

Miami-Dade Ryan White Program Clinical Quality Management Progress in 2025

Prepared for
Subrecipient Forum, April 22, 2026

Prepared by
Behavioral Science Research Corporation

Clinical Quality Management PCN #15-02

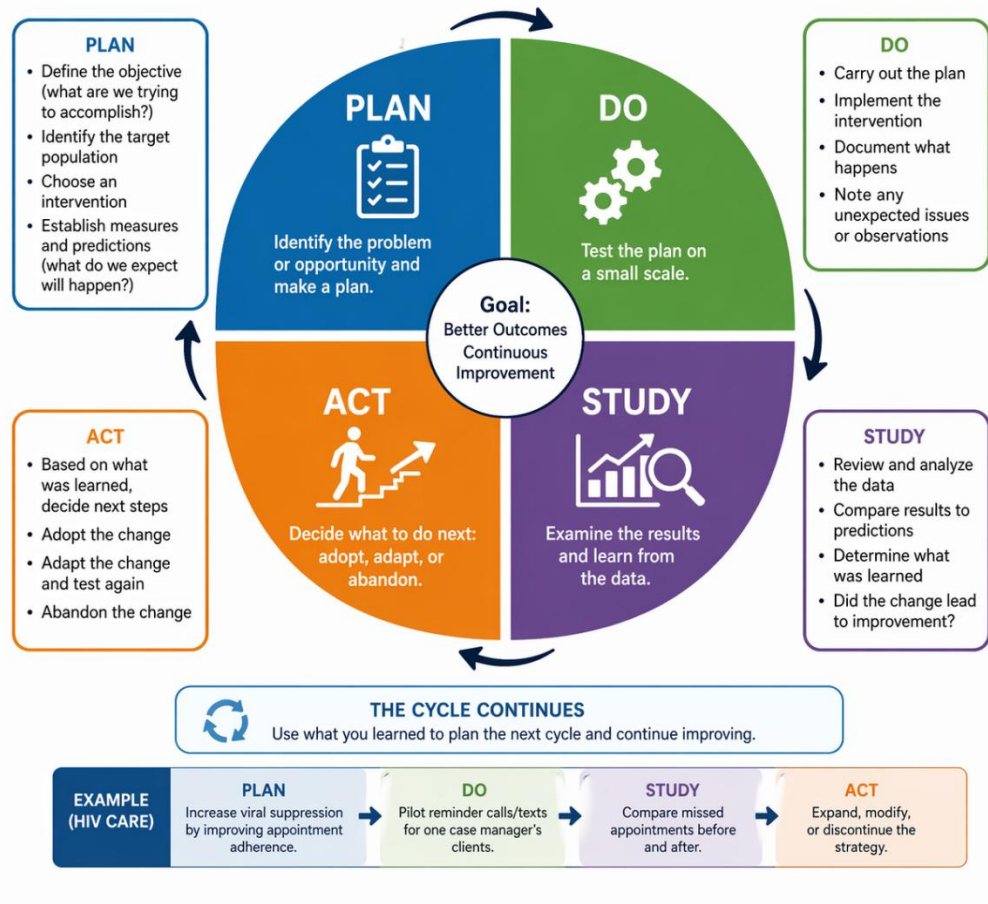
- RWHAP Parts A – D are required to establish CQM programs to assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines.
- RWHAP CQM programs are the coordination of activities aimed at improving **patient care, health outcomes, and patient satisfaction.**
- CQM programs require:
 - Specific service delivery **aims based in health outcomes;**
 - Support by **identified leadership** at Recipient and Subrecipient levels;
 - **Accountability** for CQM activities;
 - **Dedicated resources;** and
 - **Use of data and measurable outcomes to determine progress** and make improvements to achieve the aims cited above.
- **CQM activities should be continuous** and fit within and support the framework of grant functions.

CQM Vision and Process

- CQM vision -- The Miami-Dade County Ryan White CQM program seeks to **align every aspect of client care**, by every person delivering this care at every level of client contact, at every subrecipient agency and service site, to the single goal of **constantly improving the service experience and the ultimate client health outcomes for every person we serve.**
- We do this through established processes of clinical quality improvement, using client data precisely and creatively to identify problems in service delivery to vulnerable populations, isolate areas that are most amenable to change, assist subrecipients in conducting QI projects to identify changes that can move from small QI experiments to agency-wide implementation, teaching each other and learning from each other in a culture of client-centered care.

