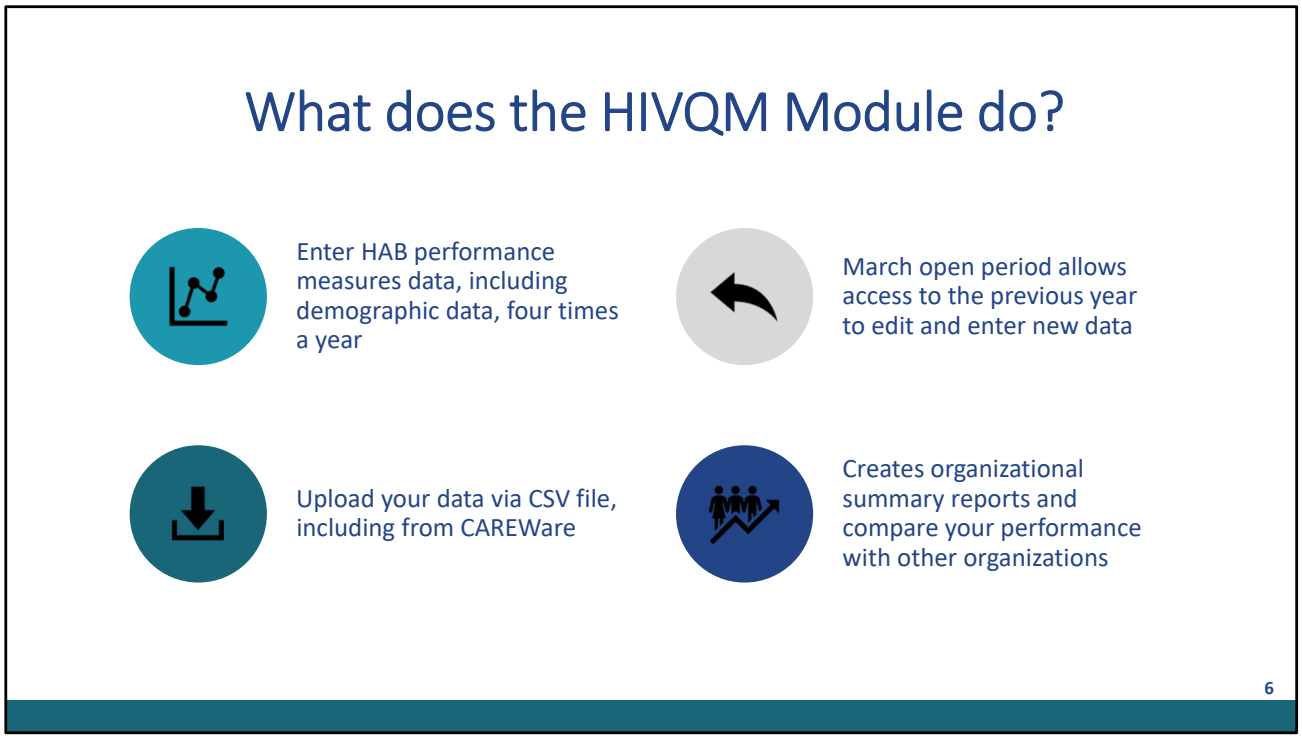
And then to end the webinar, I will go over the TA resources available to help you with using the Module.



So what is the HIVQM and why use it? So, of course, we need to start with the Ryan White Modernization Act, which states that all Ryan White recipients are required to establish a clinical quality management program for the services they provide to HIV clients. HAB rolled out the HIVQM in 2017 to provide recipients **and subrecipients** a free and easy-to-use tool for collecting and monitoring HAB performance measures which includes 45 clinical measures ranging from core measures such as viral suppression and annual retention in care to medical case management, oral care, etc.

The use of the HIVQM is not a requirement, it is not a required data submission. It is simply a free tool available for recipients and/or subrecipients to use within your clinical quality management efforts. Today, all our presenters are recipients, but subrecipients also have access to the Module to enter their own data and monitor their own efforts.

So, we hope that for those of you don't use the Module yet, that you will be encouraged or at least curious to use it after hearing our presenters today.



The Module can be accessed via the RSR portal in the EHBs which all recipients and subrecipients should have access to.

You can enter HAB performance measures data 4 times a year so it gives you the opportunity to continually monitor your progress. And you choose which or how many of the HAB performance measures you want to enter– so, whatever your organization prioritizes or is most relevant to your population. Recently HAB also added demographic fields so you can look at your data also by gender, age, race/ethnicity and HIV Risk factor.

In March of every year, the system will also allow you access to the previous year to edit or enter data. So if you have any updates or you found some errors, or even if you have new data or missed a reporting period, you will be able to go into the system and enter data during this month.

You can either enter your data manually or you can upload your data via a .CSV file. For CAREWare users, you can now create a file straight from CAREWare.

After you enter your data, you can immediately generate your organization's summary reports as well as comparison reports on a state, regional, national level or by Ryan White Part.

HIVQM Module - Timeline

HIVQM Module Opens	HIVQM Module Closes	Measurement Year
December 1, 2021	December 31, 2021	October 1, 2020 – September 30, 2021
March 1, 2022	March 31, 2022	January 1, 2021 – December 31, 2021
June 1, 2022	June 30, 2022	April 1, 2021 – March 31, 2022
September 1, 2022	September 30, 2022	July 1, 2021 – June 30, 2022

For more HIVQM TA resources, go to HIV Quality Measures Module | TargetHIV

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This is the reporting timeline. The Module will allow data to be entered up to four times a year during the entire months of December, March, June and September.

For most performance measures unless otherwise indicated, you will be entering data for a 12-month period.

The next reporting period is next month in December. The Module opens on the 1st and closes and on the 31st. You should only enter performance measure data for the 12 month period of October 1, 2020 – September 30, 2021.

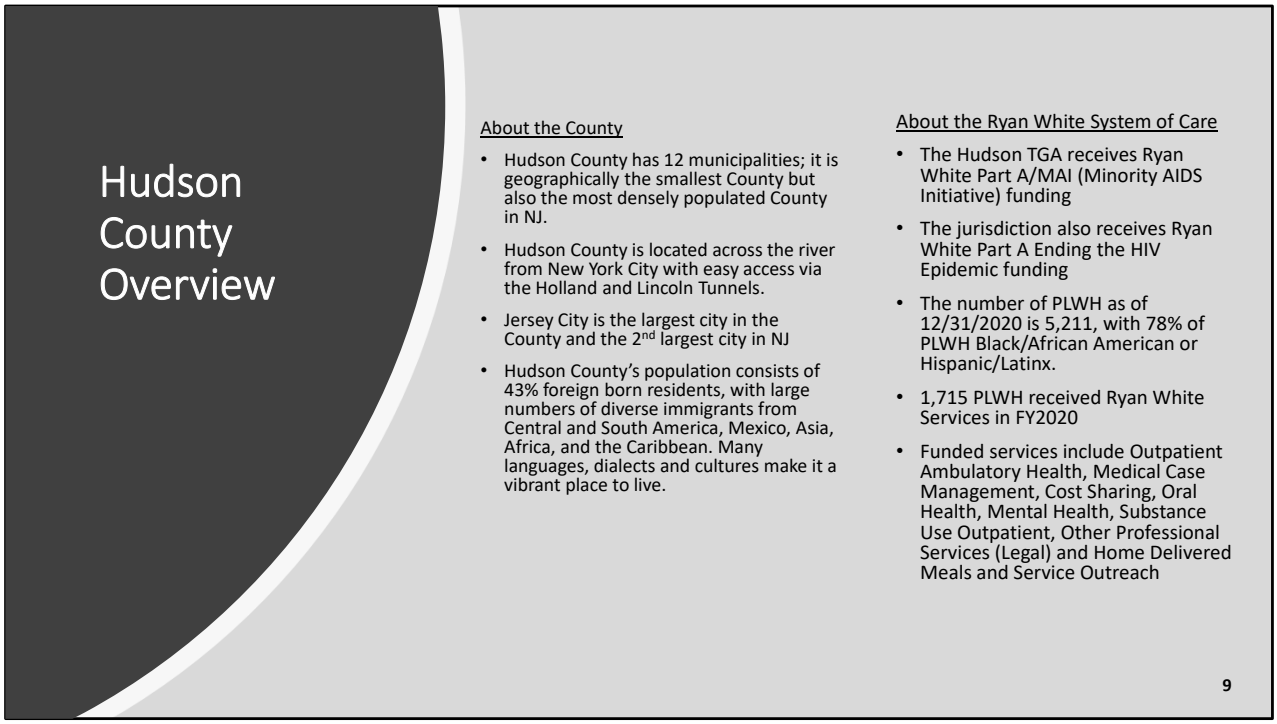
If you are new and need more technical assistance, maybe some basic information on how to get started, I refer you to TargetHIV website where you will find resources such as the HIVQM manual and past webinars that will go through step-by-step of how to use the Module.

