I. Introduction

The Baltimore City Health Department (BCHD) is designated the Ryan White Part A Grantee and manages the Clinical Quality Management Program (CQM) for the Baltimore EMA.

BCHD’s vision is:
A healthy Baltimore.

The overall mission of BCHD is:
To advocate, lead, and provide services of the highest quality in order to promote and protect the health of the residents of Baltimore.

CQM’s mission is:
The Clinical Quality Management Program (CQM) seeks to ensure the provision of high quality care at Part A and Minority AIDS Initiative (MAI) funded Primary Care and Support Service agencies serving HIV-infected and affected persons whom are uninsured, under-insured, or persons who are not able to obtain needed services through other insurance programs.

This document describes the organizational structure, guiding principles and processes used to implement a quality management program for Part A services.

Scope of Ryan White Part A Funded Services

The Mayor of Baltimore, the city’s Chief Executive Official (CEO), delegated administrative responsibility for the Ryan White Program to the Commissioner, Baltimore City Health Department. Part A services are provided directly by hospitals, clinics, local health departments, and community partners selected through a competitive selection process. Eligible persons have access to a continuum of HIV medical care programs and varied supportive services through multiple points of entry. The planning and allocation of Part A services are coordinated with Parts B, C, D, HOPWA and other governmental funding sources. The Baltimore EMA Ryan White Part A Program serves HIV-positive persons residing in Baltimore City and six counties of Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne’s Counties. In accordance with current resource allocations approved by the Greater Baltimore HIV Health Services Planning Council (PC); Part A funds are allocated to:

Core Medical Services:
- Health Insurance Premiums and Cost Sharing;
- Hospice Care;
- Medical Case Management (including Treatment Adherence Services);
- Mental Health Services;
- Medical Nutritional Therapy;
- Oral Health Care;
- Outpatient Ambulatory Health Services;
- Substance Abuse Outpatient;
Supportive Services:
- Case Management (non-medical)
- Child Care Services;
- Food Bank and Home Delivered Meals;
- Housing Services;
- Legal Services;
- Medical Transportation;
- Outreach Services;
- Psychosocial Services;
- Substance Abuse Residential.

II. Definition of Quality

Quality improvement terminology is often used interchangeably, the following definitions can be found in the *Quality Management Technical Assistance Manual*[^1] developed by the funder, the Health Resources and Services Administration (HRSA).

**Quality** is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider 1) the quality of the inputs, 2) the quality of the service delivery process and 3) the quality of outcomes, in order to continuously improve systems of care for individuals and populations.

**Quality Assurance (QA)** refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards.

**Quality Improvement (QI)** refers to activities aimed at improving performance and is an approach to the continuous study and improvement of the processes of providing services to meet the needs of the individual and others. This term generally refers to the overriding concepts of continuous quality improvement and total quality management.

**Continuous Quality Improvement (CQI)** is generally used to describe the ongoing monitoring, evaluation, and improvement processes. It is a patient/client-driven philosophy and process that focuses on preventing problems and maximizing quality of care. The key components of CQI are:
- Patients/clients and other customers are first priority.
- Quality is achieved through people working in teams.
- All work is part of a process, and processes are integrated into systems.
- Decisions are based upon objective, measured data.
- Quality requires continuous improvement.

**Total Quality Management (TQM)** is a somewhat larger concept, encompassing continuous quality improvement activities and the management of systems that foster such activities: communication, education, and commitment of resources.

III. HRSA/HAB Quality Management Expectations

The Ryan White HIV/AIDS Treatment Extension Act of 2009 places major emphasis on enhancing the quality of care for people living with HIV (PLWH). The complexity of HIV care—and the Act’s commitment to equal access to quality care for all PLWH—requires systematic efforts to ensure that Part A services are delivered effectively.

