

Division of HIV and STD Programs (DHSP)

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WELCOME TO ISSUE #2

THE DHSP CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM NEWSLETTER

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CQM PERFORMANCE MEASURES

Performance measurement is a vital part of quality improvement and allows DHSP to determine whether the care that clients receive meets or exceeds the desired quality as stipulated in contracts and established by local and national benchmarks. Performance measures provide the data necessary to identify opportunities for improvement and guide progress through tests of change. Consistent with HRSA/HAB recommendations, the CQM performance measures should reflect the impact of HIV intervention strategies outlined in the Los Angeles County (LAC) HIV/AIDS Strategy for 2020 and Beyond (LACHAS) and the LAC Ending the HIV Epidemic (EHE) plan.

As noted in the following graphs, performance in all measures saw a brief decline, particularly in engagement and retention in care, during the initial period of the COVID-19 pandemic (March – May 2020). Although most services recovered quickly, the client's served by Medical Care Coordination (MCC) services appear to have been most negatively affected by the COVID-19 pandemic's impact on in-person care services and the inability of clients to access clinical or laboratory services across LAC. Viral suppression rates remained relatively stable throughout this time.

CQM PROGRAM

QUARTERLY PERFORMANCE MEASURES

PERFORMANCE MEASURES METRICS AND DEFINITIONS

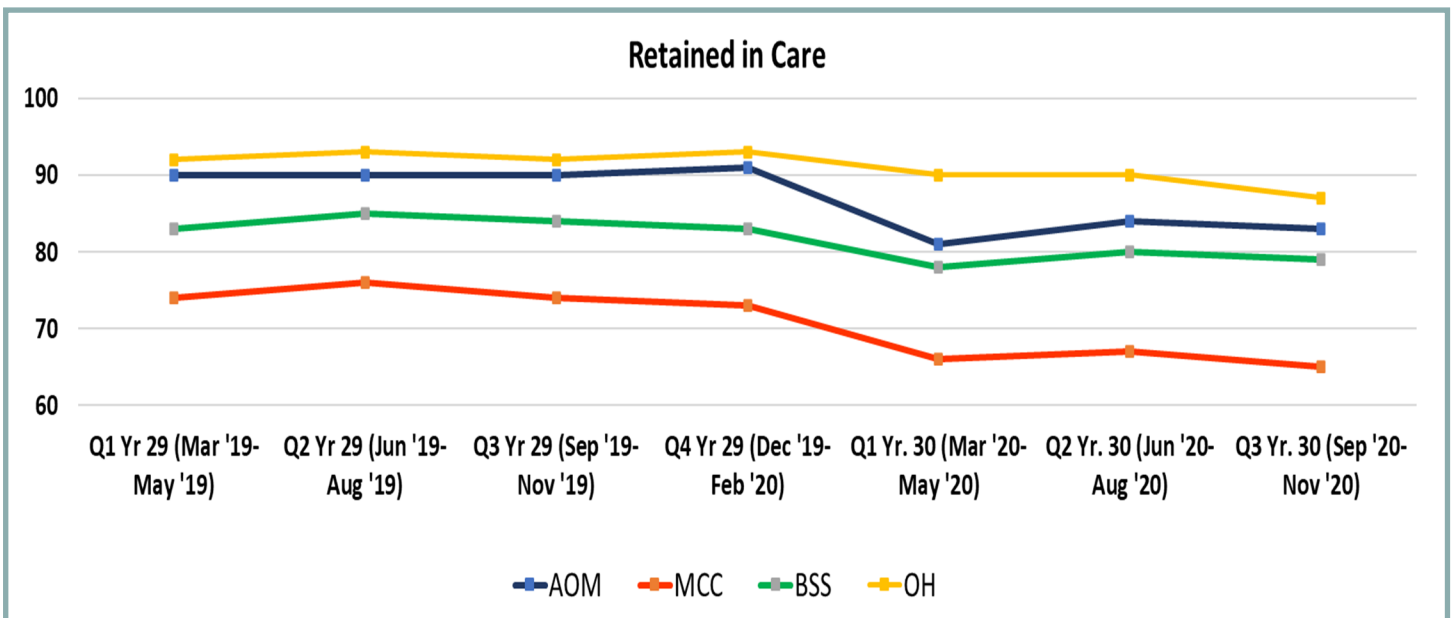
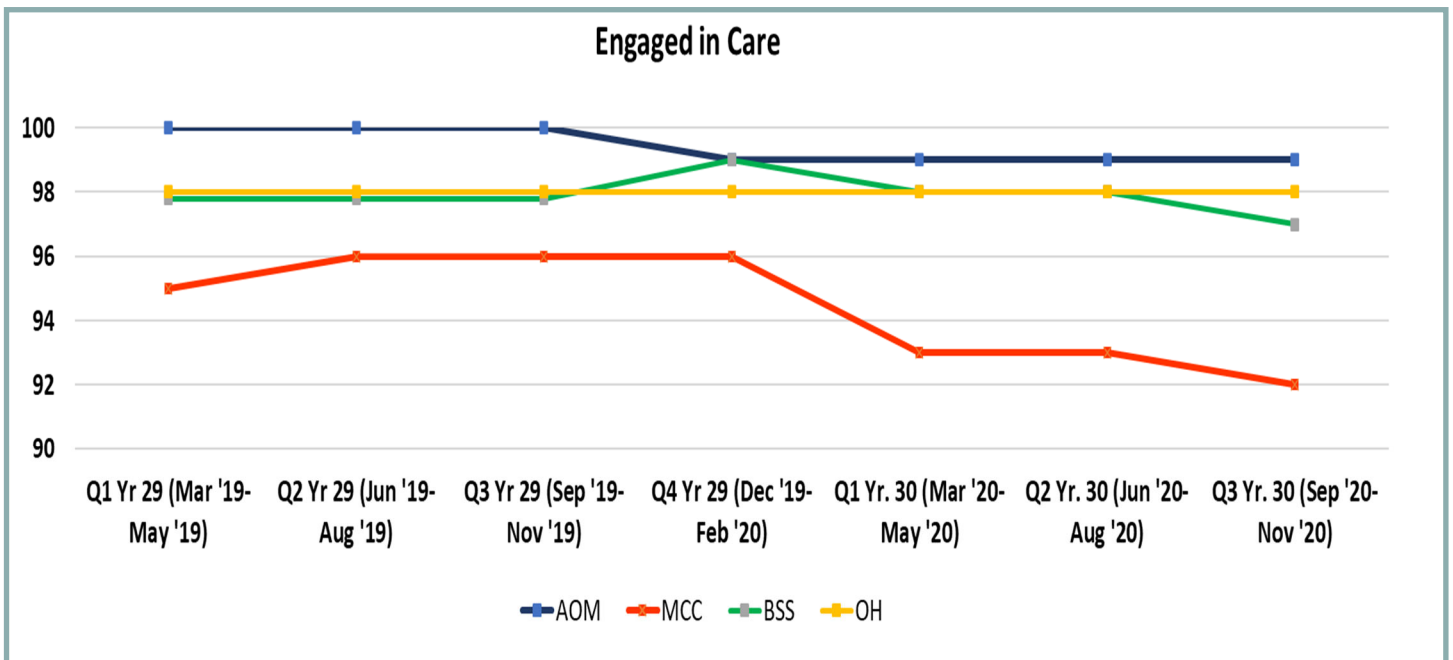
Engagement in Care: ≥ 1 VL, CD4 or genotype test reported in the 12 months prior to quarters end.

Retention in Care: ≥ 2 VL, CD4 or genotype test reported (> 90 day apart) in the 12 months prior to quarters end.

