

**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**

*FY 26 Amendment created March 2026*

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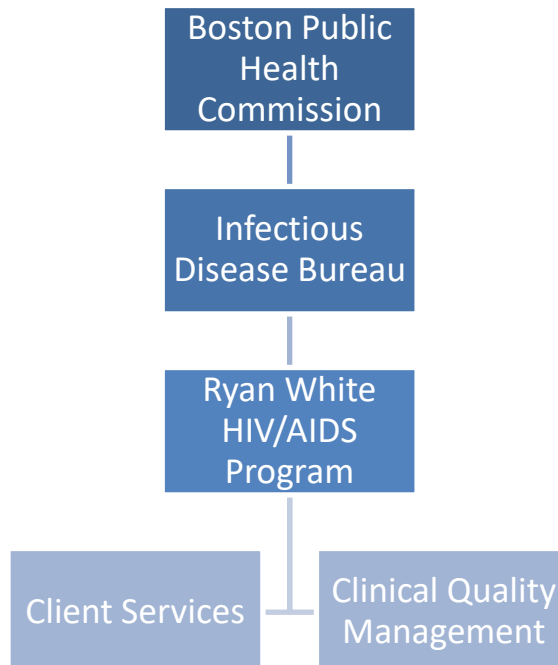
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## Introduction

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**

The Clinical Quality Management team aims to improve quality of care and health outcomes through measurable and sustainable activities within the Boston EMA’s funded services. Please see current distribution below.

**Part A**

Service Category	Number of Subrecipients Funded
<i>Core Services</i>	
AIDS Drug Assistance Program <sup>1</sup> (ADAP)	2
Medical Case Management (MCM)	15
Medical Nutrition Therapy (MNT)	1
Oral Health Care (OHC)	1
<i>Support Services</i>	
Emergency Financial Assistance (EFA)	8
Foodbank Home-delivered Meals (FBHDM)	5
Housing (HOUS)	6
Medical Transportation (MT)	16
Non-Medical Case Management (NMCM)	6
Psychosocial Support Services (PSS)	10

1. The Massachusetts ADAP program has been renamed to the HIV Drug Assistance Program, and in subsequent CQM document may be labeled as H/ADAP and is used synonymously.

**MAI**

Service Category	Number of Subrecipients Funded
<i>Core Services</i>	
Medical Case Management (MCM)	2
<i>Support Services</i>	
Non-Medical Case Management (NMCM)	2
Other Professional Services Legal (OPS)	1
Psychosocial Support Services (PSS)	3

## **Mission**

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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**

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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**

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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 goals, activities, and objectives provided 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.

### **FY 25 Review:**

The following amendment was updated in March 2026. The CQM team has observed stability in infrastructure and staffing, which supports the overall mission and vision of the Program. Several new methods of data collection were implemented to support both of the outlined goals. The CQM team also identified that revising items in E2Boston supports both the Committee activities, as well as respective projects in QI and PM. The team makes a recommendation to incorporate a regular review of the CQM Plan in the Quality of Care Committee and CQM team meetings to ensure alignment and minimize scope creep of outlined activities. Additionally, the CQM team participated in another round of Technical Assistance from HRSA to support additional capacity building to better serve the subrecipients in the EMA. While some of the action steps were not addressed in FY 25, the Workplan and Performance Measurement Plan have been updated to reflect more realistic and measurable items applicable to our EMA. See respective sections for additional summaries.

Any questions on this plan can be made to the CQM team at [cqm@bphc.org](mailto:cqm@bphc.org).

## Components of Quality Management

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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**

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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 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 HIV/STI Division 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 RWS Quality Management Plan with the Boston Public Health Commission's key initiatives.

**Quality of Care (QoC) Committee:** This formal committee is the HRSA-mandated CQM committee made up of subrecipients, which works 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 include various stakeholders in the HIV/A community, including consumers, subrecipients, and representatives from Massachusetts and New Hampshire Health Departments. Membership terms lasts two years, and committee members will have the option to extend membership for up to six 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:** One Senior Program Manager and two Clinical Quality Management Senior Program Coordinators, in addition to the support provided by leadership above, 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/Open School, 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.

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 a minimum 4 credits annually.

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.

**CQM Progress Reports:** HRSA recommends that the CQM program implement structured quarterly reporting from subrecipients to identify their Progress in CQM activities. The report template is in Excel and will be sent via email to subrecipients. There are fields to report on the stages of either an individually identified QI Project or the required Service Category project, as well as spaces to provide narratives on all pillars of CQM.