**Purpose** - According to the *Quality Management Technical Assistance Manual*, the overall purpose of a Part A quality management program is to ensure that:

- Services adhere to Public Health Standard (PHS) guidelines and established clinical practice.
- Program improvement includes supportive services linked to access and adherence to medical care.
- Demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic.²

A quality management program should have the following characteristics:

- A systematic process with identified leadership, accountability, and dedicated resources.
- Use of data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks.
- Focus on linkages, efficiencies, and agency and client expectations in addressing outcome improvement.
- Continuous process that is adaptive to change and that fits within the framework of other programmatic quality assurance and quality improvement (QI) activities (i.e., JC Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Medicaid, Medicare, and other HRSA or State programs).
- Data collected is used as feedback into the process to assure that goals are accomplished and they are concurrent with improved outcomes.³

Specifically, activities of Part A Quality Management programs include:

- **Systematic processes with identified: leadership, accountability, and dedicated resources.**
  - A Quality Management Plan for the EMA in place.
  - Quality Management Plan for the EMA is reviewed and updated on an annual basis to assure ongoing relevancy.
  - Determination of standard methodology for data collection and analysis.
  - Quality Management activities are discussed at Planning Council meetings and these discussions are documented in meeting minutes.
  - Language in sub-contracts addresses quality management activities.
  - Site visits to sub-contractors include review of vendor-initiated quality management activities and recommendations are documented in site-visit reports.
  - CQI training is available to subcontractors and a quality management point-person is identified by sub-contractors.
  - Use of a standardized reporting format for all subcontractors.

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Quality management strategies are implemented and outcomes documented.

**Use of data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks.**

- Determination of standard performance measures and indicators.
- Inclusion of HAB’s Group 1-3 clinical performance measures.
- Schedule and processes for agencies to report data to the Grantee.
- Assistance provided to sub-contractors with sub-optimal results.
- Data aggregated, reported, and reviewed by the Planning Council.

**Focus on linkages, efficiencies and agency and client-expectation in addressing outcome improvement.**

- Utilize client satisfaction survey to determine opportunities for improvement.
- Utilize data collected from the unmet need assessment administered by the Planning Council support office.
- Develop performance measures to assess continuity of care and care delivery processes.
- Discuss results and improvement strategies at the Planning Council.4

**Legislative Authority**

Section 2604(c) (5) (A) of the Ryan White HIV/AIDS Treatment and Modernization Act of 2006 requires that the chief elected official (CEO) of a Part A eligible metropolitan area (EMA):

"shall provide for the establishment of a clinical quality management program to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection and, as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services."

Section 2604(c) (5) (B) also provides for funding of quality management activities. It states that, in addition to the 5 percent of funding allocated for administrative costs, the EMA may use for quality management activities not more than the lesser of "5 percent of amounts received under the grant; or $3,000,000. Further, that the costs of a clinical quality management program described under subparagraph (A) may not be considered administrative expenses.

**IV. Structure of the Baltimore EMA Part A Clinical Quality Management Program**

To fulfill the legislative requirements for a quality management program, the Baltimore EMA Clinical Quality Management Program (CQM) involves the Grantee, which supports the Quality Management Program within BCHD and the EMA Planning Council. Structure and roles and responsibilities are outlined below:

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A. Roles and Responsibilities

1. MAYOR OF BALTIMORE
   - Serves as the CEO to apply for and to receive the Ryan White Part A grant.
   - Establishes the Planning Council and appoint members.
   - Designates BCHD as the **GRANTEE FOR RYAN WHITE PART A PROGRAMS**. BCHD also manages the **CLINICAL QUALITY MANAGEMENT PROGRAM** for the Part A and MAI grants.
   - Establishes intergovernmental agreements with other jurisdictions in the EMA as required.

2. Part A/MAI ADMINISTRATION - BALTIMORE CITY HEALTH DEPARTMENT

   **General Roles and Responsibilities:**
   - Ensures the delivery of services to women, infants, children and youth with HIV disease.
   - Ensures that Ryan White funds are the payer of last resort.
   - Ensures that services are available regardless of clients’ ability to pay and ensures these services are of high quality.
   - Prepares and submits the application for Part A funding.
   - Limits the Grantee and provider administrative costs at 10% as established by HRSA and the Ryan White HIV/AIDS Treatment Modernization Act of 2006.
   - Assures compliance with all Conditions of Award related to the Part A and MAI grants.
   - Participates in local needs assessment and comprehensive planning activities conducted by the Planning Council.
   - Manages procurement of RW funds, distributing funds according to priorities established by the Planning Council.
   - Oversees timely contracting and payment of agencies.*
   - Provides periodic service utilization and other reports to the Planning Council and HRSA.
   * Conducted through a Fiscal Agent: Associated Black Charities, Inc.

