CLINICAL QUALITY MANAGEMENT PLAN TEMPLATE

October 1, 2018 – September 30, 2019

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Quality Statement

Mission Statement

Insert the mission of your agency's quality management program here.

Core Values of the CQM Program

- Diversity: (insert your organizational definition here)
- Integrity: (insert your organizational definition here)
- Innovation: (insert your organizational definition here)
- Collaboration: (insert your organizational definition here)
- (optional: additional core values)

Purpose of the CQM Program

Insert the purpose of your agency's quality management program.

Indiana CQM Priorities:

VIRAL SUPPRESSION AMONG PLWH IN INDIANA

Increasing the percentage of the HSP's clients who achieve viral suppression will be the focus of HIV Services for the CQM Program. Statewide and nationally, there has been an emphasis placed on increasing viral suppression, as recent research has shown that an undetectable viral load prevents transmission of the virus. The CQM Program will focus its CQM and CQI activities for HIV services on increasing viral suppression among clients within the HSP.

PREVENT NEW HIV AND STD INFECTIONS

The CQM program will ensure that prevention efforts are guided by the High-Impact Prevention approach endorsed by the Centers for Disease Control and Prevention (CDC). HIV and STD Prevention CQM and CQI projects will focus on promoting efficiency and appropriate population targeting in all prevention programs funded by the division.

USE DATA TO INFORM VIRAL HEPATITIS PROGRAMS

The Viral Hepatitis Program will maximize its current resources to streamline and increase data collection that will be used to assess for need and implement new policies/programs to address those needs.

Infrastructure

Leadership

(Insert name of your agency here) is a subrecipient of the Ryan White HIV/AIDS Program (Part B grant) (and/or) CDC Prevention Funds. The grant is awarded to (insert name of your agency here) through the Division of HIV/STD/Viral Hepatitis.

As a part B subrecipient, (insert name of your agency here) is for development and implementation of a CQM Plan and be a part of statewide quality improvement efforts. These efforts aim to identify and address the most significant needs of PLWH and to maximize coordination, integration, and effective linkages across the RW-funded services in Indiana.

With the support of (insert agency leadership position), the following staff positions will be responsible for overall leadership of the CQM Program: (insert staff position titles here).

(Insert staff title)

(Insert staff description)

Clinical Quality Management Committee

The purpose of (insert name of agency here)'s CQM Committee is to serve as advisors to the CQM Program and to advise on performance measure evaluation and quality improvement activities across the services and prevention programs at the agency.

MEMBERSHIP

The following staff members and consumers will be consulted regarding performance measures and data collection and also serve as members of the CQM committee of the CQM Program:

(insert all staff titles here) – staff on your CQM committee should be representative of all Division funded activities within your agency

(insert the word "consumer" here, we do not ask that you insert actual consumer's name)

MEETINGS

Insert meeting schedule – The Division recommends a minimum of quarterly meetings

RESPONSIBILTIES

The CQM Committee is responsible for advising the CQM Program. This includes advising priorities and goals, and reviewing The CQM Plan. Specifically, the CQM Committee will:

- Actively participate in meetings, conference calls, and other activities, as needed,
- Review performance measure results and identify trends,
- Advise on additional performance measures and indicators to assess and improve performance,
- Review and advise on updates to the CQM Plan annually,
- Participate in capacity building and training activities

Each quarter, the CQM Committee will review The CQM Plan's performance measure results. The CQM Committee will discuss CQI project progress and also advise changes to performance measures, as needed.

In addition, the CQM Committee will execute the additional responsibilities annually as follows:

- Advise the CQM Plan for the subsequent year and members will determine if they will continue to participate on the CQM Committee.
- Advise on CQM Program evaluation.
- Participate in CQM and QI training.

Stakeholder Involvement

The following are key stakeholders of (insert agency name here) CQM Program and their roles and responsibilities.

Insert stakeholder here

Insert stakeholder here

Insert stakeholder here

Consumer Involvement

In alignment with our core values of collaboration and transparency, it is essential to gain input from consumers. In addition to the CQM Committee, consumers will be involved in the CQM Program through the following mechanisms:

- Indicate how consumers will be involved in the CQM Program

HIV/STD ADVISORY COUNCIL

The HIV/STD Advisory Council meets on a bi-monthly basis and advises on HIV Services, HIV Prevention, STD, and Viral Hepatitis service delivery statewide. (insert agency name here) will bring updates from the Continuum of Care Committees from their region.