So, now, we are going to switch over to our guest presenters. Again, we are excited and grateful to our presenters for giving us their time to share their experiences. So, without further ado, I will hand it over to our first presenter, Nora Holmquist, from Hudson County, NJ.

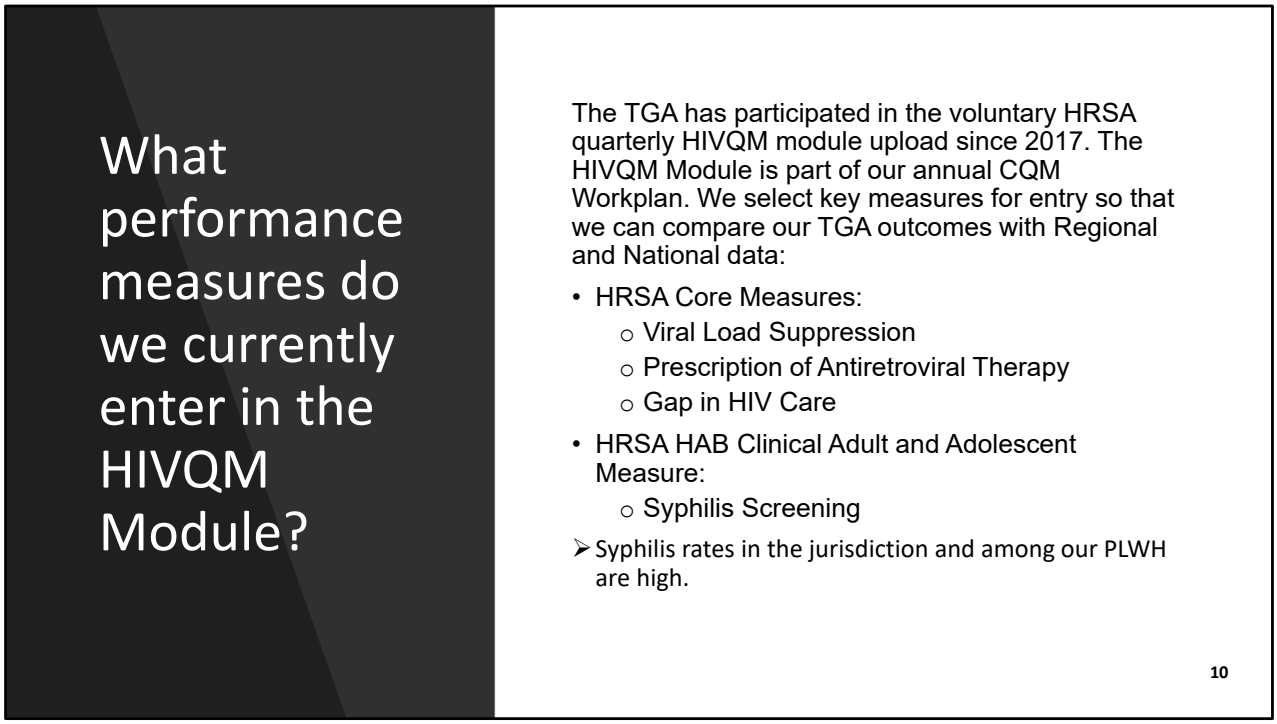
Hudson County, NJ TGA

HIVQM Module Presentation
November 17, 2021

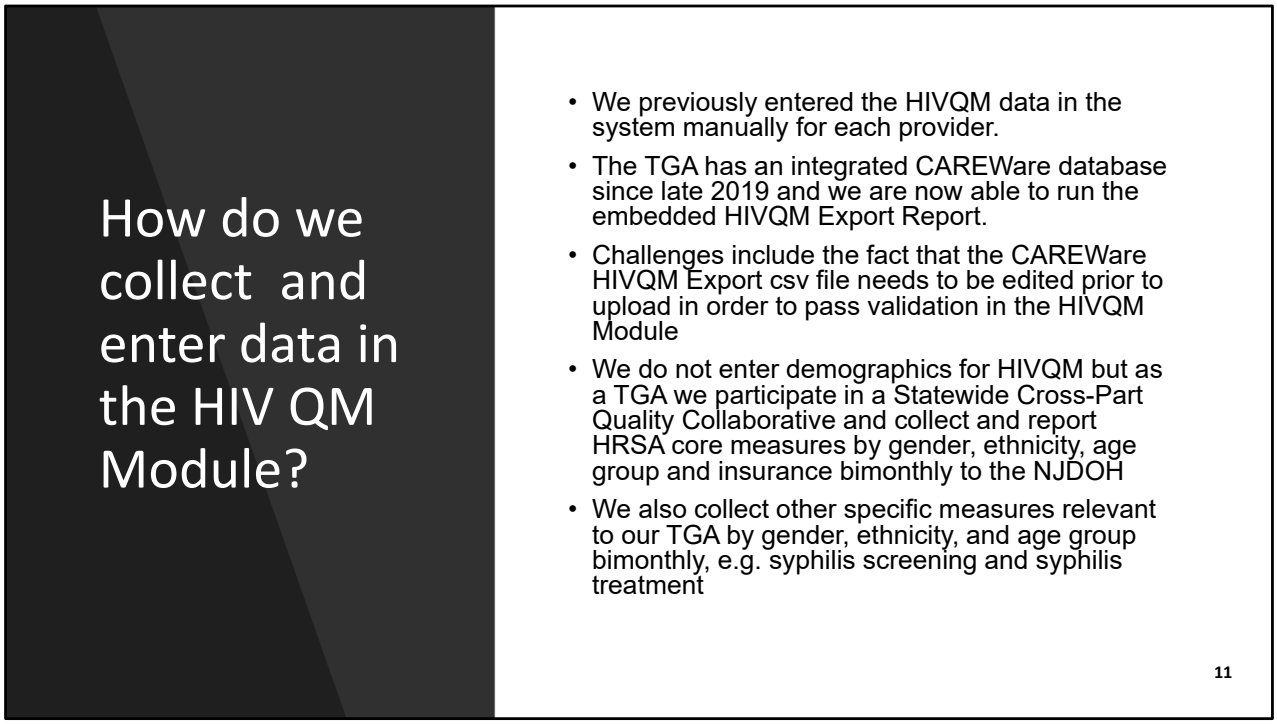
Good afternoon, everybody I'm representing the Hudson County TGA, which is the Part A jurisdiction.