   **Quality Management Roles and Responsibilities:**
   - Delineates quality management requirements for funded agencies in procurement documents (e.g., RFPs, contracts, etc.).
   - Reviews agencies’ Monthly Fiscal and Program Report (MFPR), quarterly reports, corrective action plans, and other contract-related documents.
   - Conducts periodic site visits of funded agencies; implement corrective action plans, as needed.
   - Provides and facilitates system-wide and individual technical assistance to funded agencies.
3. RYAN WHITE CLINICAL QUALITY MANAGEMENT PROGRAM (CQM), BALTIMORE CITY HEALTH DEPARTMENT

BCHD, Ryan White Office (RWO) is charged with providing leadership and oversight for all quality improvement/management activities. RWO works closely with the Planning Council, the Planning Council Support Office (InterGroup Services, Inc.) and subcontractors to develop and implement the clinical QM Plan.

Quality Management Roles and Responsibilities:

- Establishes the Ryan White Clinical Quality Management Program (CQM) and ensures adequate resources to carry out the Quality Management Workplan.
- Develops and coordinates implementation of the Quality Management Workplan.
- Assesses funded agencies’ compliance with the Standards of Care and US Public Health Service guidelines, reporting these findings to the Planning Council and Administrative partners.
- Provides and facilitates QM-related technical assistance trainings to funded agencies individually and across categories.
- Reviews and revises, as needed, the Quality Management Plan annually and the Quality Management Workplan.
- Serves as liaison to the Planning Council and five Planning Council Sub-committees.
- Develops quality indicators based on the approved Standards of Care.
- Establishes performance goals and utilizes benchmarks for quality indicators.
- Measures quality indicators and reports these findings to Grantee’s Administration, the Planning Council, subcontractors and other key stakeholders.
- Coordinates collection of client surveys and agency outcome measurement data, analyzes and reports findings to Administration, the Planning Council, subcontractors and other key stakeholders.
- Provides technical assistance, training and support to funded agencies in the design and implementation of their agency-specific quality management activities.
- Facilitates collaboration and coordination among funded agencies to enhance their quality of care.
- Develops annual reports to summarize the quality management activities conducted within the EMA.
- Develops quarterly CQM newsletters to communicate provider best-practices, areas for improvement, QI education, and general Ryan White office announcements.
- Develops annual “fact-sheets” summarizing CQM review findings for utilization in the planning council’s annual priority setting activities.
- Provides recommendations to the Planning Council for the improvement of service delivery in the EMA based on Quality Management Program findings.
4. QUALITY IMPROVEMENT PROJECT TEAMS

- Established by RWO’s Clinical Quality Management Program to work on specific quality improvement projects. The composition of the teams will change based on the nature of the project.

Quality Management Roles and Responsibilities:
- Conducts cross-cutting quality improvement projects at targeted agencies demonstrating lower performance on key category indicators than that seen throughout the EMA:
  - Identify a Team Leader.
  - Delineate specific goals for the Team.
  - Delineate responsibilities for the Team members (e.g., development of the improvement project/PDSA test cycles, meeting facilitation, note taking).
  - Determining the root causes of the problem or opportunity for improvement.
  - Document and track progress by using activity logs, meeting minutes, etc.
  - Develops a data collection plan for each project.
  - Identify potential solutions to make improvement to the performance on key indicators, including immediate and longer-term solutions.
  - Implement small tests of change.
  - Refine the improvement plan.
  - Develop a timeline for implementation.
  - Report to Grantee Administration.

5. BALTIMORE EMA: PLANNING COUNCIL

General Roles and Responsibilities:
- Establishes operations to make planning tasks function smoothly. The Planning Council must ensure that decision making complies with HRSA guidance and state regulations regarding membership, open meetings, grievance procedures related to funding decisions, conflict of interest, etc.
- Assesses the EMA’s HIV/AIDS service needs. In particular this includes assessing the biggest gaps in care by determining the needs of those who know their HIV status but are not in care, as well as disparities in access to care across affected groups. This assessment must include a public process to obtain community input on needs and priorities.
- Establishes priorities for the allocation of funds. Decisions are based on a needs assessment; the cost effectiveness and outcome effectiveness of purchasing specific services; priorities in HIV-infected communities within the EMA; and the availability of other governmental and nongovernmental resources.
- Develops a comprehensive plan for the organization and delivery of HIV services that is compatible with existing State and local plans. As part of the plan, the EMA must coordinate use of RW dollars with other programs, including prevention and substance abuse services and participation in the development of a Statewide Coordinated Statement of Need (SCSN).
• Assesses the efficiency of the grantee administration in rapidly allocating funds to areas of greatest need. The Planning Council may also, at their discretion, assess how well services that are funded by the grantee address the Planning Council’s priorities, allocations, and instructions for addressing these priorities.5
• Promotes consumer empowerment, retention in care and optimal utilization of Ryan White-funded services.
• Participates in quality management-related trainings and presentations.