Performance Measures

Performance measurement is a method that will be used to identify and quantify the critical aspects of the programs encompassed by the CQM Program. Measuring key components of the programs not only creates a valuable source of data regarding the programs' greatest areas of success, but also identifies those areas that require improvement. However, it is equally important for performance measurement programs to identify those areas that will produce the greatest benefit by quality improvement. In an increasingly complex health care environment, a system for routine performance measurement is essential. **(edit this section as agency sees fit)**

Performance Measures

A challenge in making quality improvements in the programs being monitored by The CQM Program is to select specific quality of care performance measures that are relevant to a statewide program and can be captured accurately and efficiently. For the final selection, all measures should be prioritized based on relevance, measurability, accuracy, and improvability.

The following performance measures have been selected to be monitored by the HIV/STD/Viral Hepatitis Division CQM Program. (insert agency name here) will monitor and produce data for all of the following performance measures. (**note:** each agency may add any **additional** performance measures that their CQM program sees fit to measure)

Performance Measure	Operational Definition	Disparity Evaluation	Measurement Period, Reporting Frequency, and Target

HSP Client retention in care	**Numerator**: The number of clients who had a viral load result less than 200 copies/mL at last test, or had two or more viral load and/or CD4 cell count tests at least 60 days apart if virally unsuppressed (greater than or equal to 200 copies/mL) at last test.
	Denominator: The number of clients who received at least one RW Part B
		• HSP Subrecipients
		• HSP Funded Service
		  ○ EIS
		  ○ Medical Case Management
		  ○ Non-Medical Case Management
		  ○ ADAP
		• Race/Ethnicity:
		  ○ White
		  ○ African American/Black
			Measurement Period: 12 months
			
			Reporting Frequency: Quarterly
			
			State Target: 90%
			
			State Baseline: 86.4%

	service during the measurement period. **Exclusions**: RW Part B clients who moved out of state or died during the measurement year, and RW Part B clients who were enrolled during the fourth quarter of the measurement year.	○ Hispanic • Risk Factor: ○ MSM ○ AA ○ White ○ Hispanic ○ IDU • Gender: ○ Women ○ Transgender ○ MTF ○ FTM	**Site Target:** **Site Baseline:**
HSP Client HIV Viral Load Suppression	**Description:** Percentage of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year. **Numerator:** Number of clients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year **Denominator**: The number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year. **Exclusions**: RW Part B clients diagnosed with HIV during the measurement year and RW Part B clients who died during the measurement year.	• HSP Subrecipients • HSP Funded Service ○ Outpatient/Ambulatory Care • ADAP clients • Race/Ethnicity: ○ White ○ African American/Black ○ Hispanic • Risk Factor: ○ MSM ○ AA ○ White ○ Hispanic ○ IDU • Gender: ○ Women ○ Transgender ○ MTF ○ FTM • Age: ○ 13-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ • Foreign-Born	**Measurement Period**: 12 months **Reporting Frequency**: Quarterly **State Target**: 80% **State Baseline:** 76% **Site Target:** **Site Baseline:**
Gap in HIV Medical Visits	**Description:** Percentage of clients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the measurement year **Numerator**: Number of clients in the denominator who did not have a	• HSP Subrecipients • HSP funded service ○ Medical Case Management ○ Mental Health Services	**Measurement Period**: 12 months **Reporting Frequency**: Quarterly