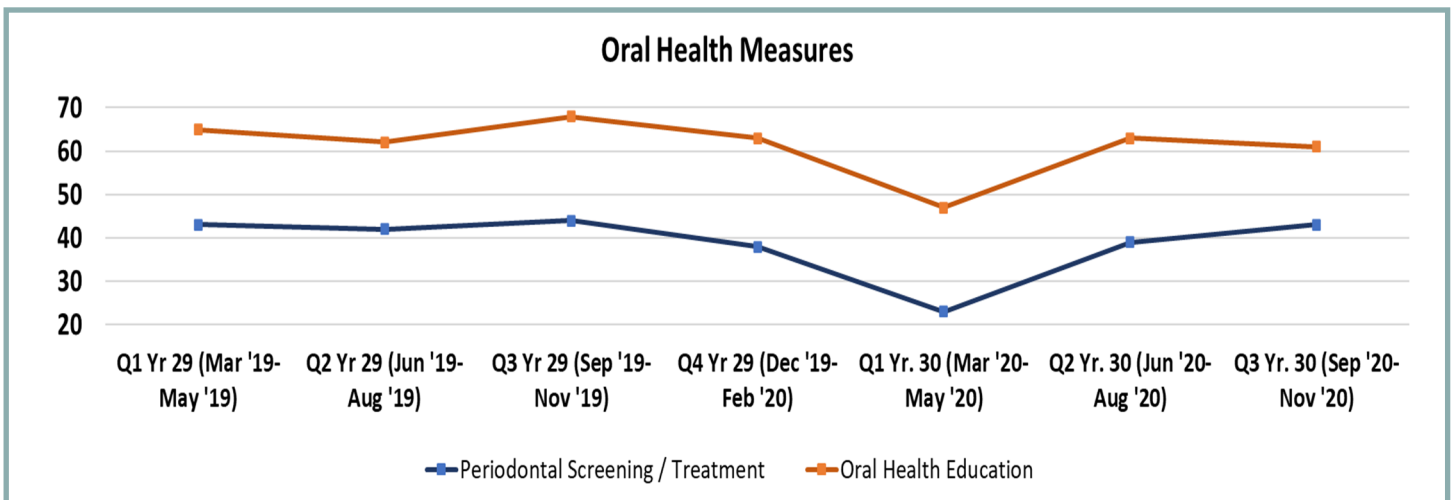
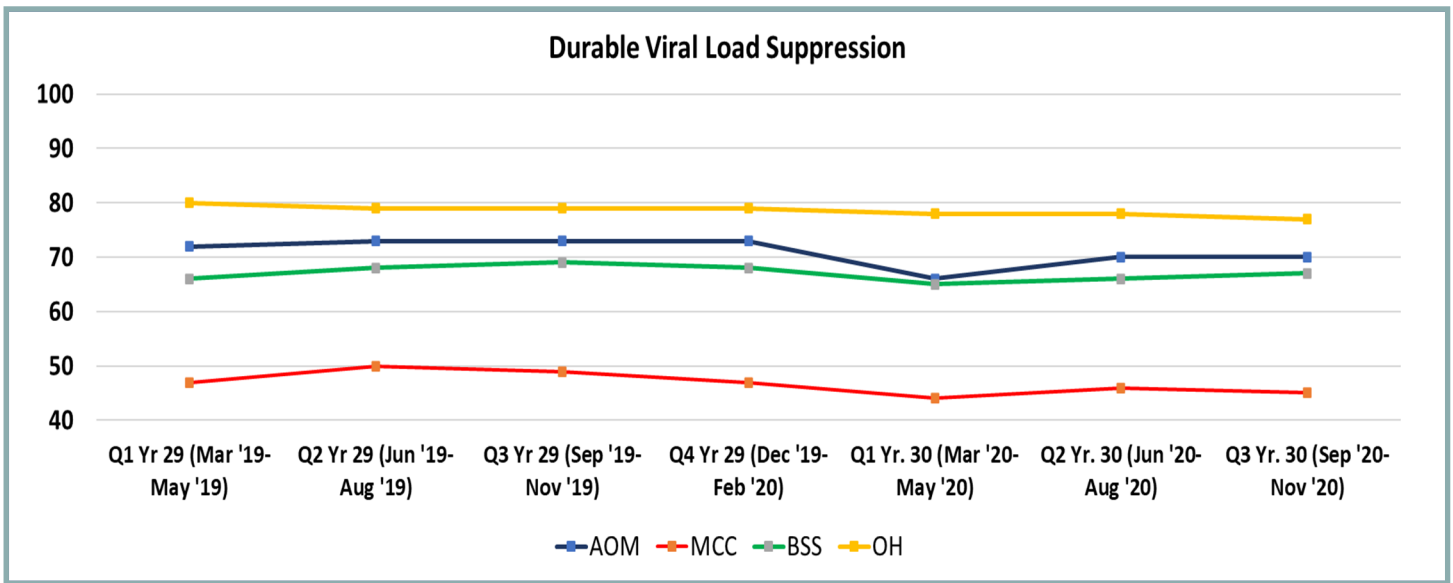
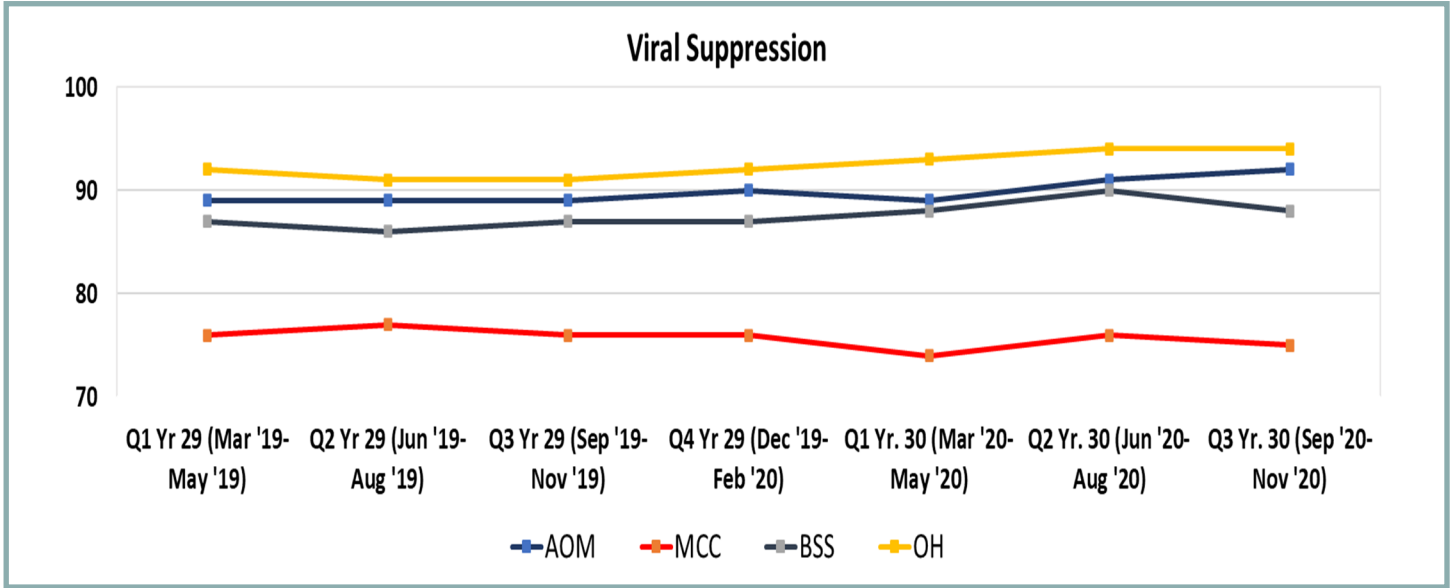
Viral Load Suppression: VL < 200 copies/ml at most recent test reported in the 12 months prior to quarters end.