PDSA CYCLE

A Continuous Process for Improvement



How the PDSA process works in practice ...

PLAN –

- Subrecipient identifies a potential *service delivery problem*
- Subrecipient specifies what it *“aims to achieve”* through quality improvement
- Subrecipient drills down in its data, looking at client groups, barriers to success or service site differences to *establish the likely root cause of the problem*
- Subrecipient identifies an *Evidence-Based Intervention (EBI)* to address the root cause and potentially provide services in a new, improved way

DO –

- Subrecipient *implements the EBI* and tracks ongoing progress in providing services in a new, improved way

STUDY –

- Subrecipient *evaluates the impact of the EBI* on reducing the service problem
- If necessary, the EBI is modified and the PDSA cycle is repeated

ACT –

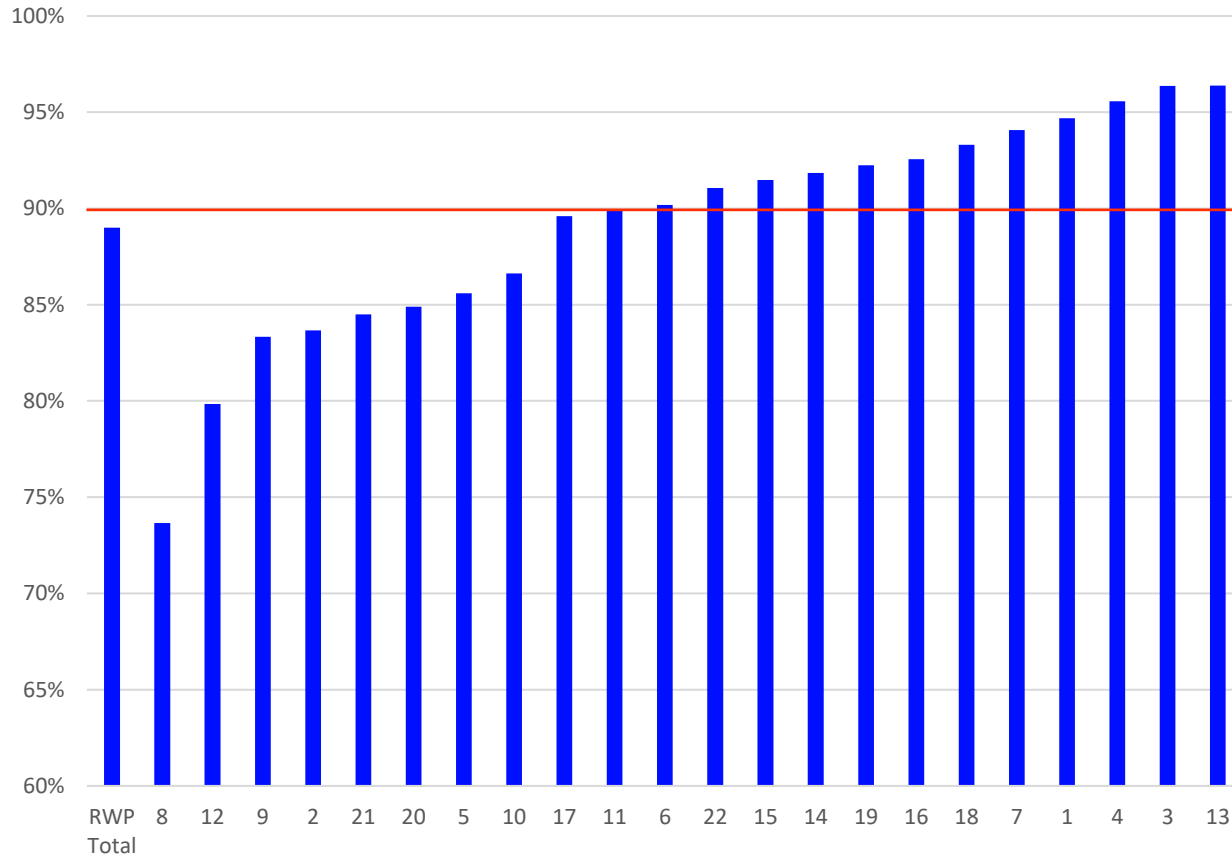
- Subrecipient *abandons* the EBI if it is unworkable, *adapts* it if necessary to align with special needs of clients or lessons learned, and/or *adopts* it as a best service practice moving forward