	medical visit in the measurement year **Denominator**: The number of client, regardless of age, with a diagnosis of HIV who had at least one medical visit in the measure year. **Exclusions**: Clients who died during the measurement period.	○ Substance Abuse – Outpatient ○ Non-Medical Case Management ○ Housing ○ Substance Abuse Services-Residential	**State Target**: 2% **State Baseline:** 4.8% **Site Target:** **Site Baseline:**
ADAP Recertification	**Description:** Percentage of clients, regardless of age, with a diagnosis of HIV who recertified the ADAP **Numerator**: The number of clients enrolled in the ADAP who were reviewed for continual ADAP eligibility two or more times during the measurement year at least 150 days apart. **Denominator**: The number of clients enrolled in the ADAP.		**Measurement Period**: 12 months **Reporting Frequency**: Quarterly **State Target**: 95% **Site Target:**
Food Bank/Home Delivered Meals	**Description:** Percentage of clients, regardless of age, with a diagnosis of HIV receiving Food Bank/Home Delivered Meals Services who are "satisfied" or "strongly satisfied" with access to food/meals service. **Numerator:** The number of clients in the denominator that respond being "satisfied" or "strongly satisfied" with access to food/meal services **Denominator:** The number of clients who received food bank/home delivered meals	• HSP Subrecipients	**Measurement Period**: 12 months **Reporting Frequency**: Yearly **State Target**: 80% **Site Target:**
Medical Nutrition Therapy	**Description:** Percentage of clients, regardless of age, with a diagnosis of HIV receiving Medical Nutrition Therapy who are "satisfied" or	• HSP Subrecipients	**Measurement Period**: 12 months **Reporting Frequency**: Yearly

	"strongly satisfied" with access to food/meals service. **Numerator:** The number of clients in the denominator that respond being "satisfied" or "strongly satisfied" with access to Medical Nutrition Therapy **Denominator:** The number of clients who received Medical Nutrition Therapy		**Site Target**: 80% **Site Target:**
HSP Eligibility	**Description:** Percentage of clients, regardless of age, with a diagnosis of HIV who were reviewed for continual eligibility two or more times during the measurement year. **Numerator**: The number of clients enrolled in the HSP who were reviewed for continual eligibility two or more times during the measurement year at least 150 days apart. **Denominator**: The number of clients enrolled in the HSP **Exclusions:** Clients who died or moved out of state during measurement period.		**Measurement Period**: 12 months **Reporting Frequency**: Quarterly **State Target**: 90% **State Baseline:** N/A **Site Target:** **Site Baseline:**

HIV Testing in High-Risk Groups	**Description:** The percentage of ISDH-funded HIV tests performed on high-risk individuals (at least one of the following risk factors/groups: IDU, MSM, AA women, Hispanic women, youth ages 15-29, transgender individuals) during the measurement year
	Numerator: The number of individual, ISDH-funded HIV tests performed on high-risk individuals (at least one of the following risk
		• AA women
		• Hispanic women
		• Youth ages 15-29
		• Transgender individuals
		  ○ MTF
		  ○ FTM
		• IDU
		• MSM
		  ○ AA
		  ○ White
		  ○ Hispanic
			Measurement Period: 12 months
			
			Reporting Frequency: quarterly
			
			State Target:
			
			State Baseline: 69% (based on 2017 data)
			
			Site Target:

	factors/groups: IDU, MSM, AA women, Hispanic women, youth ages 15-29, transgender individuals) during the measurement year **Denominator:** The number of ISDH-funded HIV tests performed during the measurement year **Exclusions:** None		**Site Baseline:**
Positivity Rate	**Description:** The percentage of ISDH-funded HIV tests with a final result of reactive **Numerator:** The number of ISDH-funded HIV tests with a final result of reactive **Denominator:** The number of ISDH-funded HIV tests performed in the measurement period	• HIV testing subrecipients	**Measurement Period:** 12 months **Reporting Frequency:** quarterly **State Target:** .53% **State Baseline:** .43% (based on 2017 data) **Site Target:** **Site Baseline:**
Late Diagnosis	**Description:** The percentage of individuals diagnosed with HIV in the measurement year that also met one or more clinical qualifier of AIDS at the time of their diagnosis. **Numerator:** The number of individuals newly diagnosed with HIV that have a status of AIDS/Stage 3 HIV* **Denominator:** The number of individuals diagnosed with HIV/AIDS in the measurement year **Exclusions:** None	• Risk category ○ IDU ○ MSM ○ AA ○ White ○ Hispanic ○ AA women ○ Hispanic women ○ Youth ages 15-29 ○ Transgender individuals • Race/Ethnicity: ○ White	**Measurement Period:** 12 months **Reporting Frequency:** yearly **State Target:** 15% **State Baseline:** 19% (based on 2017 data) **Site Target:** **Site Baseline:**