Quality Management Roles and Responsibilities:
• Through its Continuum of Care Committee, develops and revises Standards of Care for funded services in the Baltimore EMA.
• Reviews the QM Program Annual Quality Management Report.
• Establishes an EVALUATION COMMITTEE which:
  ▪ Oversees the Planning Council’s efforts to evaluate the effectiveness of service strategies.
  ▪ Reviews the performance of the grantee
  ▪ Reviews and filters the data reports and passes them on to other committees.
  ▪ Reports to the Planning Council Executive Committee.
• Establishes a CONTINUUM OF CARE COMMITTEE which:
  ▪ Identify existing gaps in services and assess service capacity in the EMA.
  ▪ Formulate a list of priority services.
  ▪ Create a plan for facilitating the delivery of priority services.
  ▪ Develop or enhance performance standards.
  ▪ Develop or enhance quality assurance criteria.
  ▪ Assist in developing units of service, unit costs, and cost-outcome effectiveness.
  ▪ Monitor the implementation plan and send representatives to joint meetings for Expenditure and Service Delivery (ESD) reports.
  ▪ Report and serve as a technical resource to the planning council on funded services.
  ▪ Clarify service definitions.

6. RYAN WHITE FUNDED SUBCONTRACTORS

Ryan White funded subcontractors are generally public and private, not-for-profit agencies contracted to provide the range of core medical and supportive services listed above.

Quality Management Roles and Responsibilities:
• Participates in quality management activities conducted by the RWO Clinical Quality Management Program in accordance with the QM Plan and contractual requirements.
• Provide services in accordance with EMA Standards of Care.
• Develop and implement an agency-specific quality management plan for Ryan White funded services.

• Establishes a clinical quality management program and conducts quality improvement projects at the agency level both independently and in coordination with RWO CQM program.
• Reports quality management activities to the RWO Quality Management Program.
• Requests and receives technical assistance, training and support, as indicated, from the RWO Quality Management Program findings.

B. Data Collection Plan

The RWO Quality Management Program is responsible for the regular collection, analysis and reporting of quality management data. These data include, but are not limited to:
Medical records (paper or electronic health record);
• Client records (paper or electronic);
• Clinical databases;
• Demographic databases;
• Client/staff interviews;
• Client/staff surveys;
• Utilization patterns.

Data collection will be implemented utilizing appropriate sampling methodology and will include both concurrent and retrospective review. For each data collection activity scheduled in the QM Workplan a data collection plan will be developed that specifies:
• The purpose of the data collection activity.
• The measures and indicators to be collected.
• Whether existing data collection process can be utilized or a new effort needs to be undertaken to collect the identified data.
• The instrument to be used to collect the identified data.
• What client identifiers, if any, will be collected and the process for delinking client identifiers from other collected data.
• The methods to be used to collect the data.
• The methods to be used to review, code and enter the collected data.
• The analysis plan for the data.
• The methods for data security (including issues relating to confidentiality of client-specific data, how long the data instruments and databases will be stored and how they will be stored).
• How and to whom the findings will be reported.

Data will be collected from a variety of sources and to the extent possible, existing data sources will be utilized. The data collection efforts should place as minimal burden as possible on the sources and should minimize any interference with the routine operations of the agencies.

The development of new data collection instruments should follow standard survey research practices: planning, pretesting, revision, and instrument finalization. Processes for ensuring the quality of the data collection, entry, and analysis should be developed, implemented and closely monitored to reduce errors.

Persons involved with the collection of data will be bound by agency, local, state and federal regulations regarding confidentiality. Individuals involved in the collection of data should receive
appropriate training regarding their role, the confidentiality and security of data, and other ethical issues.