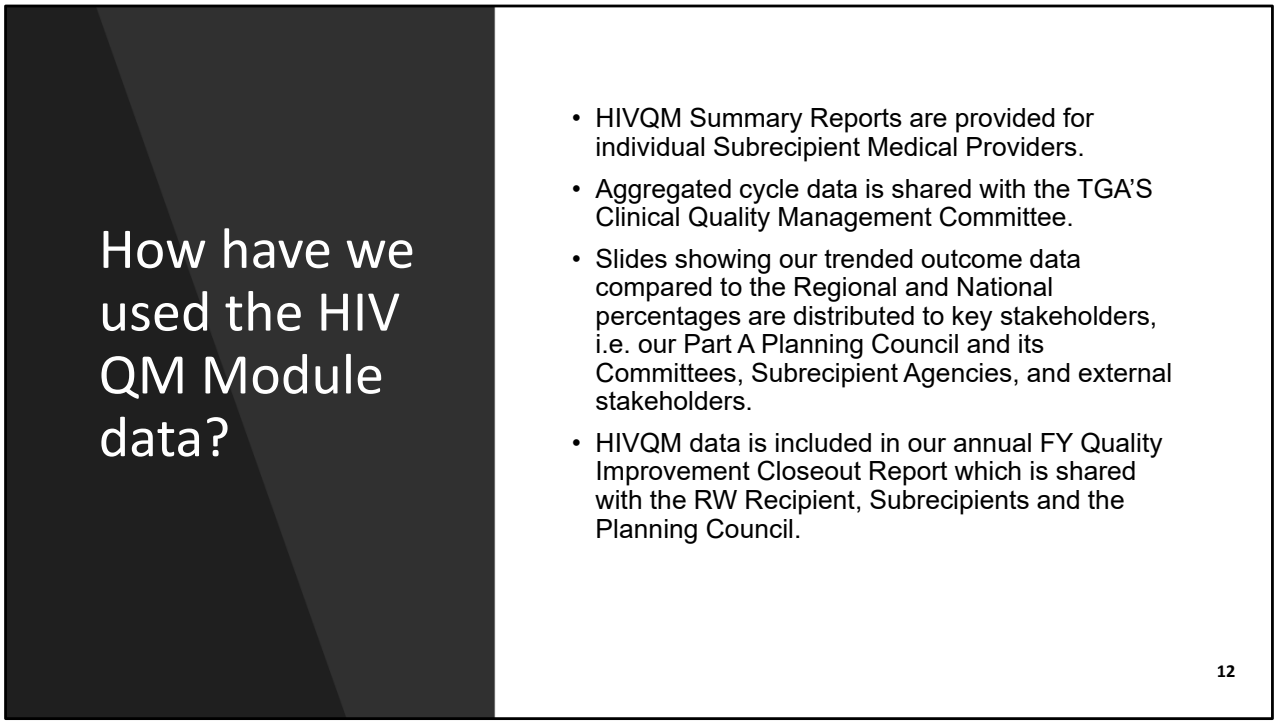
Just to give you a little background about the county, we're in the Northern part of New Jersey, we're geographically very small, but densely populated with over 600,000 people. We're right near New York City, so we're easy access via the Holland and Lincoln tunnels. The Jersey City is the largest city in our county, and it's the second largest city in the state. Hudson's population consists of 43% foreign born residents. We have large numbers of diverse immigrants from Central and South America, Mexico, Asia, Africa and the Caribbean. So many languages, dialects and cultures make our TGA a vibrant place to live. In our care system in Hudson County, we receive Part A funding, so I'm representing the Part A recipient, which is the Hudson County Department of Health and Human Services. We're also a phase one and the epidemic jurisdiction. So we receive that funding as well. Just to give you an idea of our numbers. As of December 31st, 2020, there are about 5,000 people living with HIV in this area and about 78% of them are black African American or Hispanic Latinx. And in FY 2020, about 1700 people living with HIV received Ryan White services in our TGA. We fund a lot of core services, outpatient ambulatory, medical case management. We also have dental cost sharing, mental health, substance use, and three support services that we fund are legal, home delivered meals and outreach.



What performance measures do we currently enter in the module? We've been participating in this module since 2017 and it's part of our annual CQM work plan. We select key measures for entry so that we can compare our out outcomes with regional and national data. The measures that we upload into the module are HRSA core measures, including viral load suppression, prescription of ART and gap in HIV care. An additional measure that we upload is syphilis screening. That's because syphilis rates in our jurisdiction are high and also among our people living with HIV.



How do we collect and enter the data in the module? We previously entered the data in the system manually for each provider. I just wanted to note that because we are a small jurisdiction, we actually only have two medical subrecipients, so it's manageable for the recipient to oversee the data and to make sure that the data gets uploaded. We have an integrated CAREWare database now since late 2019, so we're able run the embedded HIVQM export report and we could do that across the two providers. A challenge we found is an issue with the CSV file that we get out of CAREWare, there are certain parts of it that need to be edited in order to pass the validation. But I'm told that in the next CAREWare build, the RSR build that's coming out in December, that this will be fixed. So I'm excited to know that. We do not enter demographics for HIVQM, but as a TGA, we participate in a statewide Cross Part Collaborative in New Jersey, and we collect and report HAB core measures by gender, ethnicity, age group, and insurance bimonthly to the New Jersey Department of Health. And we also collect other specific measures that we feel are relevant to our TGA by gender, ethnicity, and age group, bimonthly, such as syphilis screening and syphilis treatment.



How have we used the QM module data? HIVQM summary reports are provided for the individual subrecipient medical providers. We also aggregate each cycle's data and share that with our clinical quality management committee. We put together slides that show our trended outcome data compared to the regional and national percentages and we distribute them to key stakeholders such as our planning council and its committees, subrecipient agencies and other external stakeholders. HIVQM data is included in our Annual Fiscal Year Quality Improvement Closeout Report, which is shared with the recipient, subrecipients and the planning council.

Thank you for your time!

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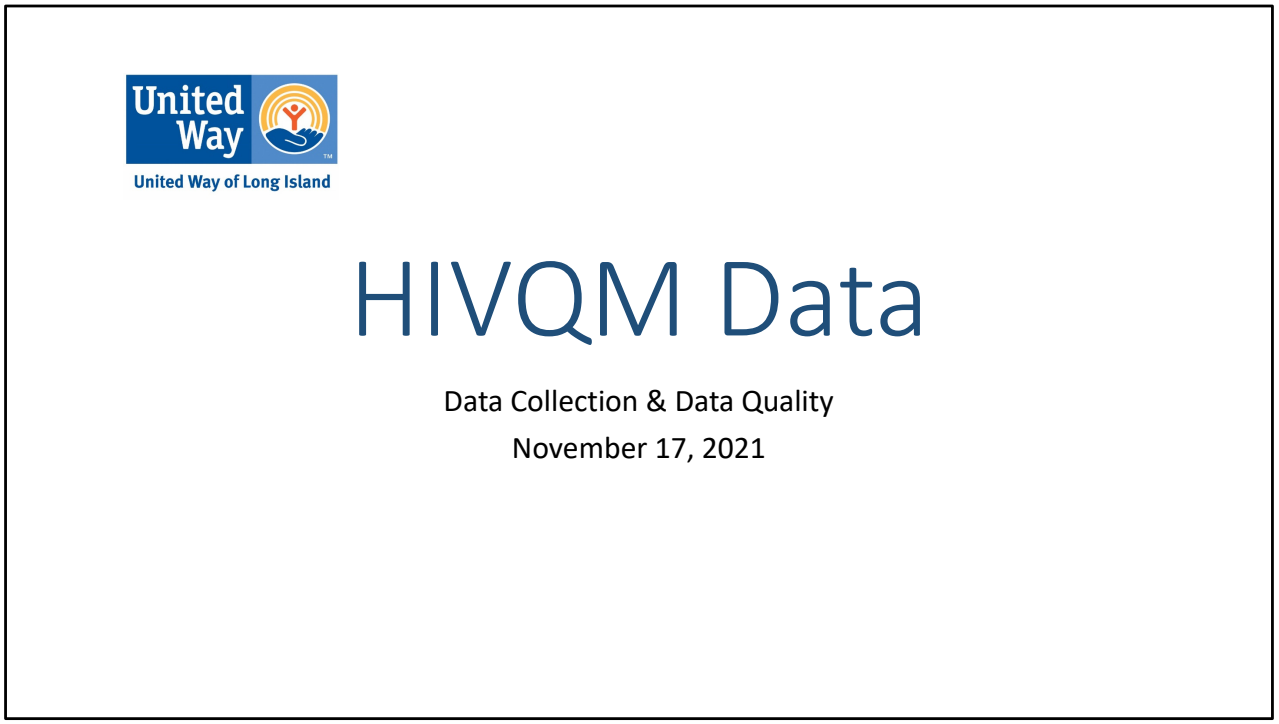
Thank you for your time. This is just our contact information for reference.