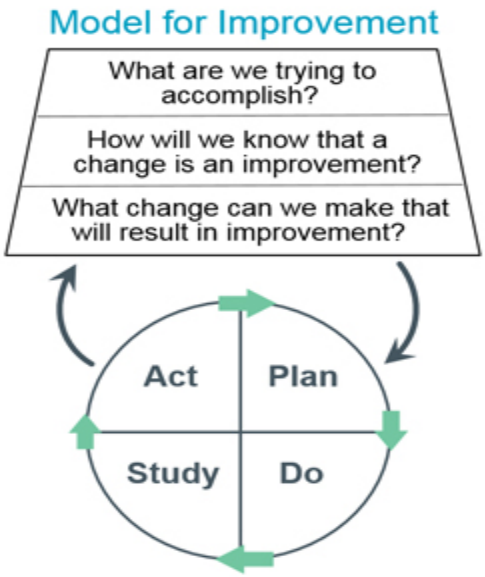
	*Individuals that do not receive a CD4 count within the measurement year of their diagnosis are counted as "HIV"	○ African American/Black ○ Hispanic • Gender: ○ Women ○ Transgender ▪ MTF ▪ FTM	
Recommended Gonorrhea Treatment Utilization	**Description:** The percentage of treated gonorrhea cases that were treated with the recommended Ceftriaxone **Numerator:** The number of treated gonorrhea cases that were treated with Ceftriaxone **Denominator:** The number of treated gonorrhea cased that were treated with any medication		**Measurement Period:** 12 months **Reporting Frequency:** quarterly **State Baseline:** 86.5% **State Target:** 90% **Site Target:** **Site Baseline:**
Re-Engagement Resulting from Lost to Care DIS Intervention	**Description:** The percentage of people that receive a subsequent CD4/VL within (3) months post-intervention **Numerator:** The number of individuals from the denominator that received a CD4/VL within 3 months after the Lost to Care intervention **Denominator:** The number of individuals, based on eHARS data, that were determined to be out of care 6 months or newly diagnosed and not linked to care within 3 months **Exclusions:** Individuals that moved out of state		**Measurement:** 12 months **Reporting** Frequency: 6 months **State Baseline:** 27% **State Target:** 35% **Site Target:** **Site Baseline:**

Viral Hepatitis Case Investigation Completion Time	**Description:** The average amount of time that it takes to complete and close viral hepatitis investigations **Exclusions:** Would people that move out state be excluded? Or would they be investigated regardless?		**Measurement Period:** 12 months **Reporting Frequency:** quarterly **State Baseline:** 60 days **State Target:** 45 days **Site Target:** **Site Baseline:**
Viral Hepatitis Field Outreach Events	**Description:** The number of viral hepatitis field outreach events that occur within the measurement period. **Exclusions:** communications or trainings that occur with community partners that have an existing contract with ISDH		**Measurement Period:** 12 months **Reporting Frequency:** quarterly **State Baseline:** N/A **State Target:** 12 (1 per month) **Site Target: N/A** **Site Baseline: N/A**

The most recent performance measure results can be found in Appendix A.

Quality Improvement

Clinical Quality Improvement (CQI) Projects



CQI Projects will be determined through the use of data available to The CQM Program. The data will be utilized to drive priority setting and CQM Team will help generate CQI project ideas based on the data. The Internal Quality Committee will then apply root cause analysis to narrow projects and make final selections. The CQM Program will utilize the Model for Improvement (pictured on the left) as the framework to guide improvement work.

Quality Improvement Project 1: Eligibility

If funded for services pertaining to this project, how is your agency going to contribute to this statewide improvement project?

Quality Improvement Project 2: Health Disparities

If funded for services pertaining to this project, how is your agency going to contribute to this statewide improvement project?

Quality Improvement Project 3: Targeted HIV and STD Testing

If funded for services pertaining to this project, how is your agency going to contribute to this statewide improvement project?

Quality Improvement Project 4: Viral Hepatitis Reporting

If funded for services pertaining to this project, how is your agency going to contribute to this statewide improvement project?

Capacity Building

How will your agency seek to build a culture of quality?

Evaluation

Updating the CQM Plan

(Insert your agency name here)'s CQM committee will discuss the CQM Plan and any needed revisions yearly, based on the timeline and content of the ISDH CQM Plan that will be released annually. Select members of the CQM committee will then create a draft of the upcoming year's CQM Plan and bring it back to the full committee for review and revisions.