**Reporting of Data**

Findings for quality management activities will be reported only in the aggregate. Client-level data will not be reported or made available. Service category data will be provided in aggregate. CQM may provide agency-specific data reports directly to each agency for the purpose of enhancing their quality management program and these vendor reports are copied to the RWO’s Administration for incorporation into future administrative site visits as well.

The QM Program’s Annual Quality Management Report will briefly summarize the findings and results from the activities conducted by CQM.

**C. Confidentiality and Access to Information**

The activities of the Quality Management Program are legally protected. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired.” All copies of minutes, reports, worksheets and other data are stored in a manner ensuring strict confidentiality.
All are activities of the Clinical Quality Management Program (CQM) unless otherwise indicated.

<table>
<thead>
<tr>
<th>Area</th>
<th>Fiscal Year 2009</th>
<th>Fiscal Year 2010</th>
<th>Fiscal Year 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>QM Plan</td>
<td>Review QM Plan, revise as needed, and Annual Quality Management Work plan.</td>
<td></td>
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<tr>
<td>• Standards</td>
<td>- Review and revise Standards as indicated by QM reviews</td>
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<tr>
<td>• Quality Indicators</td>
<td>- Develop Quality Indicators</td>
<td></td>
<td></td>
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<tr>
<td>• Performance Goals</td>
<td>Establish performance goals</td>
<td></td>
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<tr>
<td>Develop methodology, pilot data collection plan and instruments.</td>
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<td></td>
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</tr>
<tr>
<td>Measure service categories</td>
<td>• Outpatient/Ambulatory Care (12 contracts),</td>
<td>• Outpatient/Ambulatory Care (12 contracts)</td>
<td>• Outpatient/Ambulatory Care (TBD)</td>
</tr>
<tr>
<td></td>
<td>• OAHS EFA (12 contracts)</td>
<td>• Mental Health Adult (7 contracts)</td>
<td>• Non-Medical Case Management (TBD)</td>
</tr>
<tr>
<td></td>
<td>• Medical Case Management (14 contracts)</td>
<td>• Mental Health Peds (2 contracts)</td>
<td>• Oral Health Services (TBD)</td>
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<tr>
<td></td>
<td>• Treatment Adherence (3 contracts)</td>
<td>• Outreach (9 contracts)</td>
<td>• Psychosocial Support Services (TBD)</td>
</tr>
<tr>
<td></td>
<td>• Medical Nutrition Therapy (5 contracts)</td>
<td>• Substance Abuse Outpatient (9 contracts)</td>
<td>• Hospice Services (TBD)</td>
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<tr>
<td></td>
<td>• Food Bank (11 contracts)</td>
<td>• Substance Abuse Residential (1 contract)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Legal Services (2 contracts)</td>
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<tr>
<td>Develop reports from service categories measured; provide to Part A Administration, Planning Council and vendors.</td>
<td></td>
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<tr>
<td>Implement QI Projects</td>
<td>Coordinate identification and implementation of 3-4 quality improvement projects for service categories reviewed.</td>
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<tr>
<td>Convene QI Project Teams at agencies targeted for capacity building.</td>
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<tr>
<td>Identify and implement quality improvement project(s).</td>
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<tr>
<td>Vendor-Level QM Program</td>
<td>Review vendor-level quality management plans and activities.</td>
<td></td>
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<tr>
<td>Implement quality improvement projects per agency’s quality management plan (Part A Agencies and CQM as needed).</td>
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<tr>
<td>Provide 3-4 capacity building/technical assistance trainings to agencies individually and across categories</td>
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<tr>
<td>Reporting</td>
<td>Develop annual quality management program report, describing CQM activities; include in Part A application as indicated.</td>
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</tbody>
</table>
**VI. Ryan White Clinical Quality Management Program Workplan – GY 2009 - 2010**

**Goal A. Update Quality Management Plan and annual Clinical Quality Management Workplan.**

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update draft Quality Management Plan and draft Quality Management Workplan for GY 2009-10.</td>
<td>April 15, 2009</td>
<td>RWO Deputy of QM</td>
<td>Complete</td>
</tr>
<tr>
<td>Edit plan based on feedback from BCHD staff.</td>
<td>April 27, 2009</td>
<td>RWO Deputy of QM</td>
<td>Complete</td>
</tr>
</tbody>
</table>