Thank you, Nora. Now we're going to go on to our second presenter, Nancy O-Keefe, from Nassau-Suffolk, New York.

Introduction

The Nassau-Suffolk Eligible Metropolitan Area (EMA) is a two county suburban region on Long Island; adjacent to the New York City boroughs of Queens and Brooklyn and has a population of 2,839,436. As of December 31, 2019, there were 5,657 individuals with HIV/AIDS in the EMA.

United Way of Long Island (UWLI) is the Technical Support Agency for the EMA and assists the Nassau County Department of Health (the grantee) in conducting the daily operations of portions of the grant and is responsible for the development, implementation and oversight of the EMA's *Quality Management Program.*

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I'm representing the technical support agency, United Way of Long Island. We are part of the Nassau-Suffolk Eligible Metropolitan Area, EMA. Nora is just west or maybe south of New York City and we're just east of New York city. We're a two county suburban region and just east of Brooklyn and Queens. We have a population of almost three million people. And as of December 31st, 2019, there were 5,657 individuals with HIV and AIDS in the EMA. Again, we're the technical support agency and we assist the grantee, our Nassau County Department of Health, with collecting data and really implementing and overseeing the EMA's quality management program.

United Way of Long Island

RW Funding

- The EMA receives Part A and MAI funds for 7 core medical services (outpatient ambulatory health services, medical case management, mental health, oral health, medical nutrition therapy, ADAP and EIS) and 3 support services (medical transportation, other professional services-legal, and emergency financial assistance). MAI dollars fund mental health, medical case management and medical transportation. The EMA expects to serve approximately 3,300 individuals this contract year.

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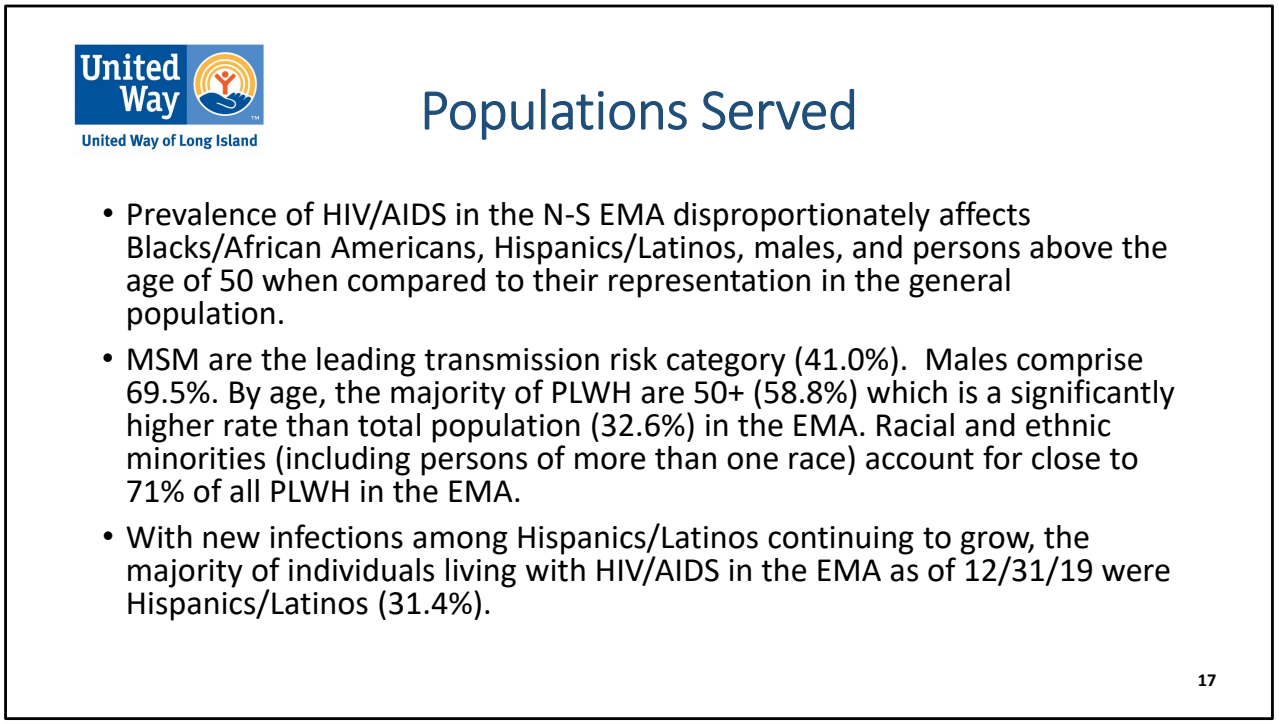
The EMA receives Part A and MAI funding for seven core medical services, three support services. We also receive MAI funds and we expect to serve approximately 3,300 individuals this contract year.



The prevalence of HIV/AIDS or AIDS in the Nassau-Suffolk EMA, disproportionately affects blacks, African Americans, Hispanics, Latinos, males, and persons above the age of 50, when compared to the representation in the general population of Long Island. MSM are our leading transmission risk category and males comprise almost 70% of the HIV population. By age, the majority of people living with HIV on Long Island are 50 plus, which is a significantly higher rate than the total population on Long Island. And racial and ethnic minorities account for close to 71% of people living with HIV rates in the EMA. We also are seeing with new and infections, that among Hispanics and Latinos, they're continuing to grow and are the majority of individuals living with HIV or AIDS in the EMA at the end of December of '19, with Hispanics coming in pretty close thereafter.

Performance Measures

UWLI enters Viral Load Suppression and Care Plans into the HIVQM Module.

Rationale

- Most of our programs collect client VL reports
- VLS is a critical measure for ending the epidemic
- Programs are required to create care plans/service plans

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For performance measure, Nora actually does a few more performance measures than we do. We're currently just collecting viral load suppression rates and we're looking at care plans. And the reason why we're looking at those two, is kind of to make it easier for our programs as most of our programs are already collecting viral load suppression reports. It is critical to ending the epidemic. And as service standards require care plans and service plans, we thought that was something that was good to look at quarterly

Performance Measures

NASSAU-SUFFOLK EMA PERFORMANCE MEASURES CROSSWALK		
Priority	Viral Load Suppression	Care Plan
Medical Case Management	X	X
Mental Health		X
Medical Nutrition Therapy		X
Outpatient Ambulatory Health Services	X	
Oral Health Care		X
Medical Transportation	X	

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This is just a grid or crosswalk that we've provided to our programs, to let them know what data we're seeking from them. So for any of our programs that are providing medical case management, we're asking them to do both viral load suppression and care plan information and providing data. For mental health programs, it is only care plans, medical nutrition therapies, care plans. So this is just a table showing which performance measures we collect from each program.

