

CLINICAL QUALITY MANAGEMENT PLAN

BOSTON EMA

FY 2025-27



**Boston Eligible Metropolitan Area
Ryan White Treatment Modernization Act Part A & MAI**

**Boston Public Health Commission
Infectious Disease Bureau
Ryan White Services**

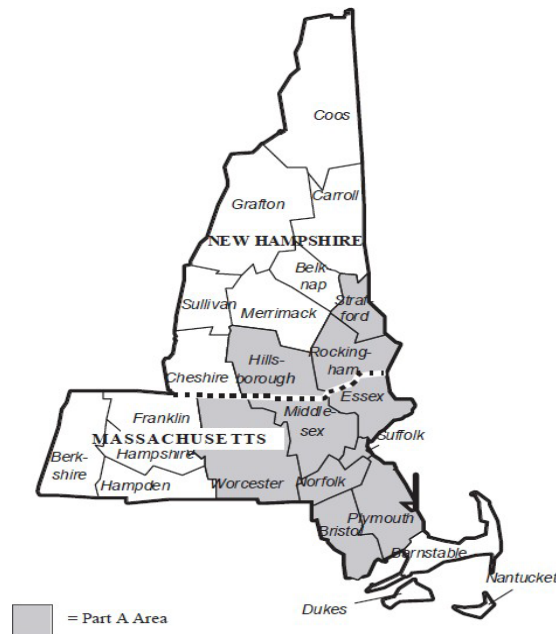
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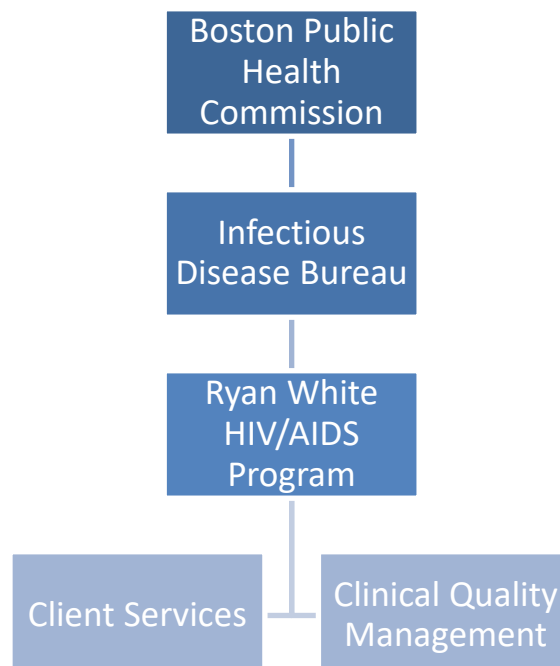
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Introduction

The Boston Eligible Metropolitan Area (EMA) consists of seven counties in Massachusetts (MA) and three in southern New Hampshire (NH). These ten counties (highlighted below) represent the Ryan White Part A service area.



The recipient of Part A funds is the Boston Public Health Commission's (BPHC) Ryan White Services Program, housed within the Infectious Disease Bureau (IDB). The Quality Management (QM) program serves to guide the efforts of the Ryan White Services team in ensuring that all subrecipients deliver high-quality HIV services.



Funding Allocation

In FY 2024, the Boston EMA was awarded \$15.1 million dollars to fund 32 subrecipient agencies, resulting in 88 individual HIV/AIDS Programs, serving a total of 5,270 clients across thirteen different service categories. In FY 24, the RW team conducted a Request for Proposal (RFP) in which (#) of subrecipients

Based on the new funding cycle Notice of Funding Opportunity ceiling amount, we do not anticipate the FY 2025 award to exceed \$15,808,987, and the service award would not exceed \$13,247,640. were selected to conduct twelve core and support service categories. In the RFP, Health Education and Risk Reduction (HERR) was removed as a funded service category in the next grant cycle.