**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. CMTF Coordinator holds a seat at the BPHC QOC 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**

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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 the 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. Additional quantitative and qualitative metrics will be reported by Subrecipients quarterly in the CQM Progress Reports. See above.

**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**

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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. Results from the assessment drive Quality of Care and Workplan activities.

**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 plans to lead a collaborative QI project involving all subrecipients providing a particular service. The service category and applicable performance measure 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. Subrecipients funded for the service category must participate and create a project around the identified performance measure, and report on it quarterly through the Progress Reports.

## Capacity Building

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### 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

For FY 25 and 26, Subrecipients will also be required to complete credits in IHI while the CQM team has additional capacity building with CQII. In FY 26 and 27, the CQM Program staff will conduct QI trainings with agencies. Based on areas identified through the Culture Assessment and Data Display, a member of the CQM team will conduct training or review specific QM Competencies, as well as support their development, implementation, and evaluation of surveys, projects, and CQM plans.

## Data-Driven Activities

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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 the following Data-Identified Cohorts in the EMA (DICE):

- 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 support in identifying 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 that unique 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 to MSM, which currently does not align with the known demographics of individuals newly diagnosed 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

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**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 each 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.

**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, through the prepared Data Displays.

## FY 2025-2027 Goals & Objectives

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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

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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 2026 Annual Workplan

FY 25 Review: The CQM team reviewed the previously created Workplan to review the progress made thus far in the grant cycle. Due to the TA intensive focusing on QI capacity building, many items of Goal 2, which focuses more on Performance Measurement, were not accomplished. In revising key CQM infrastructure components, the team had additional pathways for engagement with Subrecipients that sought feedback on necessary areas of CQM involvement. The team will make intentional efforts to connect more frequently with Subrecipients and Clients to drive the activities in the plan. Action steps have been reviewed to have more of a step-wise approach to achieving the objectives. The outlined activities have incorporated these lessons learned in a realistic and sustainable manner.

<b>GOAL 1: Strengthen mechanisms for engaging consumers in Quality Improvement and guiding QI based on consumer input.</b>		
<b>Objective 1: Increase the percentage of subrecipients that include clients in Ryan White QI discussions from 70% to 80% by the end of FY27.</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
Through the culture assessment, identify subrecipients who have an interest/need to adapt client feedback mechanisms and receive more actionable input from clients.	QI Coordinator	5/2026
Within the first 6 months of the fiscal year, conduct 1 Health Literacy and Numeracy Workshop in collaboration with the Case Management Training Program and Talk Shops to increase the capacity of subrecipient staff to support meaningful client involvement in RW CQM discussions.	CQM Team	9/2026
Compile Health Literacy and Numeracy trainings, CQM Abbreviations, and Description of CQM Pillars into an accessible introductory guidebook and distribute to 100% of the Subrecipients.	CQM Team	9/2026
Pilot a second Health Literacy and Numeracy workshop to 3 Consumer Advisory Boards in the EMA.	CQM Team	10/2026
Collect feedback on trainings and materials by evaluating them in the monthly monitoring call and QoC.	Contract Managers, CQM PCs	11/2026
Connect with subrecipients post-pilot to determine whether materials support client engagement and identify areas for improvement.	QI Coordinator	!2/2026
Make a work plan to provide capacity-building TA to identified subrecipients.	QI Coordinator	1/2027
<b>Objective 2: Increase engagement in the Quality of Care Committee from 6 regular attendees to 10 regular attendees by the end of FY27</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
After the first QoC meeting, staff will create newsletter templates to leverage automated reminders to QoC committee.	CQM Team	4/2026
For even months (in between QoC meetings), staff will identify 2 Office Hours where members can review presentation materials and clarify details. Office hour schedule to be distributed during the next QoC Meeting.	QI Coordinator	5/2026
Pilot a new recruitment method to engage additional Subrecipient staff who may identify as PWLE/H/A, or Clients. Pilot: Request 1-2 staff from each subrecipient to join the committee and join CABs to discuss the intent of QoC directly with clients.	QI Coordinator, CQM Manager	8/2026
Within 6 months of the fiscal year, host secondary orientation for any newly recruited members and optional	QI Coordinator	9/2026