Durable Viral Load Suppression: HIV VL of < 200 copies/ml at all tests in the measurement period.

Periodontal Screening/Treatment (Oral Health Only): Percentage of clients who had ≥ 1 periodontal screening or treatment in the measurement period.



CQM PROGRAM QUARTERLY PERFORMANCE MEASURES



CREATE+EQUITY QUALITY COLLABORATIVE

NOV. 2020—MAY 2022



The **Create+Equity Collaborative** is a national quality improvement initiative designed to mitigate barriers associated with the social determinants of health that are experienced by people with HIV. The focus is on improving the viral suppression of patients experiencing unstable housing, substance use, mental health issues, and barriers associated with their age. The 18-month collaborative aims to improve health outcomes and advance local quality improvement capacities. The **Create+Equity Collaborative** managed by the HRSA Ryan White HIV/AIDS Program Center for Quality Improvement & Innovation (CQII) and is supported by the HRSA HIV/AIDS Bureau.

PROJECT AIM: By July 2022, LAC MCC Program Team will increase viral load suppression by 5 percentage points from a baseline of 83% to 88% for persons with HIV experiencing homelessness, or temporarily or unstably housed at last MCC assessment.

DHSP has partnered with **AIDS Healthcare Foundation (AHF)** to form the **LAC MCC Program Team** and will be focused on eliminating disparities in viral suppression rates for Medical Care Coordination (MCC) clients experiencing housing instability and homelessness.