**Goal B. BCHD CQM Recommends Reviewing and revising Standards of Care as follows.**

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and revise standards of care for OAHS PMC Adult</td>
<td>July 31, 2009</td>
<td>PC Continuum of Care Committee</td>
<td>Standards unmodified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCHD staff</td>
<td></td>
</tr>
<tr>
<td>Review and revise standards of care for Medical Transportation</td>
<td>October 30, 2009</td>
<td>PC Continuum of Care Committee</td>
<td>Standards unmodified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCHD staff</td>
<td></td>
</tr>
<tr>
<td>Review and revise standards of care for Housing Services</td>
<td>December 31, 2009</td>
<td>PC Continuum of Care Committee</td>
<td>Pending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCHD staff</td>
<td></td>
</tr>
<tr>
<td>Review and revise standards of care for Health Insurance</td>
<td>February 26, 2010</td>
<td>PC Continuum of Care Committee</td>
<td>Pending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCHD staff</td>
<td></td>
</tr>
<tr>
<td>Review and revise standards of care for Child Care Services</td>
<td>May 31, 2010</td>
<td>PC Continuum of Care Committee</td>
<td>Pending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCHD staff</td>
<td></td>
</tr>
</tbody>
</table>

**Goal C. Develop quality indicators and performance goals for service categories.**

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for Outpatient Ambulatory Health.</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for OAHS EFA.</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for Medical Case Management.</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for Treatment Adherence</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for Legal Services</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for Medical Nutrition Therapy</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Review and revise, as needed, quality indicators and performance goals for Food Bank</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
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</tbody>
</table>

**Goal D. Develop data collection plan, methodologies and instruments.**

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine model for QM reviews.</td>
<td>May 1, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop chart abstraction tools.</td>
<td>July 31, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
<tr>
<td>Develop database for each service category to be reviewed.</td>
<td>August 28, 2009</td>
<td>RWO CQM</td>
<td>Complete</td>
</tr>
</tbody>
</table>
Goal E: Conduct clinical quality management reviews.

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct orientation session for reviewers.</td>
<td>August 31, 2009</td>
<td>RWO CQM Consultant Services (Training Resources Network)</td>
<td>Complete</td>
</tr>
<tr>
<td>Conduct reviews of outpatient/ambulatory medical care, OAHS EFA, medical case management, treatment adherence, medical nutrition therapy, food bank &amp; legal service agencies.</td>
<td>December 18, 2009</td>
<td>RWO CQM Consultant Services (Training Resources Network)</td>
<td>In progress</td>
</tr>
</tbody>
</table>

Goal F. Identify and implement 3-4 quality improvement project(s).

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify 3-4 other vendor-specific quality improvement project(s).</td>
<td>January 29, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Identify Quality Improvement Project Teams.</td>
<td>January 29, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Support Pap Smear QM Project.</td>
<td>August 31, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Initiate vendor-level quality improvement projects.</td>
<td>March 1, 2010</td>
<td>RWO CQM Staff</td>
<td>Pending</td>
</tr>
</tbody>
</table>

Goal G. Provide training/technical assistance on clinical quality management.

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide overview on QM/QI for PC and committees.</td>
<td>June, 2009 &amp; ongoing</td>
<td>RWO CQM</td>
<td>Complete/Ongoing</td>
</tr>
<tr>
<td>Provide training and technical assistance on QM/QI for RW vendors.</td>
<td>March 1, 2010 &amp; ongoing</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Conduct OAHS Primary Care specific capacity building meeting across all funded PMC providers</td>
<td>February 25, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Conduct Medical Case Management specific capacity building meeting across all funded MCM providers</td>
<td>March 18, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Conduct individual technical assistance at Food and Nutrition vendors</td>
<td>April 15, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
<tr>
<td>Conduct individual technical assistance at Legal Service providers</td>
<td>May 13, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
</tbody>
</table>

**Goal H. Evaluate EMA Clinical Quality Management program.**

<table>
<thead>
<tr>
<th>Key action steps</th>
<th>Timeframe</th>
<th>Responsible individuals</th>
<th>Status/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop QM work plan for FY10.</td>
<td>March 1, 2010</td>
<td>RWO CQM</td>
<td>Pending</td>
</tr>
</tbody>
</table>