Evaluation

The following types of evaluation will be used to review the CQM Program:

- Target Center Part B Organizational Assessment Tool (http://nationalqualitycenter.org/resources/organizational-assessment/) – This will be completed annually in April by the CQM Team
- CQM committee self-assessment – This will include evaluation of the work plan to assess the efficacy of the CQM program. This will be completed annually in May by the CQM Team

In addition, the CQM committee will review the work plan quarterly to evaluate progress of CQM Program activities. CQI projects will be evaluated by the CQM Team to assess the effectiveness and success of the project.

The HIV/STD/Viral Hepatitis CQM plan has been approved by the CQM team and HIV/STD/Viral Hepatitis Division leadership. The plan will take effect on 10/01/2018 and end on 09/30/2019.

X

Dennis Stover
HIV/STD/Viral Hepatitis

X

Jeremy Turner
HIV/STD/Viral Hepatitis Deputy Director

X

Jasmine Black
HIV Services Quality Manager

X

Dexter Etter
HIV/STD Prevention Quality Manager

Subrecipient Key:
AMAA – AIDS Ministries/AIDS Assist
ARG – AIDS Resource Group
AP – Aliveness Project
CCHD – Clark County Health Department
TDC – The Damien Center
LC – Life Care
MHS – Meridian Health Services
PL – Positive Link
PRC – Positive Resource Center

Appendix

Appendix A: Performance Measure Results

Performance Measure	Measurement Period	Population/Disparity	Result	Numerator	Denominator
HSP Client Retention in Care **Target = 90%**	10/01/2018-09/30/2019	**ALL CLIENTS**			
		Total			
		SERVICE CATEGORY			
		Medical Case Management			
		Non-Medical Case Management			
		EIS			
		ADAP			
		RACE/ETHINICTY, RISK FACTOR, GENDER AND FOREIGN BORN			
		African American/Black			
		Hispanic			
		MSM (all)			
		MSM (AA)			
		MSM (White)			
		MSM (Hispanic)			
		Women			

Performance Measure	Measurement Period	Population/Disparity	Result	Numerator	Denominator
		Transgender			
		MTF			
		FTM			
		Foreign-born Blacks*			
		Foreign-born Women*			
		AGE			
		13-24			
		25-34			
		35-44			
		45-54			
		55-64			
		65+			
HSP Client Viral Suppression **Target = 90%**	10/01/2018-09/30/2019	**ALL CLIENTS**			
		Total			
		RACE/ETHINICTY, RISK FACTOR, GENDER AND FOREIGN BORN			
		White			
		African American/Black			
		Hispanic			
		MSM			
		MSM (AA)			
		MSM (White)			
		MSM (Hispanic)			
		Women			
		Transgender			

Performance Measure	Measurement Period	Population/Disparity	Result	Numerator	Denominator
		MTF			
		FTM			
		Foreign-born Blacks*			
		Foreign-born Women*			
		AGE			
		13-24			
		25-34			
		35-44			
		45-54			
		55-64			
		65+			
		SERVICE CATEGORY			
		Medical Case Management			
		Non-Medical Case Management			
		Outpatient Ambulatory Care			
		Housing Services			
		Food Bank/Home Delivered Meals			
		Mental Health Services			
		Substance Abuse/Outpatient			
		Nutritional Therapy			

Gap in HIV Medical Visits **Target = 2%**	10/01/2018-09/30/2019	**ALL CLIENTS**			
		Total			
		RACE/ETHINICTY, RISK FACTOR, GENDER AND FOREIGN BORN			
		White			
		African American/Black			
		Hispanic			
		MSM			
		MSM (AA)			
		MSM (White)			
		MSM (Hispanic)			
		Women			
		Transgender			
		MTF			
		FTM			
		Foreign-born Blacks*			
		Foreign-born Women*			
		AGE			
		13-24			
		25-34			
		35-44			
		45-54			
		55-64			
		65+			
		SERVICE CATEGORY			

		Medical Case Management			
		Non-Medical Case Management			
		Mental Health Services			
		Substance Abuse-Outpatient			
		Housing Services			
		Substance Abuse Residential			
ADAP Recertification Target: 95%	10/01/2018-09/30/2019	HSP			
Food Bank/Home Delivered Meals	10/01/2018-09/30/2019				
Medical Nutrition Therapy	10/01/2018-09/30/2019				
HSP Recertification Target = 95%	10/01/2018-09/30/2019				
Positivity Rate	10/01/2018-09/30/2019	**QUARTER**			
		Q1			
Target = 0.57%		Q2			
		Q3			
		Q4			
		Full measurement year			
	10/01/2018-09/30/2019	**Risk Factor**			