Data Collection

HIVQM Summary Report

Organization Name: XXXXXXXXXXXXXX

Report Date Range: July 1, 2020 - June 30, 2021

Report ID: 21Sepdata

Category	Performance Measure Title	Caseload	Records Reviewed	Provider Numerator	Provider Denominator
Medical Case Management	Viral Load Suppression				
	Care Plan				
Outpatient Ambulatory Health Services	Viral Load Suppression				
Medical Nutrition Therapy	Care Plan				
Mental Health	Care Plan				

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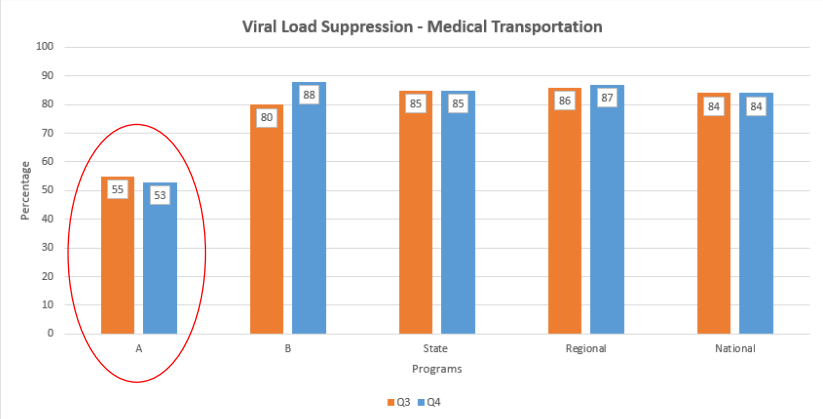
This is a picture or an example of what I provide to each of my programs to do data collection. I was thrilled to hear that Nora is actually using the CAREWare to have a crosswalk into the HIVQM module. And it'll be great with the new build that that will be working a little bit better. Because I'd love to not have to ask my providers and my programs to collect more data. But currently, I send this to them quarterly. So I actually just sent it on Monday to them. I give them a month to submit data for me. When the HIVQM module opens on December 1st, I may have already collected some data that I can start entering to make sure I have all the data entered by the 15th.

Trending Data

Viral Load Suppression Trends

Comparing 10/1/2019 – 09/30/2020 v 1/1/2020 – 12/31/2020



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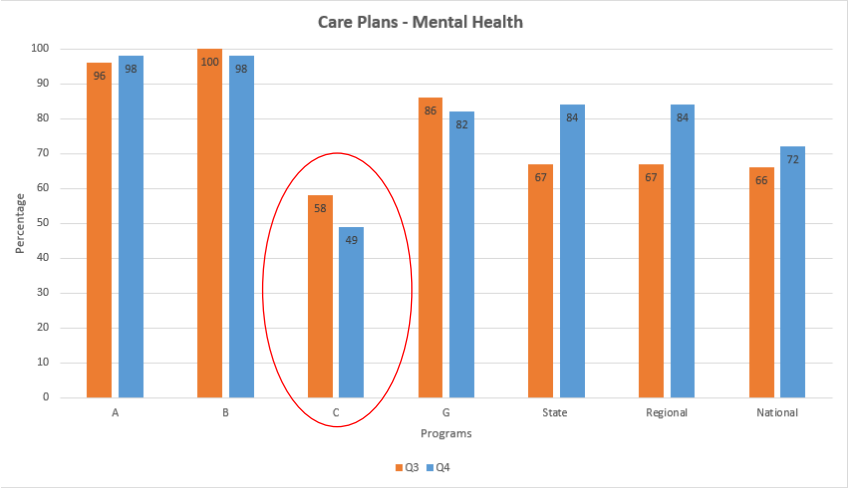
Then I enter the data into the HIVQM module, and then I get some trending data out of the module that I share. This is just an example of a report that I shared earlier this year with our planning council. This is the viral load suppression rate amongst our medical transportation providers. We have two medical transportation providers, I have A and B indicating that two providers. Then in case the slide is small, it compares against the state, regional and national data. So I'd like to really see if there's any outliers or anything with our data that indicates there may be an issue with data, or there may be an issue with the program itself. So when I presented this, I just showed them that we are doing some investigating to find out why the data for program A is lower than either program B or when compared to the state, the region and the nation.

Trending Data



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Then this is just another picture of care plans for our mental health program. Again, we have four programs that provide mental health services. Again, I had an outlier that I indicated to people that I was sharing this data with, but that's something that we're investigating as well.

Sharing the Data

- Outliers are investigated to assess whether there is a data entry issue, a misunderstanding in the numerator and denominator definitions, or the program faced some adversity in serving clients.
  - Program turnover presents a challenge in obtaining consistent, accurate data over time.
- Data is presented during Planning Council CQM committee meetings to evaluate progress in meeting goals and standards.
  - Data is used during the PSRA process
  - The Quality Manager uses the data during TA meetings and annual site reviews.

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When we share the data, as it says in this first part, we do investigate the outliers to really see whether the data or the low numbers is because there's a data entry issue, a misunderstanding in the numerator and denominator definitions, or if the program actually faced some adversity in serving clients. So I go back to those programs and if there's a new person, because we do a program turnover, I find sometimes that this person now doing the data actually didn't understand the definition of the numerator or the denominator. And that's often the issue. It's not something that the program is not seeing clients. We do present the data to our planning council, and often it's presented to during CQM committee meetings, so they can assess and evaluate the progress in meeting our goals and our standards. We also use this data during the PSRA process, and I use this data as the quality manager, when I do TA meetings with our sites and when we meet with our sites during their annuals site reviews.