Individual incremental improvements yield program-wide progress

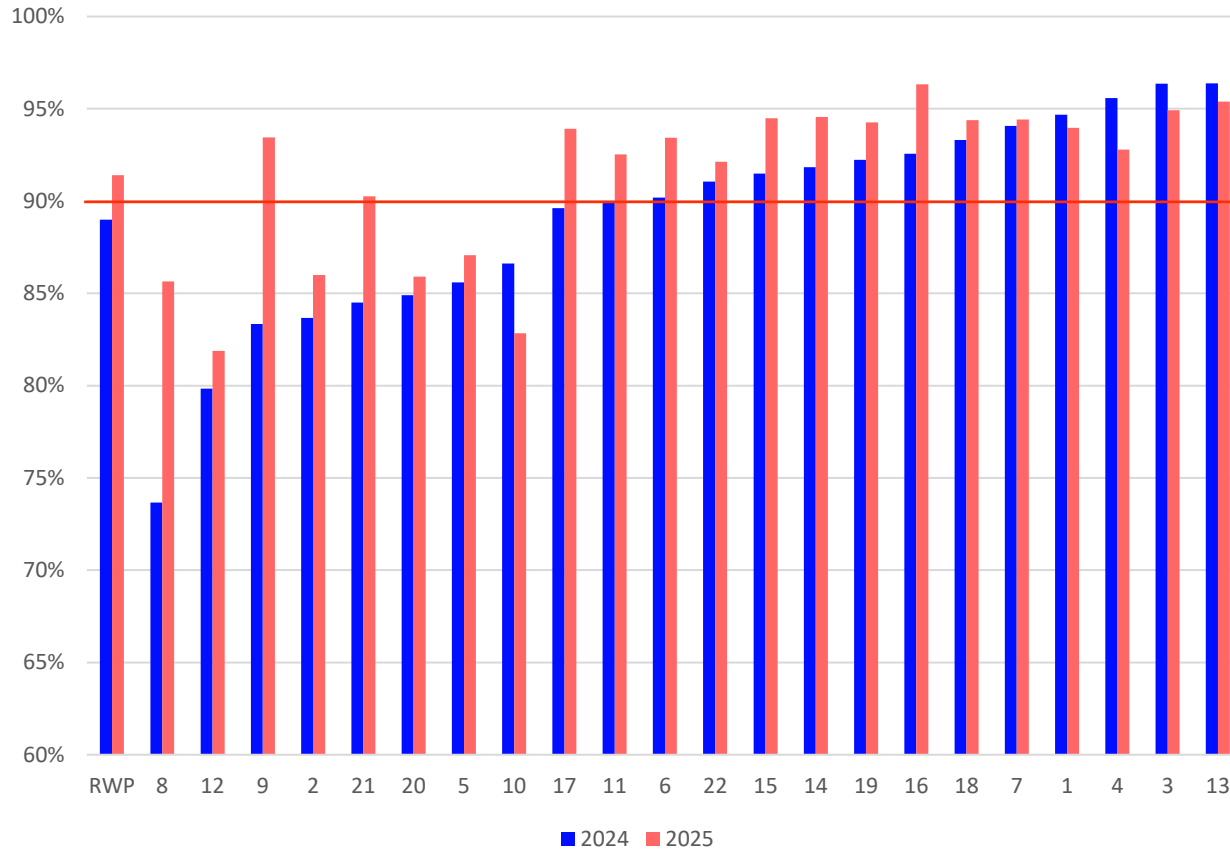
Miami-Dade Ryan White Program Client Outcome Totals FY 2024 – FY 2025

	2024	2025
OAHS clients		
• VL Suppression	91.6%	93.2%
• Retention in Medical Care	90.6%	91.2%
MCM clients		
• VL Suppression	92.1%	94.5%
• Retention in Medical Care	89.0%	91.4%