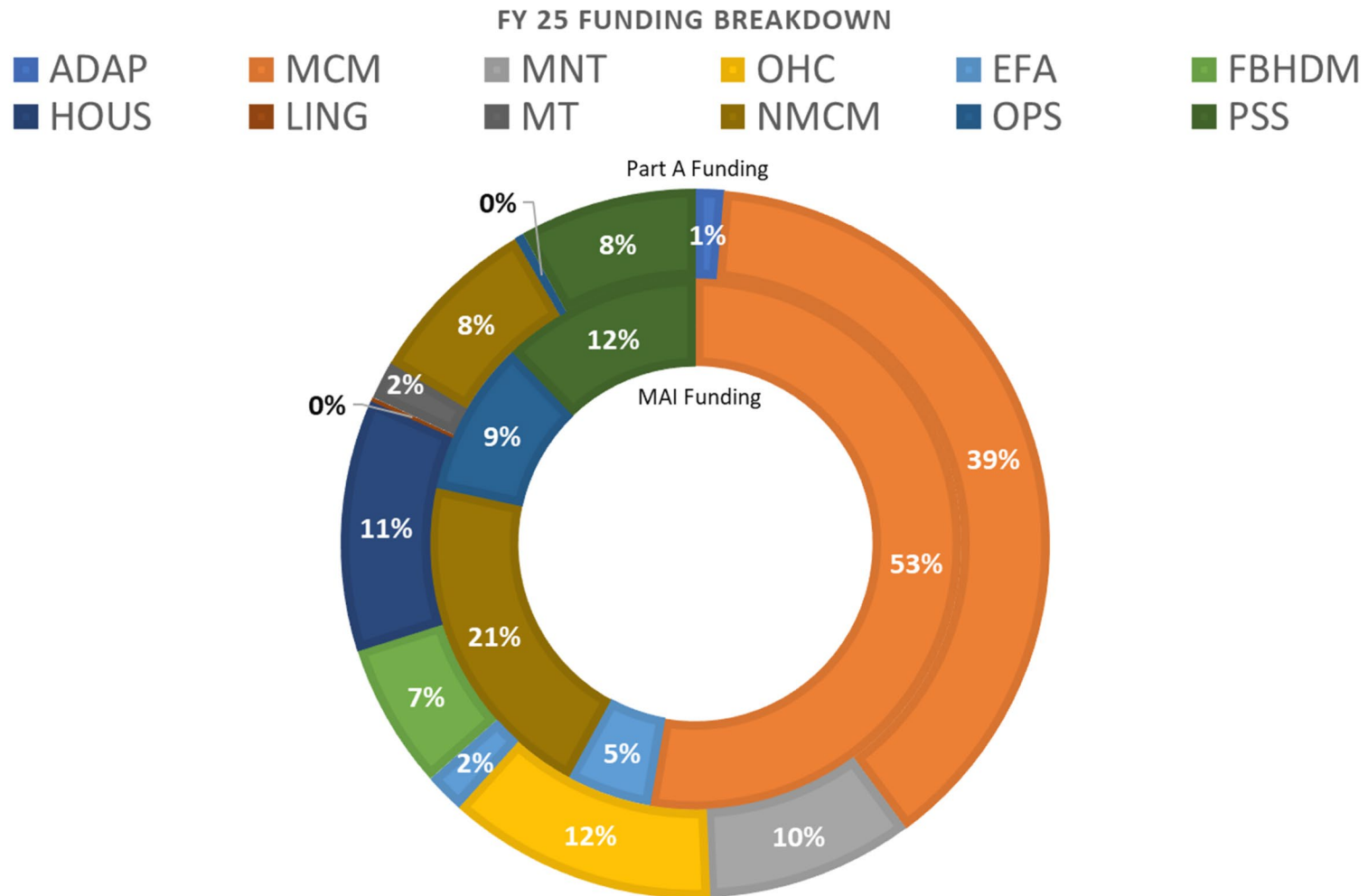
FY 2025 Ryan White Part A Funding Projections		
Funding Type	HRSA Service Category	FY 2025 Planning Council Allocation
Core	AIDS Drug Assistance Program Treatments	\$160,524
Core	Medical Case Management	\$4,724,777
Core	Medical Nutrition Therapy	\$1,164,935
Core	Oral Health Care	\$1,505,958
Support	Emergency Financial Assistance	\$221,372
Support	Food Bank/ Home Delivered Meals	\$817,664
Support	Housing	\$1,450,805
Support	Linguistics	\$23,184
Support	Medical Transportation	\$215,997
Support	Non-Medical Case Management	\$977,372
Support	Other Professional Services	\$52,921
Support	Psychosocial Support	\$986,795
Total		\$12,541,401

Minority AIDS Initiative (MAI) Services		
Core (MAI)	Medical Case Management (MAI)	\$472,807
Support (MAI)	Emergency Financial Assistance (MAI)	\$46,504
Support (MAI)	Non-Medical Case Management (MAI)	\$183,460
Support (MAI)	Psychosocial Support (MAI)	\$108,638
Support (MAI)	Other Professional Services Legal (MAI)	\$84,831
MAI Total		\$896,239

Award Total	\$13,347,640
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Last revised: March 1, 2025

Service categories and funding allocation is described in the chart below.