Contact Information

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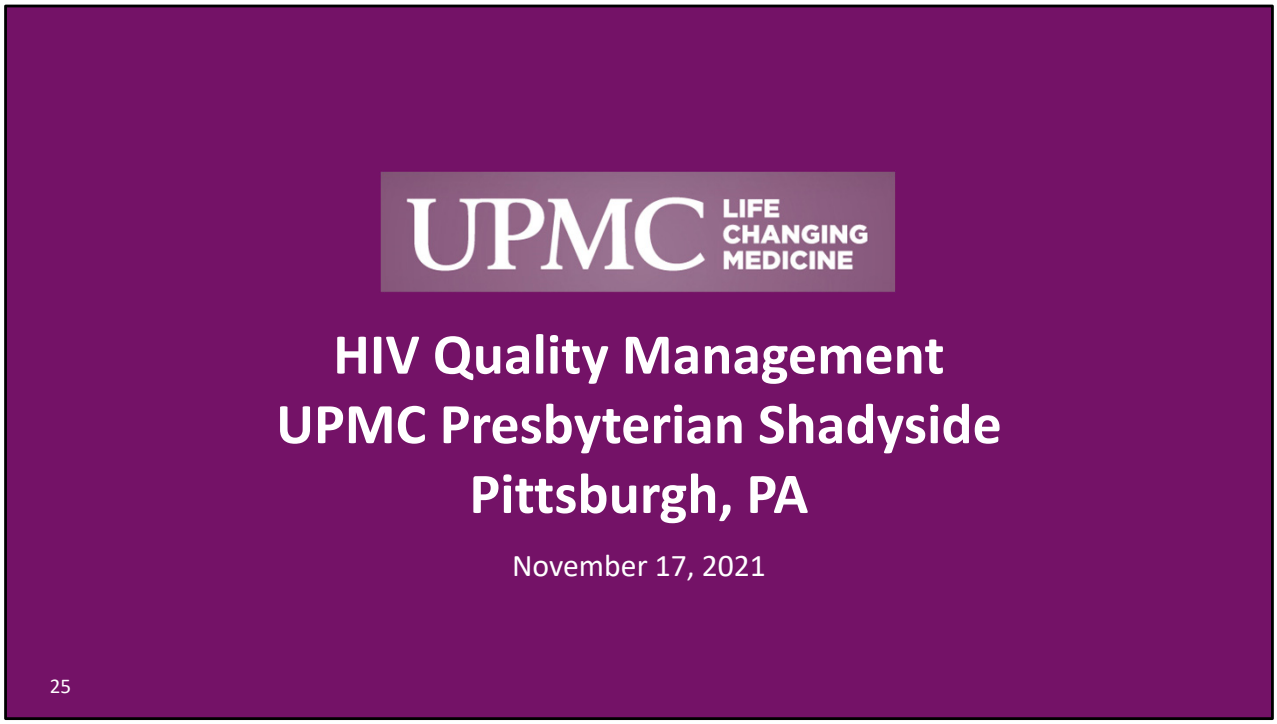
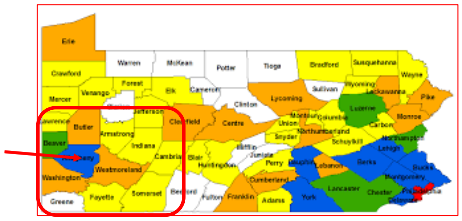
This is my contact information.



I'm Deb McMahon. I'm presenting on behalf of our program here in Pittsburgh at UPMC.

UPMC: Who We Are

- Mission: excellence in HIV care, education, research
- RW funding: Parts B, C, D
- Caseload: ~1750, VL suppression at 90%, 99% on ART
- Main Challenge: disparities among key populations



UPMC Presbyterian Shadyside
Pittsburgh, PA

UPMC LIFE CHANGING MEDICINE

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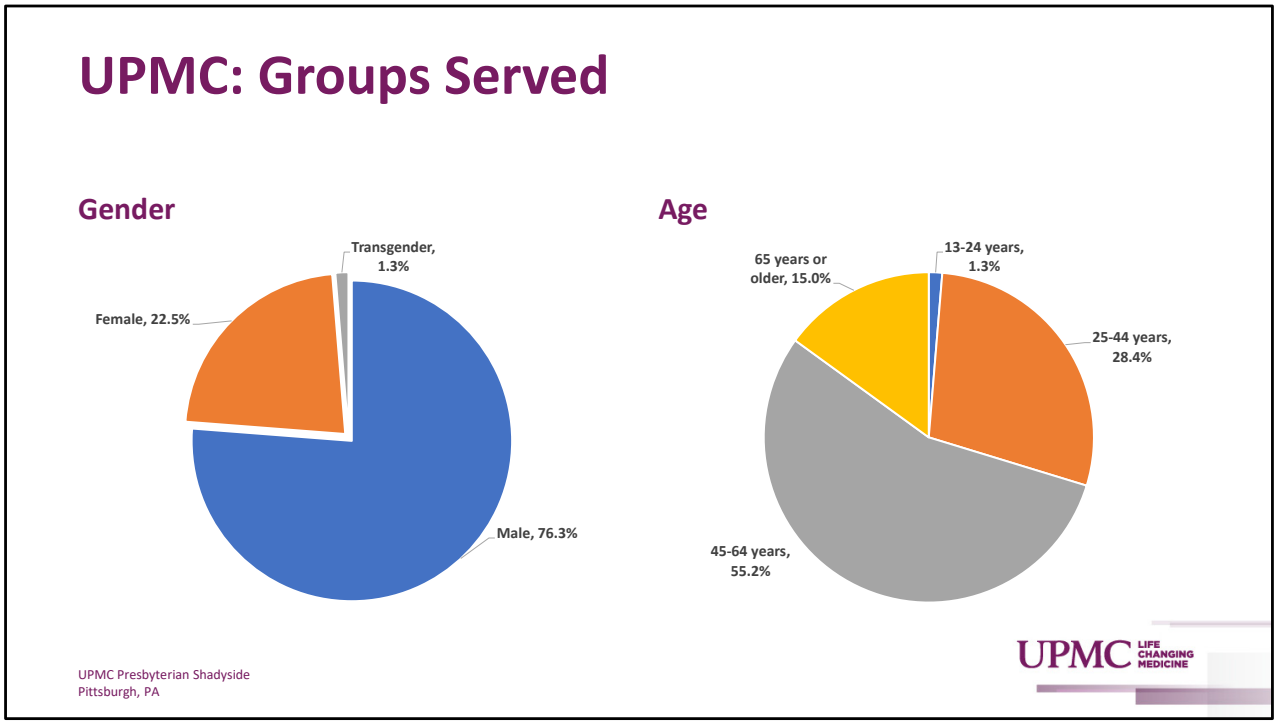
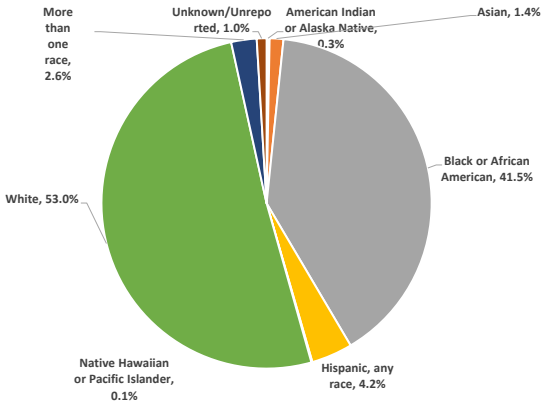
Who we are. I serve as the clinical of our HIV program here at UPMC in Southwestern Pennsylvania. We're located in Allegheny County and we serve a much broader region than my two predecessors in Hudson County and Nassau-Suffolk County. We draw from the whole Southwest region of the state. Some of our patients travel an hour or more for care. We are funded through Ryan White Part C and D, and are a Part B subrecipient. There are no Part A funds coming into our region. Our caseload's around 1,750 at our site right here in Pittsburgh, and then we have two sites outside of Pittsburgh, one in Monongahela River Valley. It's a rust belt city called McKeesport. The other one's out in Cambria County to the east. We established that probably almost 20 years ago. So there was access to HIV care between Pittsburgh and Harrisburg. Our main challenge is addressing disparities among some of our key populations. Our viral load suppression's pretty good. It slid a little bit during the pandemic, but has picked up more recently and now we're a little over 90% and the vast majority of our patients are on antiretrovirals.



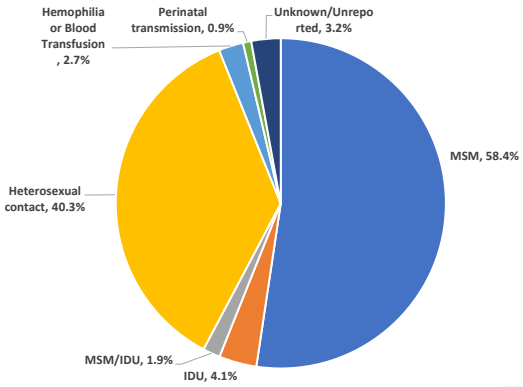
Our groups served, predominantly male reflecting national trends, female around 22% a relatively small number of individuals who are trans. We have an aging cohort as do many of you. A small number of youth and an aging cohort of older folks, 65 and older.