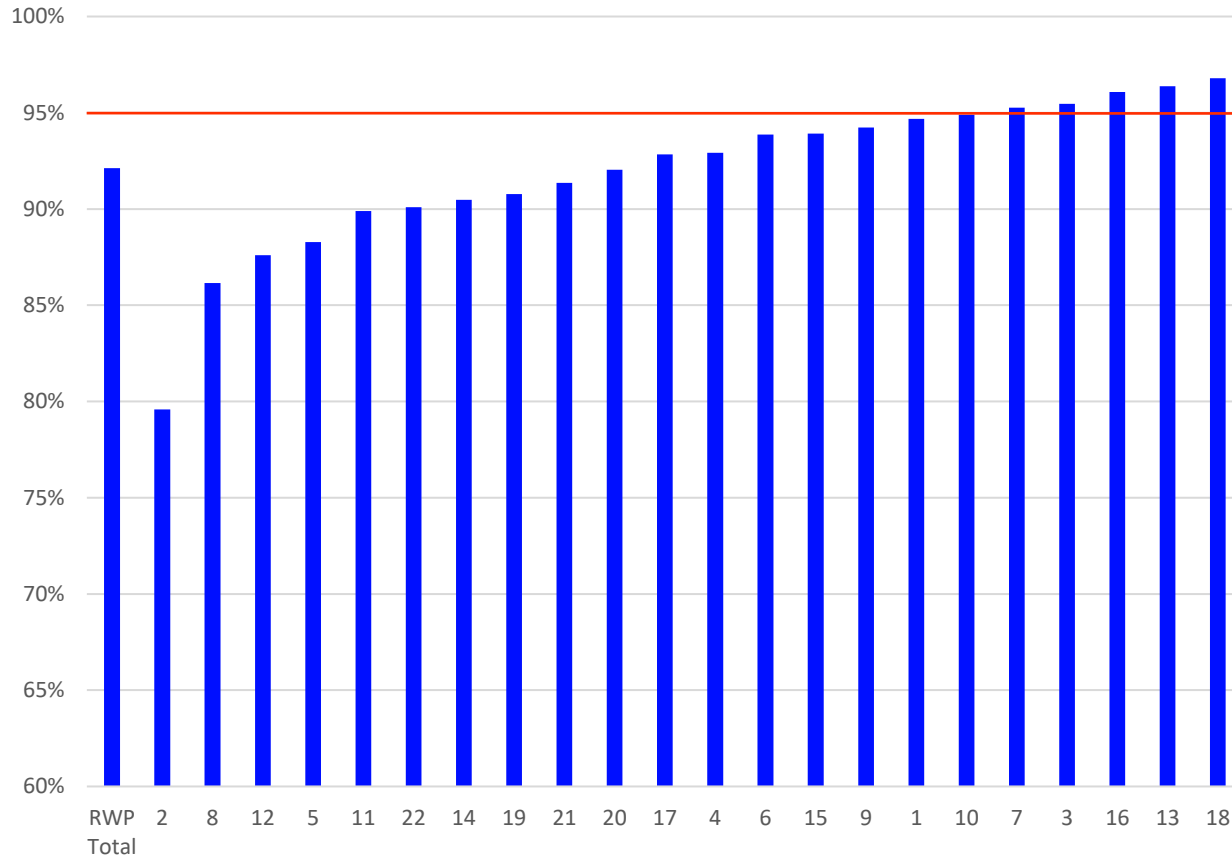
FY 2024 MCM Clients RiMC (TG ≥ 90%)