Mar 21 (Baseline)	May 21	Jul 21	Sept 21	Nov 21	Jan 22	Mar 22
83%	80%	83%	TBD	TBD	TBD	TBD

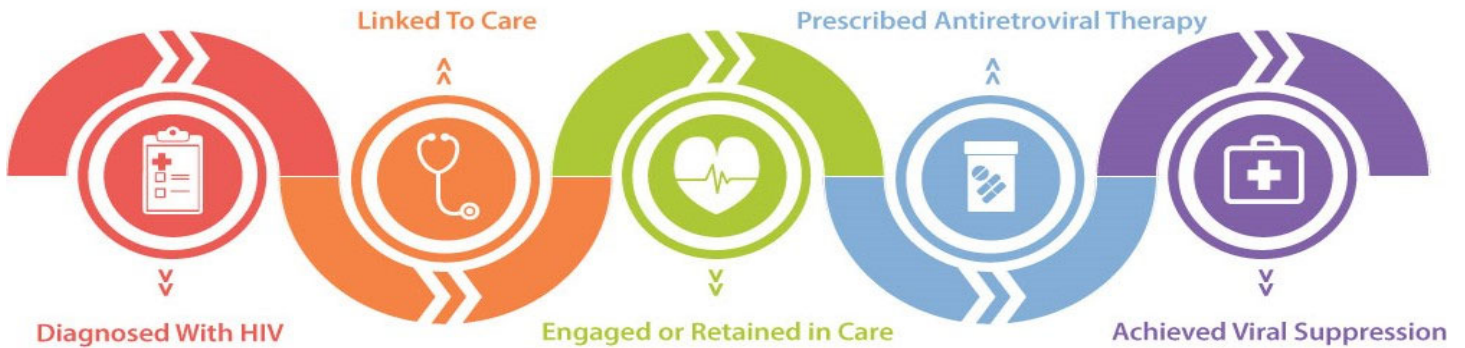
Participation benefits include:

- Improved viral suppression rates
- Alignment with HRSA HIV/AIDS Bureau clinical quality management expectations
- Access to nationally recognized content experts
- Routine access to benchmarking data on key social determinants of health barriers
- Access to evidence-informed interventions that address social determinants of health
- Strengthened partnerships with other HIV providers locally and across the country
- Increased quality improvement capacity of HIV providers and consumers