**Due to chart rounding, some funding is represented as 0% although there is funding associated with the service.*

Mission

The Clinical Quality Management Program (CQM) works with all subrecipients and other Ryan White stakeholders to continuously improve the care and health outcomes among People Living with HIV/AIDS (PLWH/A) in the Boston EMA, particularly around consumer care, consumer satisfaction, and health outcomes.

Vision

The CQM program will continuously strive to improve consumer care, health outcomes, and consumer satisfaction for PLWH/A throughout the Boston EMA equitably. The CQM Program will do this by utilizing all available data to understand the needs of the service population; presenting this data to stakeholders to steer QM/QI projects; enhancing QM/QI competency among subrecipients, consumers, and the community; and facilitating QI activities with our subrecipients.

Review of Clinical Quality Management Plan

The following plan was reviewed in preparation for the FY 25 – 27 grant cycle. In accordance with HRSA legislation and in collaboration with the Director of Client Services, the Quality-of-Care Committee, and the Client Services team, the CQM staff reviewed and formulated the following plan to best reflect the Boston EMA's needs and resources.

A draft was provided to the above parties for insight, revision, and agreement prior to publishing. The outlined Performance Measurement plans were created in part with a designated HRSA CQM TA staff to accurately collect and assess the success of activities at the subrecipient level. Finally, the provided goals, activities, and objectives, were designed by the RW CQM staff and the Director of Client Services. Regular review of the work plan will take place at the end of the fiscal year to ensure that the outlined activities and timelines are realistic and measurable by the end of the grant cycle.

Any questions on this plan can be made to the CQM team at cqm@bphc.org.

Components of Quality Management

The three necessary components of a successful CQM program are infrastructure, performance measurement, and quality improvement. The Boston Public Health Commission (BPHC) CQM program has developed each of these components as outlined in HRSA Policy Clarification Notice (PCN) 15-02, with the support of HRSA technical assistance, and in collaboration with the BPHC Accreditation and Quality Improvement Team. Together, these components support the overall programmatic aims and objectives, including a system to track data and progress and have built-in evaluation components for accountability. Each component is described in detail below.

Infrastructure

According to Policy Clarification Notice (PCN)-15-02, appropriate and sufficient infrastructure is needed to make a Clinical Quality Management program a successful and sustainable endeavor. There are eight elements that comprise an ideal infrastructure, each of which is described in detail below.

Leadership: The Ryan White Part A Clinical Quality Management (CQM) Program is housed within Ryan White Services (RWS), one of the four major departments within the Infectious Disease Bureau of the Boston Public Health Commission. Both the RWS Director and the Infectious Disease Bureau Director are committed to building a sound and sustainable Ryan White Part A CQM program. Furthermore, quality improvement is a priority of the Boston Public Health Commission and work has been done to align the RWSD Quality Management Plan with the Boston Public Health Commission Quality Improvement Plan.

Quality of Care (QoC) Committee: This formal committee will work with the CQM team to monitor the progress of CQM goals and objectives. The QoC committee will help guide quality management activities for the Boston EMA, review and provide feedback on quality management tools and documents, and contribute to a formal, annual evaluation of the CQM program. The committee will meet six times per year (every other month) and committee members will be composed of various stakeholders in the HIV/A community including consumers, subrecipients, and representatives from Massachusetts and New Hampshire Health Departments. Membership lasts one year, and committee members will have the option to extend membership for up to five years. The BPHC Quality Management Staff will facilitate QoC committee meetings, and meeting minutes will be made publicly available on the CQM page of the Ryan White Services website at Boston.gov.

Dedicated Staffing: Two Clinical Quality Management Senior Program Coordinators are responsible for the daily management of all QM activities and oversee the subcontracted work, monitor health outcome progress, and work to ensure that subrecipients have the tools and resources to develop their own successful quality management programs. Additionally, all Ryan White Services (RWS) staff are expected to understand the basic principles of performance measurement and quality improvement and be able to communicate that knowledge to subrecipients or community partners. In FY 24, the program successfully restructured the program to provide more specific support for the subrecipients.