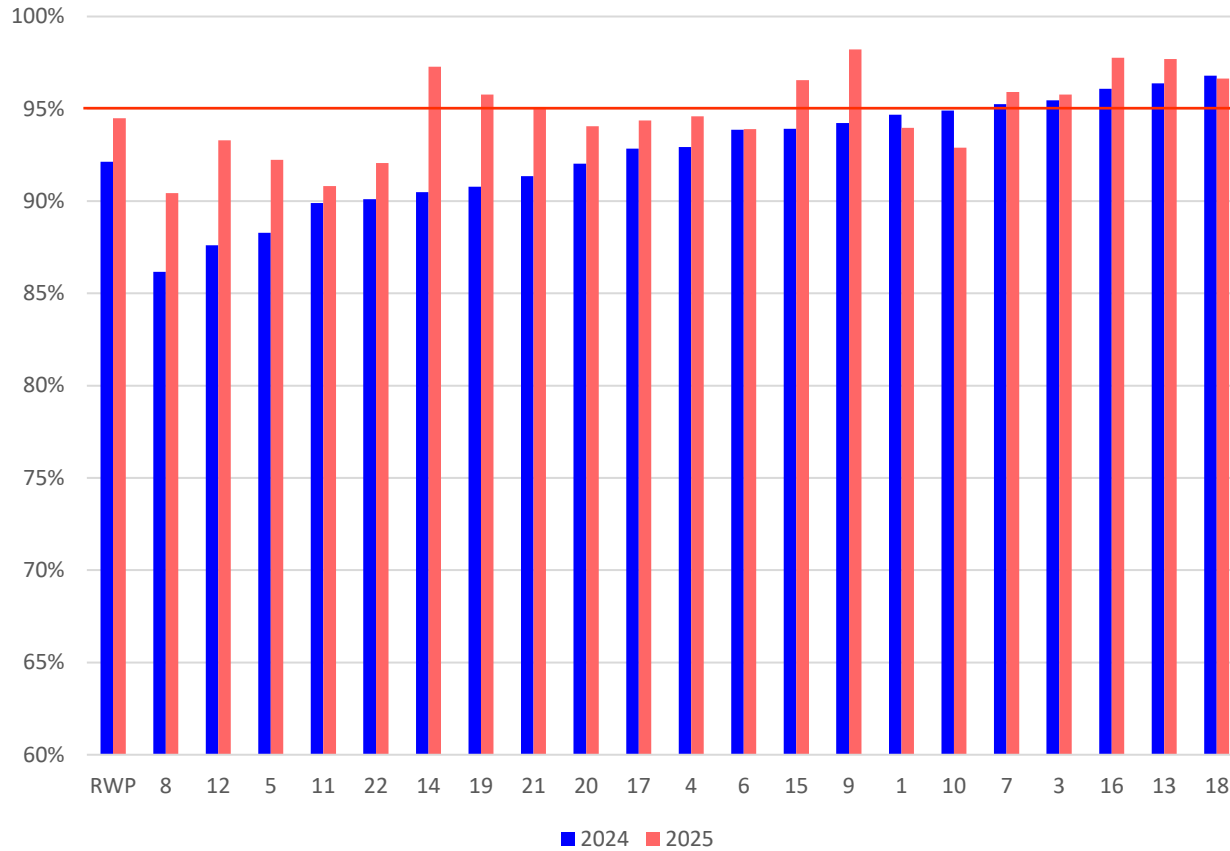
FY 2025 MCM Clients RiMC (TG ≥ 90%)



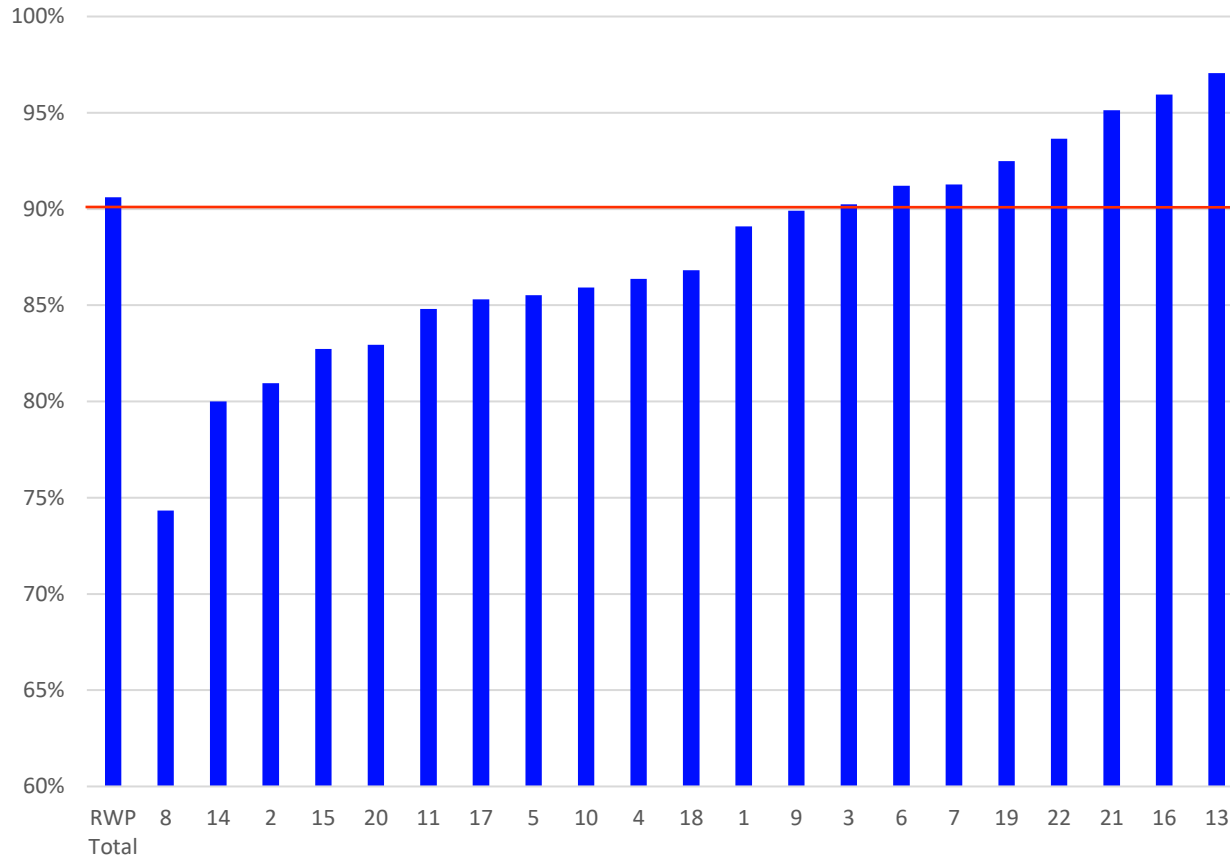
FY 2024 MCM Clients w/ Sup. VL (TG ≥ 95%)