UPMC: Groups Served

Race/Ethnicity



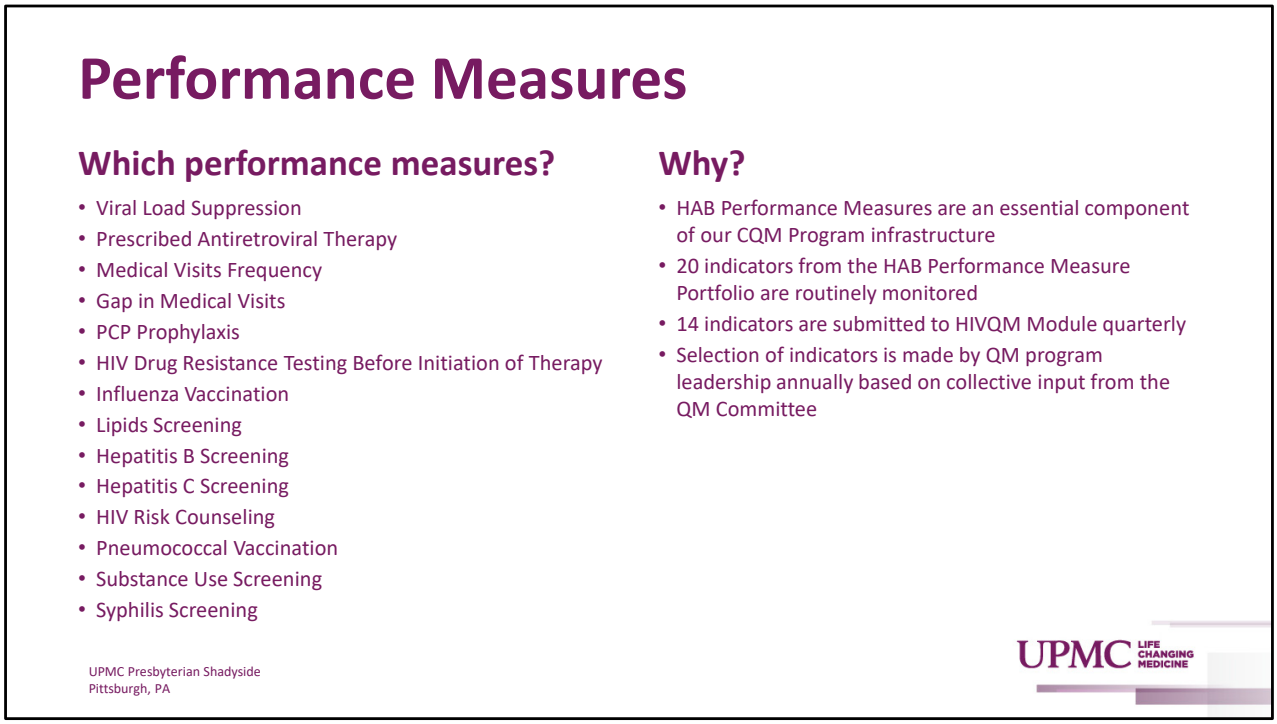
Risk Factor



UPMC Presbyterian Shadyside
Pittsburgh, PA

UPMC LIFE CHANGING MEDICINE

Next slide, please. Race and ethnicity. We're not nearly as diverse as some of our colleagues near New York City. Over half of our population is Caucasian. Minorities are disproportionately represented compared to the regional demographics. A relatively modest number of Hispanics and others. Risk factors, predominantly MSM. An increasing number of folks who identify as heterosexual contact. Very few perinatally affected adults and hemophiliacs and a relatively modest number of injection drug users, since we've had an active needle exchange program here for many years.



We have been heavily invested in quality management for many years. We were one of the very first pilot sites for HRSA's quality management programs. Our key performance measures we focus on are viral load suppression, ART and engagement and care. The others there that we choose to follow are listed. Those high performance measures, we consider to be an essential part of our QM program infrastructure. We routinely monitor them. We have a dedicated quality management coordinator and program and regular committee meetings. Our QM committee, there's representation from all facets of our program and from those two sites I alluded to earlier. And we submit data on those 14 indicators to the left, to the HIVQM module on a quarterly basis.

HIVQM Module

- Data is entered manually into the HIV QM Module by Data Manager
- Submitted data is for the overall HIV caseload
- Performance measures are not broken down by demographic group
- Internal data validation is completed prior to submission
- We have not edited data, previously loaded into the QM portal, during the March submission period

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How is this accomplished? Well, we have a data manager who enters this data manually into the module. We submit the submitted datas for our overall caseload across the sites. We don't break down the measures by demographic group, but we could go back and do that if we needed to. We internally validate the data before we submit it. We do look carefully at outliers, sometimes cleaning up is needed, and it's getting into the weeds that takes the time. We haven't edited data that we previously put into the portal during the March submission period. That's just an aside.

QM Data Utilization

- Performance measure data is shared via
  - QM Committee Meetings
  - HIV Provider Meetings
  - RW Leadership Meetings
  - Consumer Advisory Board Meetings
- HIVQM Module provides access to comparison data
  - Used for internal monitoring and benchmarking purposes

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How do we use this to data? It's a lot of work to gather it, and it's important to share it and use it to guide program decisions. We present it to the QM committee meeting, those meetings are held monthly. We also have monthly HIV clinician meetings, and that's a relatively broad definition. So anyone providing care in our clinic, and that includes our registered dietician, our clinical pharmacist, the social workers. So it's anyone who's really providing care in some way. They see the data. We take it to our Ryan White leadership group. I take it to our AIDS Free Pittsburgh, which is our Ending the Epidemic, regional initiative. We share it with our consumers. I'm accountable to our division chief. I share it with him and he shares it in consequence with our department chair. We use it a lot for internal monitoring. We were keenly aware what happened to viral load suppression rates during the height of the pandemic, when everything went virtual and viral load slid a little bit, because no one had blood work done. And we use it for benchmarking. We're shooting for 95%, we're not there yet in terms of our load suppression. But everyone's well aware where we are.