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refreshers for returning members.		
Support at least two additional consumers to join the Quality of Care Committee.	CQM Team	1/2027
<b>Objective 3: Support implementation of patient/client experience surveys to inform QI at 50% of subrecipient agencies by the end of FY27.</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
Identify which subrecipients do not currently have a patient/client experience survey through the Culture Assessment Data.	QI Coordinator	5/2026
Compile themes and standard questions of client experience surveys as a resource bank to support Subrecipients.	QI Coordinator	8/2026
Support at least five of the identified subrecipients to adapt their survey through TA sessions.	QI Coordinator	11/2025

<b>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.</b>		
<b>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.</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
Using the monitoring process established in FY 25, continue to review viral suppression data and quality of life outcomes.	PM Coordinator	8/2026
Within the first 6 months of the fiscal year, conduct 1 Health Literacy and Numeracy Workshop in collaboration with the Case Management Training Program and Talk Shops to increase the capacity of meaningful client involvement in Ryan White CQM discussions.	CQM Team	9/2026
Review 2 quarters of Data-Identified Cohorts of the EMA (DICE) data and BPHC CHNA comorbidity review	PM Coordinator	10/2026
Begin review of the complete data set for data-identified gaps.	PM Coordinator	11/2026
Host a second DICE Info Session describing the FY 26 data and additional metrics reviewed.	PM Coordinator	1/2027
Identify subrecipients who have had a +/- 5% change in outcomes reporting for the first 3 quarters and meet to discuss intervention strategies.	PM Coordinator, CQM Manager	2/2027
<b>Objective 2: To increase the percentage of clients linked to care within 30 days of HIV diagnosis from 50% to 55% by FY 2026.</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
Create Linkage to Care 101 to define linkage to care across funding streams for funded providers.	PM Coordinator	5/2026
Create a new Performance Measurement Guide for Linkage to Care (7 days) and distribute to 100% of the Subrecipients.	PM Coordinator	5/2026
Hold Office Hours to ensure that agencies are entering data in the correct timeframe for linkage to care.	PM Coordinator/ CQM Team	2/2027
Pull data biannually to review updates to LtC.	PM Coordinator	2/2027
<b>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.</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
Identify what areas of stigma to measure/discuss/address	CQM Team	9/2026
Collect stigma reduction data from subrecipients using section 4 of Stigma Reduction Kit	CQM Manager, QI	11/2026

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	Coordinator	
Identify stakeholders and strategic partners for collaborations	CQM Manager	12/2026
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 Manager	1/2027
Identify 2 subrecipients to pilot the outlined stigma reduction interventions.	CQM Manager	2/2027
<b>Objective 4: To work collaboratively with funded agencies and HIV funding stream partners to identify the processes for quantifying HIV preventative testing.</b>		
<b>ACTION STEPS</b>	<b>RESPONSIBLE PARTY</b>	<b>DEADLINE</b>
Connect with the Subrecipient’s contract management team to identify which funded partners currently provide preventive and confirmatory HIV testing.	CQM Manager, Contract Managers	5/2026
Review EHE’s Rapid Start RFP and participate in the RFP panel.	PM Coordinator	6/2026
After subrecipients are selected through the RFP process, the PM Coordinator will engage with staff to review their testing infrastructure and data collection methods.	PM Coordinator	TBD
Connect with HIV/STI Leadership to create a workflow that outlines the potential syndemic areas between Division Grants.	PM Coordinator	TBD

## Appendix B: FY 2026 Performance Measurement Plan

FY 25: After further collaboration with RDE developers, the EHE team, and the Ryan White Dental Program, the CQM team has identified a need to review and revise the selected performance measures. This was prompted in FY 24 after an HRSA TA on PM, however at the time, the team deemed it did not have the capacity to update the measures. In FY 25, all definitions, numerators, and denominators were reviewed to be more representative of the practices and barriers of the Boston EMA. The intent of the revision is to have a more accurate sense of the HIV Care Continuum in the EMA. In FY 26, the E2Boston system will be updated to reflect these changes.