Dedicated Resources: In addition to the technical assistance supplied by HRSA, CQM Staff continues to seek and attend trainings to improve quality improvement and facilitation competencies such as IHI's Educators Toolkit, BPHC's Office of Performance Improvement (OPI), and a series of process mapping through HRSA's RWHAP Center for Quality Improvement and Innovation (CQII) to continue to improve the quality management program.

- Life QI: Moreover, infrastructural resources such as Life QI, a quality improvement management tool, is utilized to guide, document, analyze, and visualize QI Projects from start to finish. Through Life QI, agencies can view their current and past projects, including those of other agencies, fostering an environment for organizational QI collaboratives.
- IHI Open School: RWHAP stakeholders in the Boston EMA also have access to the Institute for Healthcare Improvement's Open School. IHI Open School is a global QI learning community with opportunities for over 30 online courses in several healthcare improvement topic areas. In past years, Open School has been an instrumental learning platform, providing tailored, and self-paced quality improvement with training courses, made available to every stakeholder working under the Boston EMA network. As part of the CQM plan, one enrollment per agency is requested, and completion of at minimum 4 credits annually. More information is incorporated within the plan below.

In addition to QI resources, the CQM Program staff will collect and analyze data from a variety of sources and use it to write the annual utilization report and implementation plan, create the CQM Plan, and contribute to other decision-making processes within the division.

Quality Management Plan: The CQM Plan has been drafted by the CQM Program Coordinators and reviewed by the RWS Director, the Quality of Care Committee, and other members of the RWS team. Its goals and objectives shall be assessed regularly for progress and updated annually.

Consumer Involvement: The purpose of the CQM program is to improve patient care, satisfaction, and health outcomes for PLWH/A. Therefore, the involvement of those living with HIV/A is critical to programmatic success. There are consumers on the QoC Committee, and it is a priority of the CQM program to integrate consumer voices into its overall vision and goals.

Stakeholder Involvement:

- **Planning Council**: Several members of the Planning Council sit on the Clinical Quality Management Committee and the RWS CQM team is responsible for presenting utilization data each year to the planning council. Additionally, there will be a presentation given to the Planning Council each year detailing activities of the CQM Committee and CQM Program throughout that year.
- **Subrecipients**: BPHC staff is working with subrecipients to identify meaningful and useful performance measures and will provide quality improvement trainings to subrecipients based on agency-specific needs and objectives.
- **MDPH/NHDHHS**: BPHC CQM staff are working to create partnerships and collaboration opportunities with both the Massachusetts and the New Hampshire Health Departments, which receive Ryan White Part B funding. Both state agencies have seats on the BPHC CQM Committee and quality management staff plan to attend any cross-part collaborative Quality Management events hosted by New Hampshire and Massachusetts.
- **CMTP/PS Training Program**: BPHC CQM staff are working to strengthen and build a stronger relationship with the Case Management Training Program by holding monthly meetings to provide updates on challenges and successes and identify improvement areas. CQM Staff also plan on building a strategic relationship with the PS Training Program to enhance QI competencies, as part of its initiative to collaborate and strengthen processes of funded agencies of high impact across the Boston EMA and to gauge in conversation as it relates to training and quality improvement competencies for frontline workers. CMTP Coordinator holds a seat at the BPHC CQM Committee.

Evaluation: Thorough and comprehensive evaluation has been built into every component of the CQM Plan. This includes internal evaluation through the tracking of the CQM Goals and Objectives, a process and impact evaluation of the CQM committee, and soliciting evaluations from subrecipients and other stakeholders. More details on internal evaluation of the CQM program are provided below.

Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes (on an individual or population level), and patient satisfaction. According to HRSA policy, there should be a separate performance measure for each service category and highly funded service categories should have two performance measures. There are four main criteria utilized in the selection of performance measures:

- **Relevance:** Does the indicator occur frequently or have an impact on patients at the facility?
- **Measurability:** Can the indicator realistically and efficiently be measured given the facility's resources?
- **Improvability:** Can the performance rate associated with the indicator realistically be improved given the limitations of your clinical services and patient population?
- **Accuracy:** Is the indicator based on accepted guidelines or developed through formal group decision-making methods?

BPHC will continue to work with HRSA and subrecipients to identify and improve performance measures that are relevant, measurable, improvable, and accurate for each service category. A copy of performance measures can be found in Appendix B.