HIV Testing in High-Risk Groups **Target = 75%**		IDU			
		MSM			
		MSM (AA)			
		MSM (White)			
		MSM (Hispanic)			
		AA Women			
		Hispanic Women			
		Youth ages 15-29			
		Transgender Individuals			
		MTF			
		FTM			
		All high-risk populations			
Late Diagnosis **Target = 15%**	10/01/2018-09/30/2019	**Region**			
		White			
		African American/Black			
		Hispanic			
		MSM			
		MSM (AA)			
		MSM (White)			
		MSM (Hispanic)			
		Women			
		Transgender			
		MTF			
		FTM			
		Youth (ages 15-29)			

Recommended Gonorrhea Treatment Utilization **Target = 86.5%**	10/01/2018-09/30/2019	**Measurement Period**			
		Q1			
		Q2			
		Q3			
		Q4			
		Full measurement year			
Re-Engagement Resulting from Lost to Care DIS Intervention **Target = 35%**	10/01/2018-09/30/2019	**Measurement Period**			
		Period 1			
		Period 2			
		Full Measurement Year			
Viral Hepatitis Case Investigation Completion Time **Target = 45 days**	10/01/2018-09/30/2019	**Measurement Period**			
		Period 1			
		Period 2			
		Full Measurement Year			
Viral Hepatitis Field Outreach Events **Target = 12**	10/01/2018-09/30/2019	**Measurement Period**			
		Q1			
		Q2			
		Q3			
		Q4			
		Full measurement year			

Appendix B: Detailed Work Plan

Action Item	Description	Responsible Party	Timeframe	Comments/Updates

Appendix C: CQI Update

What is the priority population you are focusing your viral suppression efforts on? _____

Baseline viral suppression rate of priority population: _____

Measurement Period	Viral Suppression Rate	Strategies Used to Increase Viral Suppression	Were The Strategies Successful? Why or Why Not?

Division Organizational Chart

CQM Committee Member Matrix

(Insert matrix here)

Glossary of Terms

A

AIDS Drug Assistance Program (ADAP)

Administered by States and authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

AIDS Educational and Training Center

Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

AIDS Service Organization (ASO)

An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

B

Biomedical Intervention:

The use of medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV, and/or decrease HIV infectiousness. Biomedical risk-reduction interventions include antiretroviral medications that persons with HIV can take to prevent transmitting HIV as well as antiretroviral medications that their uninfected partners can take to prevent acquiring HIV.

C

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)

Now referred to as the Ryan White HIV/AIDS Program, this was the name of the original federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. The legislation was enacted in 1990 and reauthorized in 1996 and 2000. The legislation was subsequently reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and later as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Centers for Disease Control and Prevention (CDC):

CDC is the lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves to protect 29Tpublic health29T and safety through the control and prevention of disease, injury, and disability.

Client Level Data (CLD)

Information collected on each client eligible for and receiving RWHAP core medical services or support services. The data elements reported per client are determined by the specific RWHAP services that the agency is funded to provide.

Collaboration

Working with another person, organization, or group, for mutual benefit, by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

Community

A group of people interacting and living in a common location or sharing common values and interests. Communities can also be characterized according to geography, culture, or organization.

Community Forum or Public Meeting

A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Community-based Organization (CBO)

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Comprehensive Planning

The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

Continuous Quality Improvement (CQI)

An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care

The extent to which a person living with HIV disease is engaged in HIV/AIDS care and is realizing the full advantages of care and treatment—from initial diagnosis and engagement in care to full viral suppression. Generally referred to as the HIV/AIDS Care Continuum.

Condom Distribution:

The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, agency, or person) to the end-user.

Cultural Competence

The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

D

Data Collection

A process of preparing and collecting data through the use of instruments such as surveys or interviews. The use of formal data-collection protocols is necessary to guide standardized and reliable data collection. It ensures that data gathered are both defined and accurate, and that subsequent decisions based on the findings are valid.