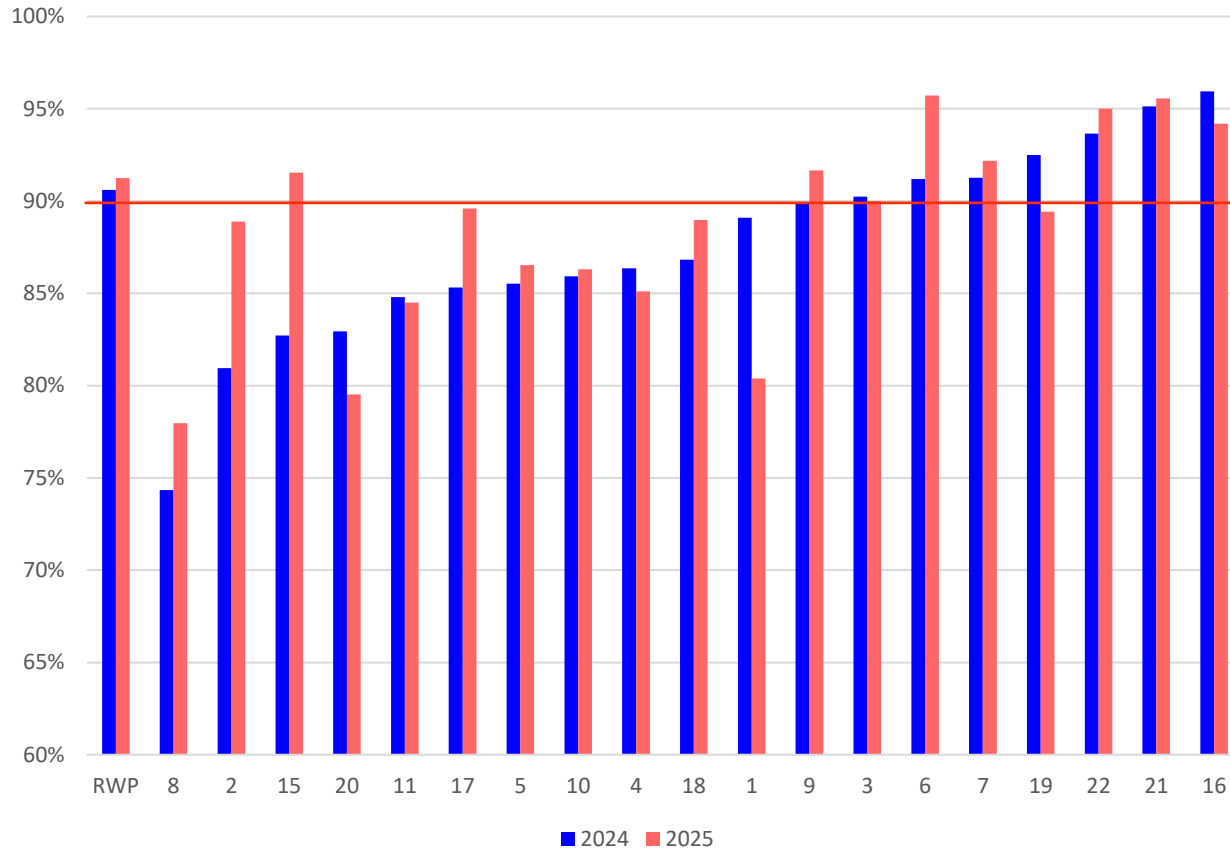
FY 2025 MCM Clients w/ Sup. VL (TG ≥ 95%)