Data Tracking: The performance measures identified are already being tracked in e2Boston, the cloud-based electronic data system used to collect demographic and service utilization data from subrecipients. The Clinical Quality Management Program Coordinators will be responsible for extracting performance data from e2Boston and tracking trends in the data each quarter. CQM program staff will devise a system for the collection and analysis of client satisfaction surveys for client satisfaction data.

Reporting and Disseminating Results: The Clinical Quality Management Coordinators will also be responsible for compiling performance measures and summarizing them in quarterly reports that will be distributed to each subrecipient. The reports will monitor agency-specific performance as well as performance across each category. The format will be user-friendly as it will ideally be used as a means for providers to track their own progress and identify opportunities for quality improvement activities. Additional reports are released annually which summarize client demographics and client service utilization. Results from reports will additionally be shared through the BPHC website, at the planning council, and with the various other RWS stakeholders.

Quality Improvement

Quality improvement activities, aimed at improving client care, health outcomes, and client satisfaction are an integral component of an effective quality management program. The BPHC CQM Program has elected to use the Institute for Health Care Improvement (IHI) Model for Improvement as our defined Quality Improvement Methodology. This model is described below, along with our intended quality improvement activities.

IHI Model for Improvement: The model for improvement is made up of a set of fundamental questions that drive all improvement and the Plan-Do-Study-Act (PDSA) Cycle. These Fundamental Questions are:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

QI Culture Assessment: The BPHC Clinical Quality Management staff will administer a QI Culture assessment to all subrecipients annually. The purpose of this assessment is to gauge QI-related strengths and to identify opportunities for improvement.

QI Training for Subrecipients: In order to accommodate the various needs of subrecipients and levels of Quality Improvement expertise and infrastructure, BPHC Quality Management Staff plan to offer tiered opportunities for quality improvement training, ranging from basic introductory to long-term technical assistance and advanced coaching.

Service Category QI Project: Each fiscal year, BPHC Quality Management Staff plan to lead a collaborative QI project involving all subrecipients providing a particular service. The service category in which the project will be conducted will be selected by a vote of the Quality of Care Committee, informed by performance measurement and demographic data requested by the Committee. Early in each fiscal year, BPHC Quality Management Staff will survey subrecipients providing the selected service category to identify priorities and improvement opportunities and develop a collaborative project to improve consumer care, health outcomes, and/or consumer satisfaction. The BPHC Quality Management Staff and agencies involved in the project will use Life QI to collaborate and track project progress across sites. In February 2025, the Quality of Care Committee selected Housing as the service category for the FY25 QI project.

Capacity Building

Recipient

The BPHC CQM Program staff will receive technical assistance on QI as needed from HRSA's RWHAP Center for Quality Improvement and Innovation (CQII). CQII is an HRSA-funded entity that is partially comprised of QI experts who provide individualized coaching to RWHAP recipients. CQII will support CQM Program staff in creating and implementing the QI learning collaborative. Additionally, CQM Program staff will define specific QI competencies that RWS staff should meet to effectively support the administration of the RWHAP within a culture of continuous QI. CQM Program resources including IHI Open School and QI coaching will be made available to RWS staff to ensure that these competencies are met.

Subrecipients

The CQM Program staff will conduct QI trainings with agencies. Each agency will undergo a specified curriculum that supports agencies in meeting defined QI competencies, or they will otherwise show that they have received the skills and training in some other way to conduct QI projects. The CQM staff will also provide TA to subrecipients for the planning, implementation, and evaluation of their QI projects and CQM plans.

Data-Driven Activities

In submission of the FY 25 Notice of Funding Opportunity to HRSA, the CQM team reviewed the data trends for CQM activities for the next grant cycle. Upon review of the Boston EMA Planning Council Needs Assessment, state-wide data, Boston EMA data, and monitoring of funded service providers, available data trends showed an increased need for

- 1) heterosexual women,
- 2) non-US-born (NUSB) people, and
- 3) Men who have sex with men (MSM) of color.

Within each of these identified groups, the team will focus on addressing disparities in HIV care affecting women of color, trans women, refugees and new arrivals, and those 50 years of age and older. In selecting the populations, the team recognizes additional efforts and considerations are needed to connect and retain the identified groups. Currently in the EMA, the majority of the Part A clients identify as White with an exposure of MSM, which currently does not align with the known demographics of individuals newly diagnosed individuals and not engaged in Part A. In alignment with the created CQM Plan activities, this grant cycle the team is committing to a syndemic approach in addressing disparities and engaging populations into care. The Client Services team has a plan to create new education and prevention partnerships, better quantify testing in the EMA, and collaborate with established working groups to review potential barriers for why individuals in these subpopulations of focus may not yet be engaged in care. The efforts outlined to support the identification of barriers and gaps in care to increase retention during the 25 – 27 fiscal years.