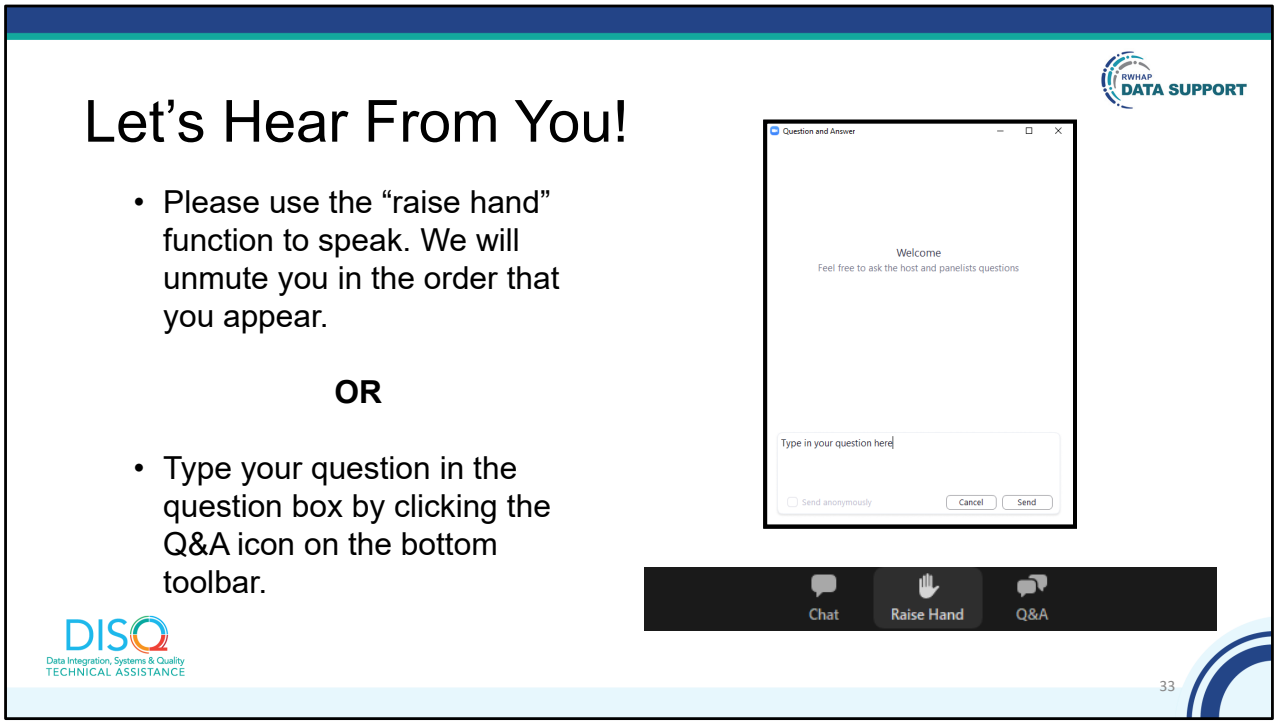
Contacts

- For further information contact:

Deborah McMahon, MD
Clinical Director
mcmahond@pitt.edu

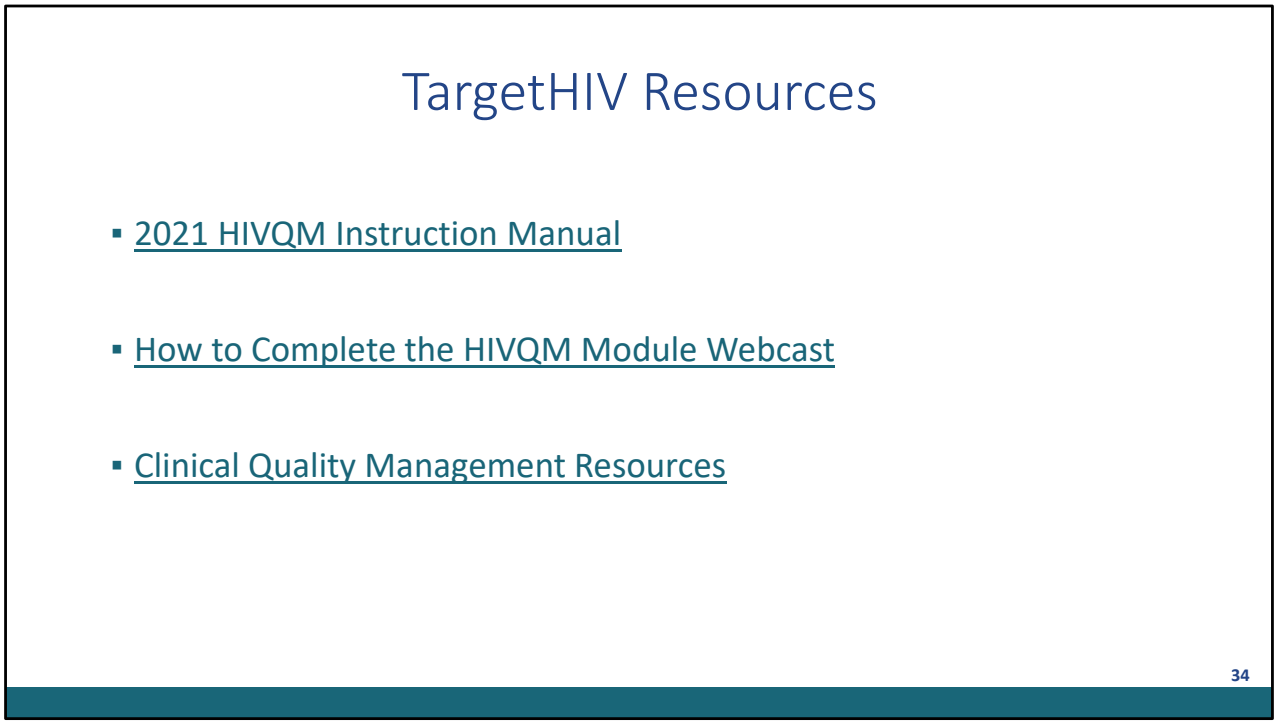
Maja Sarac, MHA
Sr. Project Manager
saracm@upmc.edu

Here is my information. If you wish to contact myself or our senior project manager, Maja Sarac. Thank you.



Thank you. We are now going to open it up to questions. I will now hand this over to AJ to lead our discussion.

As a reminder, you can send us questions using the "Question" function on your control panel on the right hand side of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Audrey will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions "live" because we really like hearing voices other than our own.



Again thank you to our presenters. We appreciate you sharing your work and the work that you put into today's webinar. Thank you our attendees - we hope you learned a lot and have some tips and ideas of how to move forward with your use of the HIVQM.

Before we sign off, I wanted to go over the TA resources available to you. First, the TargetHIV website houses the latest HIVQM Instruction manual as well as past webinars. So, if you are just getting started, this is a good place to start. Both the manual and webinars have step-by-step instructions on how to access the Module, enter data and generate reports. I also want to point out the CQM resources also housed on TargetHIV if you need any assistance with the interpreting the HAB performance measures or get more TA and training tools on quality improvement.

Got More Questions and Need Answers?

Clinical Quality Management

- RWHAPQuality@hrsa.gov
- RWHAPCQM ListServ

HIV/AIDS Bureau Performance Measures

- HIVmeasures@hrsa.gov

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Then if you have additional or any questions for HAB on CQM or the performance measures that you could not find in the resources in the previous slide, here are a couple of emails in blue where you can address your questions. They are monitored daily. Also, a fairly new listserv was started in the last year or so and it's been a great resource for collaboration and sharing resources with your peers on CQM. So this link in red will get you to register for the listserv.

Technical Assistance for HIVQM Module

TA Resource Contact Information	Type of Technical Assistance
Ryan White HIV/AIDS Program Data Support 888-640-9356 RyanWhiteDataSupport@wrma.com	• Interpretation of the HIVQM Manual • Data-related policy and validation questions
The DISQ Team Data.TA@caiglobal.org	• Importing your data into the HIVQM • Data quality issues
EHBs Customer Support Center 877-464-4772 Online TA Request Form	• HJIVQM software-related questions • Electronic Handbook navigation, account registration, access, and permissions
CAREWare Help Desk 877-294-3571 cwhelp@jprog.com Online TA Request Form CAREWare Listserv	• CAREWare-related issues • Generating the XML file from CAREWare • Creating custom reports • Upgrading to CAREWare 6

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Lastly, for using of the HIVQM Module, you also have a range of TA resources.

The Ryan White Data Support team addresses any content related issues, submission questions, data validations and interpretation of the HIVQM Instruction.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and importing the data into the HIVQM Module. So if you need help with creating your import file, DISQ is who to call.

The EHBs Customer Support Center provides assistance with the EHBs, including registration, access and permissions, and EHBs navigation.

For our CAREWare users, the CAREWare Help Desk will be your best resource. So issues with importing, they should be able to help.

If you are unsure of who to call, feel free to contact any one of the resources provided and they will be able to direct you to the appropriate place.

Finally, to connect with and find out more about HRSA, check out HRSA.gov.

Thank you all for coming to today's webinar.