### Newly Diagnosed Care Continuum Measures

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %	Frequency of Data Collection	Service Category	Report
<b>Newly Diagnosed Clients</b>	Clients with an HIV diagnostic date falling within the fiscal year.	3.58%	2.72%	<i>N/A</i>	<i>N/A</i>	Biannually	All	e2Boston: HAB Measures Report
		187/5219	142/5219	-	-			
<b>Linkage to HIV Medical Care (7 days)</b>	Newly diagnosed clients who have been linked to HIV medical care within 7 days.	<i>N/A</i>	16.20%	20%	30%	Biannually	All	e2Boston: HAB Measures Report
			23/142	-	-			
<b>Linkage to HIV Medical Care (30 days)</b>	Newly diagnosed clients who have been linked to HIV medical care within 30 days.	52.41%	26.06%	60%	80%	Biannually	All	e2Boston: HAB Measures Report
		98/187	37/142	-	-			
<b>Linkage to HIV Medical Care (90 days)</b>	Newly diagnosed clients who have been linked to HIV medical care within 90 days.	73.80%	31.69%	75%	95%	Biannually	All	e2Boston: HAB Measures Report
		138/187	45/142	-	-			
<b>Annual Retention in Care</b>	Measurement of consistent client engagement with their HIV medical care.	21.93%	7.75%	25%	35%	Biannually	All	e2Boston: HAB Measures Report
		41/187	11/142	-	-			

**Core Measures** *(all services)*

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %	Frequency of Data Collection	Service Category	Report
<b>Prescribed HIV/AIDS Antiretroviral Therapy (HAART)</b> <i>(Care Engaged Only)</i>	Percentage of care-engaged clients, regardless of age, with a prescribed diagnosis of HIV antiretroviral therapy for the treatment of HIV infection during the measurement year	88.37%	77.56%	89%	90%	Quarterly	All	e2Boston: HAB Measures Report
		3697/4160	401/517					
<b>Medical Visit Frequency</b>	Percentage of clients, regardless of age, with a diagnosis of HIV, who had at least one medical visit in each 12-month period of the 24-month measurement period with a minimum of 180 days between medical visits	20.22%	19.76%	20%	30%	Quarterly	Medical Case Management	e2Boston: HAB Measures Report
		54/267	66/334	-	-			
<b>Gaps in Case Management</b>	Case management clients, regardless of age, with a diagnosis of HIV who did not have a documented medical visit in the last 6 months of the measurement year	<i>N/A</i>	26.06%	TBD	TBD	Quarterly	Medical & Non-Medical Case Management	e2Boston: Outcomes Measure Distribution Report
		<i>N/A</i>	<i>N/A</i>	TBD	TBD			
<b>Percentage of Supported Referrals</b>	Percent of clients who are connected to Medical or Non-Medical Case Management who utilize that subservice in the measurement period.	20.743%	29.6%	27%	35%	Quarterly	Medical & Non-Medical Case Management	e2Boston: Utilization Summary Report
		1086/5236	242/815	-	-			
<b>HAART Adherence</b>	Medical Case Management clients with submitted Quality of Life outcomes, who	93.36%	95.72%	94%	95%	Quarterly	Medical Case Management	e2Boston: Outcomes Measure Distribution Report

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	reported 0-2 missed doses in a week within the measurement period.	1315/1405	-	-	-			
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**Quality of Life (QoL) Outcomes Measures**

These outcomes will only be visible for those funded for the FoodBank Home-Delivered Meals and Housing services.

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %	Frequency of Data Collection	Service Category	Report
<b>Housing Safety and Stability</b>	Housing clients with submitted Quality-of-Life Outcomes who are facing housing insecurity or safety concerns.	N/A	19.78%	10%	5%	Quarterly	Housing	e2Boston: Outcomes Measure Distribution Report
			18/91					
<b>Food Accessibility and Affordability</b>	FBHDM clients with submitted Quality-of-Life Outcomes that are facing food insecurity.	N/A	4.28%	4%	5%	Quarterly	Foodbank-Home Delivered Meals	e2Boston: Outcomes Measure Distribution Report
		-	-	-	-			

**Oral Health Care (OHC) Measures**

These outcomes will only be visible for those funded for the OHC service.

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %	Frequency of Data Collection	Service Category	Report
<b>Oral Health Care: Linkage to Care</b>	The percentage of new Oral Health clients who are linked to care during first 120 days.	N/A	TBD	TBD	TBD	Quarterly	Oral Health Care	e2Boston: HAB Measures Report
		-	-	-	-			
<b>Oral Health Care: Dental Treatment Plan</b>	OHC Clients who had a treatment plan developed/updated under OHC Treatment Committed Subservice within the fiscal year.	N/A	TBD	TBD	TBD	Quarterly	Oral Health Care	e2Boston: HAB Measures Report
		-	-	-	-			

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## Amendment