Internal Program Evaluation

Clinical Quality Management Plan: The CQM staff will review the overall CQM plan, as well as focus on the goals and objectives on an annual basis, complete the process, and produce a revised plan by the beginning of the next fiscal year. Within the CQM plan, we will include lessons learned from the previous year and adjust our goals and objectives as needed. The plan will be reviewed and approved by the Quality of Care Committee, the RWS Director, and BPHC Infectious Disease Bureau leadership.

Ending the HIV Epidemic (EHE) Plan: The CQM staff will review the current year's EHE work strategies and objectives and provide a report summarizing progress made towards annual targets. This report will include lessons learned and intended next steps for the following fiscal year. The evaluation will be reviewed and approved by the BPHC Infectious Disease Bureau and Ryan White leadership.

Quality of Care Committee: The CQM program staff will evaluate their execution of the QoC committee by collecting evaluations at the end of each meeting that will survey the preparedness of the staff, the applicability of the topics, and the overall productivity of the committee. Additionally, at the end of the fiscal year, the committee will produce a report on all the activities that the QoC committee took part in throughout the year. This report will be written by the BPHC CQM staff, with participation from the committee, and will be published on the CQM website.

Agency QI projects: The CQM staff will collect data in a variety of ways to evaluate performance regarding the training of subrecipient staff in QI and providing TA for QI projects. The CQM staff use an evaluation tool to survey the subrecipients for knowledge and skills in QI at the beginning, as well as at the end of a training or project. Lastly, the CQM staff will rely on utilization and outcomes data to evaluate the success of individual QI projects. Subrecipients will be asked to produce QI storyboards at the conclusion of any QI projects.

Performance Measures: Performance measures, definitions, and indicators will be reviewed every six months. At the end of each fiscal year, the CQM team will compile a report detailing outcomes on performance measures for each subrecipient, service category, and for the EMA overall. There will be an additional report for EHE services funded for the year.

FY 2025-2027 Goals & Objectives

The goals for the Boston EMA for 2025-2027 are to incorporate Quality Improvement and Performance Measurement under two goals:

The first goal identified under QI was selected after a review of the annual QI Culture Assessment, a review of information gaps within the EMA, and feedback from the QoC Committee. The CQM Program staff summarized the goal as to 1) build the infrastructure and capacity to successfully incorporate client feedback to make informed decisions within the established funded programs in the EMA.

The second goal selected is retained from the previous CQM plan and aligns with the National HIV Strategy. The goal is to 2) increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 90% to 92% by FY 2027.

The following is a summary of the EMA goals and their corresponding objectives. A rubric of these program goals can be found in *Appendix A*.

Goal 1: Strengthen mechanisms for engaging consumers in Quality Improvement and guiding QI based on consumer input.

Objective 1: Increase the percentage of subrecipients that include clients in Ryan White QI discussions from 70 to 80% by the end of FY 27.

Objective 2: Increase engagement in the Quality of Care Committee from 6 regular attendees to 10 regular attendees by the end of FY 27.

Objective 3: Support implementation of client experience surveys to inform QI at 50% of subrecipient agencies by the end of FY 27.

Goal 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 90% to 92% by FY 2025.

Objective 1: Use the newly updated Quality of Life outcomes data to better understand barriers to viral suppression and identify improvement opportunities and service needs.

Objective 2: To increase the percentage of clients linked to care within 30 days of HIV diagnosis from 50% to 55% by FY 2026.

Objective 3: To work collaboratively with HIV stakeholders, including People Living with HIV/AIDS, to assess stigma reduction capacity and implement stigma reduction interventions at Part A-funded agencies.

Objective 4: To work collaboratively with funded agencies and HIV funding stream partners to identify the processes for quantifying HIV preventative testing.