....Stay Tuned for Updates

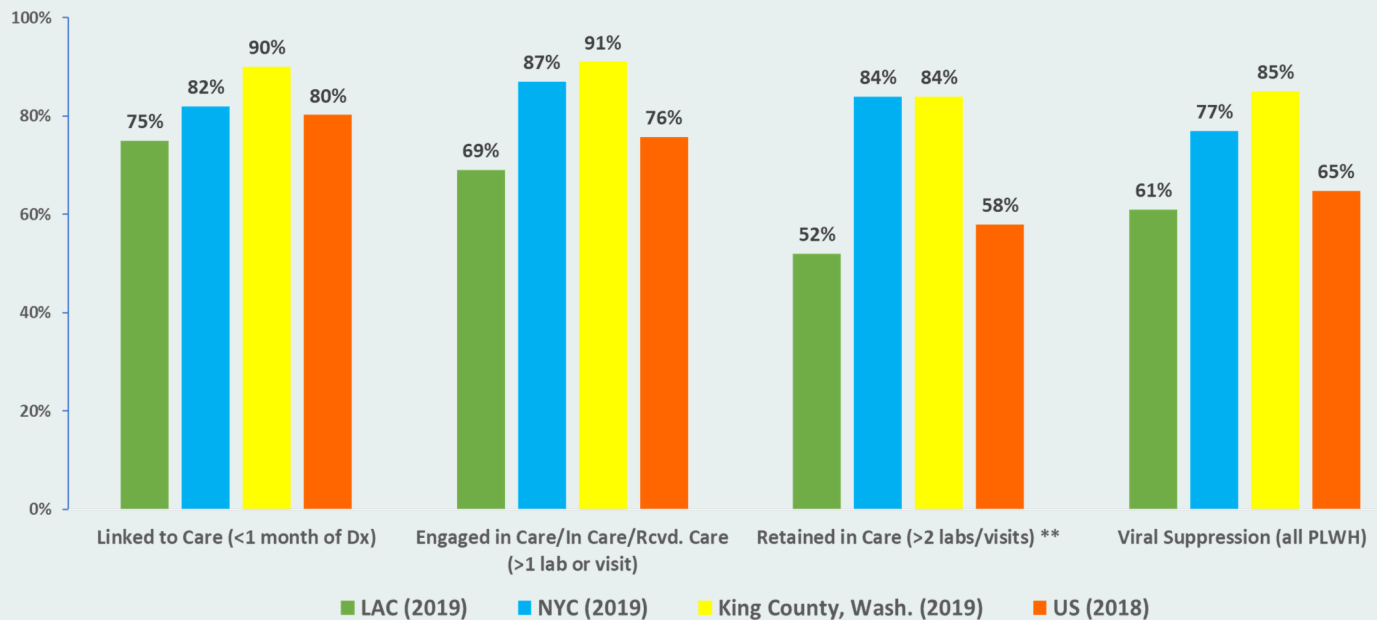
HIV CARE CONTINUUM

“The HIV care continuum is a representation of the extent to which individuals living with HIV are diagnosed, engaged in care and benefiting from antiretroviral therapy in terms of full viral suppression (undetectable lab values). The value of the continuum in managing the HIV epidemic is compelling: individuals engaged in care can manage HIV as a chronic condition and simultaneously reduce the risk of transmitting the virus to others.”
 - TargetHIV.org



Based on feedback from the Commission on HIV, the following is presented to demonstrate how the HIV epidemic in LAC varies in comparison to other jurisdictions and the US overall. While metrics vary slightly based on location, the below graph identifies the improvement opportunities and gaps in care that persist in LAC.

HIV Continuum comparing Los Angeles County (LAC) to NYC, King County, WA, and the US



Data Sources: LAC - 2019 Annual HIV Surveillance Report, US – CDC HIV Surveillance Report; Supplemental Report Vol. 25, No.2 (2018), NYC – HIV Surveillance Annual Report (2019), King County, Wash. – HIV/AIDS Epidemiology Report, 2020.

** NYC: Prescribed ART is used for retained in care metric. Defined/calculated as # of PLWH retained in care multiplied by estimated proportion of PLWH prescribed ART in prior 12 months.

GRIEVANCE MANAGEMENT PROGRAM

The DHSP Grievance Management Program aims to resolve grievances and/or quality of care issues identified at DHSP funded agencies. Grievances are received by DHSP’s Grievance Management Unit (GMU) via the warmline, referral, or through other agency oversight activities (e.g., contract monitoring) and may include grievances reported by clients, client representatives, agency or DHSP staff, community partners and other stakeholders. GMU staff work directly with the agencies to resolve the grievance through a variety of communication and investigation activities including the development of corrective actions, as appropriate. Every effort is made to resolve grievances within 60 days of receipt.





REGIONAL QUALITY UPDATES

California Regional Group - As part of CQII’s End+Disparities ECHO Collaborative, LAC RWP recipients and subrecipients demonstrated strong involvement in the collaborative designed to eliminate disparities among highly affected subpopulations: MSM of Color, Youth, Women of Color, and Transgender Persons. The Collaborative officially ended in 2019 but California participants including DHSP have continued meeting as the California Regional Group or CARG, to continue working toward the viral suppression goals established during the Collaborative. The original CARG included HIV provider agencies from the California Department of Public Health Office of AIDS as well as Los Angeles, Riverside, San Bernardino and Orange counties.

In 2020, CARG developed a plan for sustainability, inviting additional counties (Alameda, San Francisco, and San Diego) to join the fight to End the HIV Epidemic. The new plan consists of monthly zoom calls, restructuring of member roles and responsibilities, and quarterly in-person meetings to share data, successes and lessons learned. Since early 2020, participating agencies continue to submit bi-monthly viral load suppression data related to one of the following priority populations: MSM of Color, Women of Color, Women of Color 18-30 years, Youth and Persons Experiencing Homelessness (PEH).

Table 1—Viral Load Suppression Rates by CARG Priority Population

Priority Population	March 2020	Nov 2020
MSM of Color	83%	89%
Youth	25%	33%
Persons Experiencing Homelessness	76%	83%
Women of Color (all ages)	92%	91%
Women of Color (18-30 yrs.)	53%	72% (Sept. 2020)

In 2011, in keeping with National efforts to better integrate HIV and STD public health efforts, the Department of Public Health combined the HIV Epidemiology Program, the Office of AIDS Programs and Policy, and the Sexually Transmitted Disease Program to form the Division of HIV and STD Programs (DHSP). DHSP continues to work closely and collaboratively with community-based organizations, other governmental offices, advocates, and people living with HIV/AIDS as it seeks to control the spread of HIV and sexually transmitted diseases, monitor HIV/AIDS and STD morbidity and mortality, increase access to care for those in need, and eliminate HIV-related health inequalities.

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