E

Early Intervention Services (EIS)

Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Epidemiology

The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Expedited Partner Therapy (EPT):

The practice of treating the sex partners of persons with sexually transmitted diseases (STD) without an intervening medical evaluation or professional prevention counseling.

F

Food and Drug Administration (FDA)

Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Field Outreach

A disease prevention intervention generally conducted by peer or professional educators, in community venues, face-to-face with individuals at high risk or the professionals that serve them, with the intention of educating individuals about how they can protect themselves or others from contracting or spreading disease. Outreach may include distribution of risk-reduction materials or information.

G

Grant Recipient

The entity that receives Ryan White HIV/AIDS Program funds and is responsible for administering the award.

H

Health Disparities:

Differences in the quality of health and healthcare across different populations and the differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Health Education/Risk Reduction (HE/RR):

A set of prevention activities to reach people at increased risk of becoming HIV infected or, if already infected, of transmitting the virus to others. HE/RR is designed to promote individual behavior change, promote and reinforce safer behaviors, and provide interpersonal-skills training in negotiating and sustaining appropriate behavior change.

Health Resources and Services Administration (HRSA)

The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

High-Impact HIV Prevention (HIP):

A strategy designed to achieve greater success with federal HIV prevention dollars by using combinations of scientifically proven, cost-effective, and scalable interventions targeted by population and geographic area, to yield the maximum impact from HIV prevention efforts. This will help maximize health departments' collective effort on HIV, by aligning resources with jurisdictions, based on the HIV burden, and supporting interventions with substantial, lasting impact. HIP is also aligned to address the goals of the National HIV/AIDS Strategy (NHAS).

HRSA HIV/AIDS Bureau (HAB)

The bureau within HRSA of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program.

I

Incidence

The number of new cases of a disease that occur during a specified time period.

Incidence Rate

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

M

Men Who Have Sex with Men (MSM):

Men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact whether or not they identify as “gay.”) (See: Bisexual)

N

Needs Assessment

A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

Notice of Funding Opportunity (NOFO)

An open and competitive process for selecting providers of services.

P

Part A

The part of the Ryan White HIV/AIDS Program that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

Part B

The part of the Ryan White HIV/AIDS Program that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

Part C

The part of the Ryan White HIV/AIDS Program that supports outpatient primary medical care and early intervention services (EIS) to PLWH through grants to public and private non-profit organizations. Part C also funds planning grants to prepare programs to provide EIS services.

Part D

The part of the Ryan White HIV/AIDS Program that supports family-centered, comprehensive care to women, infants, children, and youth living with HIV.

People Living with HIV (PLWH)

Sometimes also seen as "PLWHA" for people living with HIV/AIDS.

PrEP

Pre-exposure prophylaxis is a prevention method for people at higher risk for HIV exposure and involves taking an antiretroviral pill every day to greatly reduce, if not eliminate, the risk of becoming infected with HIV if exposed to the virus.

Prevalence

The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate

The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Priority Setting

The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Provider (or service provider)

The agency that provides direct services to clients (and their families) or the grant recipient. A provider may receive funds as a grant recipient (such as under Parts C and D) or through a contractual relationship with a grant recipient funded directly by HRSA's RWHAP. Also see subrecipient.

Q

Quality

The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Assurance (QA)

The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI)

Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

R

Ryan White HIV/AIDS Program Services Report (RSR)

Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

S

Subrecipient

The legal entity that receives RWHAP funds from a grant recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient. Subrecipient replaces the term "Provider (or service provider)."

Support Services

Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Grant recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

Surveillance

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Report

A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

T

Target Population

A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Targeted (HIV and STD) Testing:

A testing strategy that involves testing persons based on characteristics that increase the likelihood of being infected with HIV. These characteristics can include the presence of sexually transmitted diseases, behavioral risks, or attendance at venues by persons at high risk.

Targeting:

Use of data or information to direct HIV testing, linkage to care, and HIV risk-reduction services to groups at high risk for HIV. Persons at high risk can be accessed, with the purpose of ensuring that services are available and accessible to those who need them.

Technical Assistance (TA)

The delivery of practical program and technical support to the Ryan White community. TA is to assist grant recipients/sub-recipients, planning bodies, and affected communities in designing, implementing, and evaluating Ryan White-supported planning and primary care service delivery systems.

U

Unmet Need

The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

V

Viral Load

In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.