Appendix A: FY 2025 Annual Workplan

GOAL 1: Goal 1: Strengthen mechanisms for engaging consumers in Quality Improvement and guiding QI based on consumer input.		
Objective 1: Increase the percentage of subrecipients that include clients in Ryan White QI discussions from 70% to 80% by the end of FY27.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Conduct at least one workshop, attended by staff from at least 10 subrecipient agencies, on strategies to increase meaningful client involvement in Ryan White QI discussions.	QI Coordinator	3/2025
Conduct at least one workshop, attended by at least 10 consumers, on how to get involved in Ryan White CQM as a consumer.	QI Coordinator	3/2025
Develop an accessible, introductory guide to data literacy, tailored to the needs of consumers getting involved in Ryan White CQM activities, and distribute it to 100% of subrecipient agencies.	CQM Staff	4/2025
Develop an accessible, introductory guide to QI terminology and processes, tailored to the needs of consumers getting involved in Ryan White CQM activities, and distribute it to 100% of subrecipient agencies.	CQM Staff	4/2025
Provide TA for at least 3 subrecipient agencies to adapt client involvement in QI strategies to their agency's context. QI Coordinator	QI Coordinator	6/2025
Objective 2: Increase engagement in the Quality of Care Committee from 6 regular attendees to 10 regular attendees by the end of FY27		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Create onboarding materials (FAQ, etc.) for prospective QOC committee members, in consultation with current committee members.	CQM Staff	4/2025
Reach out to three existing committee members who have not attended the three most recent meetings to assess interest in re-engagement.	QI Coordinator	6/2025
Conduct outreach to 10 agencies to recruit at least 5 new committee members, with a focus on reaching clients.	QI Coordinator	7/2025
Support at least two additional consumers to join the Quality of Care committee.	CQM Staff	8/2025
Consult with QOC committee members to identify training needs and develop at least one training in response to identified training needs.	CQM Staff	11/2025
Implement training for QOC committee members.	CQM Staff	Ongoing
Establish processes for updating the CQM plan and evaluating CQM program performance on an annual basis.	CQM Staff	1/2026
Objective 3: Support implementation of patient/client experience surveys to inform QI at 50% of subrecipient agencies by the end of FY27.		

Last revised: March 07, 2025

ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Identify which subrecipients do not currently have a patient/client experience survey.	Client Services	5/2025
Develop an HRSA-approved survey model to distribute to agencies.	QI Coordinator	5/2025
Support at least five of the identified subrecipients to adapt the model survey to their own context.	QI Coordinator	11/2025
Facilitate sharing of survey results and improvement opportunities among all subrecipients in the EMA.	CQM Staff	2/2026

Last revised: March 07, 2025

GOAL 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 90% to 92% by FY 2027.		
Objective 1: Use the newly updated Quality of Life outcomes data to better understand barriers to viral suppression and identify improvement opportunities and service needs.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Review two quarters' worth of viral suppression data with a new outcomes measure module to establish a baseline.	PM Coordinator	8/2025
Review clients who are virally unsuppressed and other subpopulations of focus demographics to identify gaps.	PM Coordinator	9/2025
Organize 2 listening sessions with clients to gain insight into data-identified gaps.	CQM Manager, PM Coordinator	9/2025 10/2025
Require all agencies to attend a CQM office hour that has a population of more than 10% that is virally unsuppressed to discuss potential areas of challenges.	CQM Manager, PM Coordinator	10/2025
Brainstorm 3 intervention strategies to reduce barriers and challenges to viral suppression based on client and agency feedback.	PM Coordinator	11/2025
Establish a new monitoring process for viral suppression and quality of life outcomes.	CQM Staff	12/2025
Meet with agencies to review data post-intervention and establish workflows for improvement for FY 26.	CQM Staff	1/2026
Collaborate with agencies to pilot one strategy for 3 months.	PM Coordinator	2/2026
Objective 2: To increase the percentage of clients linked to care within 30 days of HIV diagnosis from 50% to 55% by FY 2026.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Create Linkage to Care 101 to define linkage to care across funding streams for funded providers.	PM Coordinator	3/2025
Hold Office Hours to ensure that agencies are entering data in the correct timeframe for linkage to care.	PM Coordinator	5/2025
Establish a quarterly meeting with Part B Stakeholders to review Linkage to Care data.	CQM Staff	6/2025
Objective 3: To work collaboratively with HIV stakeholders, including People Living with HIV/AIDS, to assess stigma reduction capacity and implement stigma reduction interventions at Part A-funded agencies.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Identify what areas of stigma to measure/discuss/address	CQM Manager, PM Coordinator	6/2025
Collect stigma reduction data from subrecipients using section 4 of Stigma Reduction Kit	PM Coordinator	7/25

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Identify stakeholders and strategic partners for collaborations	CQM Coordinators	7/25
Use the results of the Stigma Reduction Committee's landscape analysis to identify and outline 2 stigma reduction interventions tailored to the needs of our subrecipient agencies.	CQM Staff	10/25
Objective 4: To work collaboratively with funded agencies and HIV funding stream partners to identify the processes for quantifying HIV preventative testing.		
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Gather introductory information on funding stream partners process for screening and testing	PM Coordinator	9/2025
Review BPHC capacity to collect HIV prevention methods from the agencies	PM Coordinator	10/2025
Using the review and data to create a plan for Rapid Start/systemic approach	CQM Staff	1/26
Quarterly data request to contracted agencies	PM Coordinator	6/25, 9/25,12/25,2/26

Appendix B: FY 2025 Performance Measurement Plan

Performance Measure	FY24 Descriptive Statistics (All Clients Served)	FY25 Target %	FY27 Target %	Numerator Definition	Denominator Definition	Frequency of Data Collection	Service Category	Data Source
HAART Adherence	93.36% (1315/1405)	94%	95%	# of clients in the denominator who reported "Fair4/Good" (1-2 missed doses/week) or "5(0 missed doses/week) adherence to HIV-related medical therapies	# of clients who utilized a Part A service and have outcomes submitted within the measurement period.	Quarterly	Medical Case Management	e2Boston: Outcomes Measure Distribution Report
Viral Suppression	92.59% (2077/2243)	92%	93%	# of clients in the denominator whose most recently reported HIV viral load is less than 200 copies.	# of clients who utilized a Part A service and have outcomes submitted within the measurement period.	Quarterly	Medical Case Management, Oral Health	e2Boston: Outcomes Measure Distribution Report
Percentage of Supported Referrals	20.74% (1086/5236)	33%	35%	# of clients actively connected to any necessary HIV-related or supportive service by the Non-Medical Case Manager.	# of clients who utilized a Part A service within the measurement period.	Quarterly	Non-Medical Case Management	e2Boston: Utilization Summary Report
Prescribed HIV/AIDS Antiretroviral Therapy (Care Engaged Only)	88.37% (3697/4160)	85%	90%	# of clients, in the denominator, prescribed HIV antiretroviral therapy during the 12-month measurement year or	# of clients who were Care Engaged and have at least one medical visit in the 12-month measurement year or	Quarterly	Non-Medical Case Management	e2Boston: HAB Measures Report

				the measurement period.	the measurement period.			
Gaps in Medical Visits	8.17% (241/2948)	7%	5%	# of clients in the denominator whose last reported HIV medical visit was more than six months ago.	# of clients who utilized a Part A service and have outcomes submitted within the measurement period.	Quarterly	Foodbank/Home-Delivered Meals	e2Boston: Outcomes Measure Distribution Report
HIV Care Continuum for Newly Diagnosed Clients								
Newly Diagnosed Clients	3.58% (187/5219)	N/A	N/A	# of clients from the denominator with the diagnostic date falling within the 12-month measurement period.	Total # of diagnosed clients who have been served during 12-month period, starting with the "End Date".	Biannually	All	e2Boston: HAB Measures Report
Linkage to HIV Medical Care (30 days)	52.41% (98/187)	60.00%	80.00%	# of newly diagnosed clients from the denominator who have been linked to care within 30 days.	# of clients who have been identified as a Newly Diagnosed client.	Biannually	All	e2Boston: HAB Measures Report
Linkage to HIV Medical Care (90 days)	73.80% (138/187)	75.00%	95.00%	# of newly diagnosed clients from the denominator who have been linked to care within 90 days.	# of clients who have been identified as Newly Diagnosed clients.	Biannually	All	e2Boston: HAB Measures Report
Annual Retention in Care	21.93% (41/187)	25.00%	35.00%	# of Newly Diagnosed clients who had at least two viral load tests, CD4 tests, or Medical Dates at least 3 months apart within 12 months of diagnosis.	# of clients who have been identified as Newly Diagnosed clients.	Biannually	All	e2Boston: HAB Measures Report

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Viral Suppression	64.17% (120/187)	65.00%	70.00%	# of clients from the denominator who had most recent viral load test result as <200 copies/mL or "Undetectable"	# of clients who have been identified as Newly Diagnosed clients.	Biannually	All	e2Boston: HAB Measures Report
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