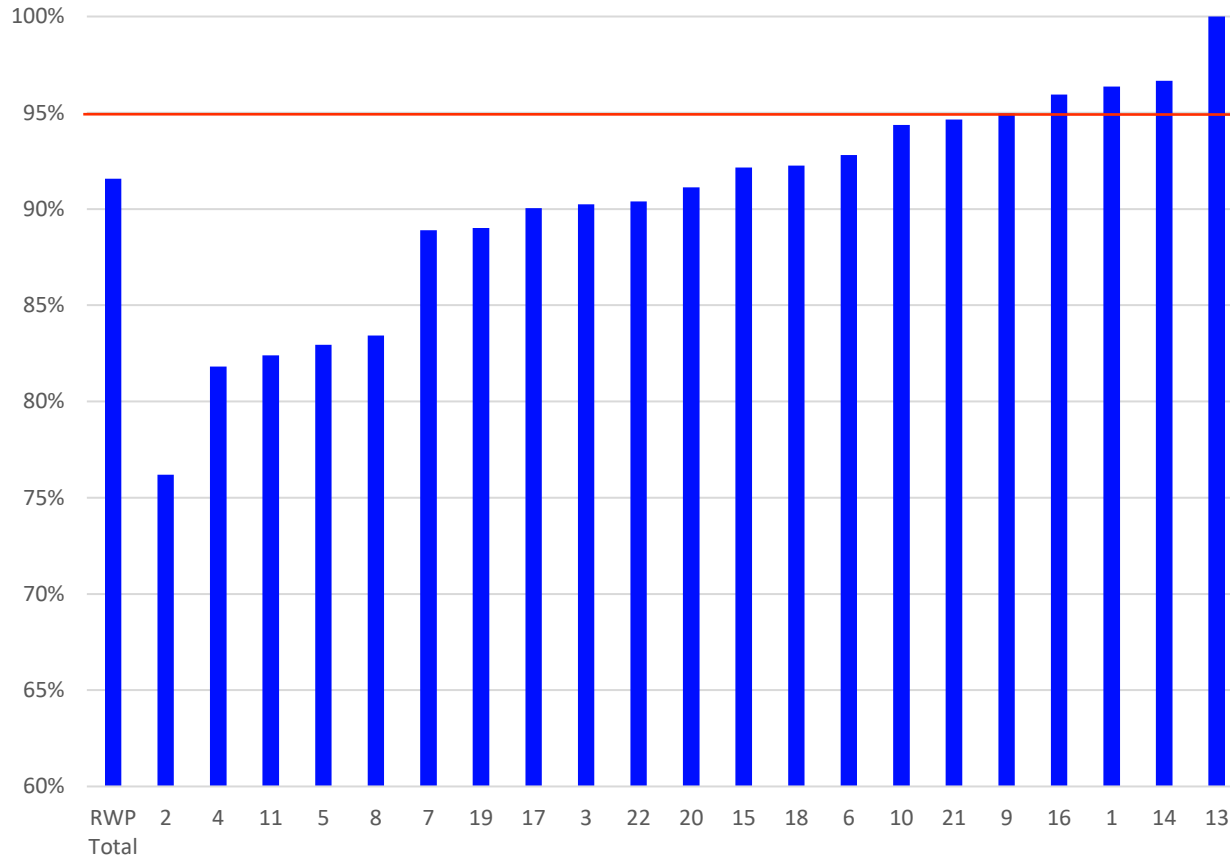
FY 2024 OAHS Clients RiMC (TG ≥ 90%)



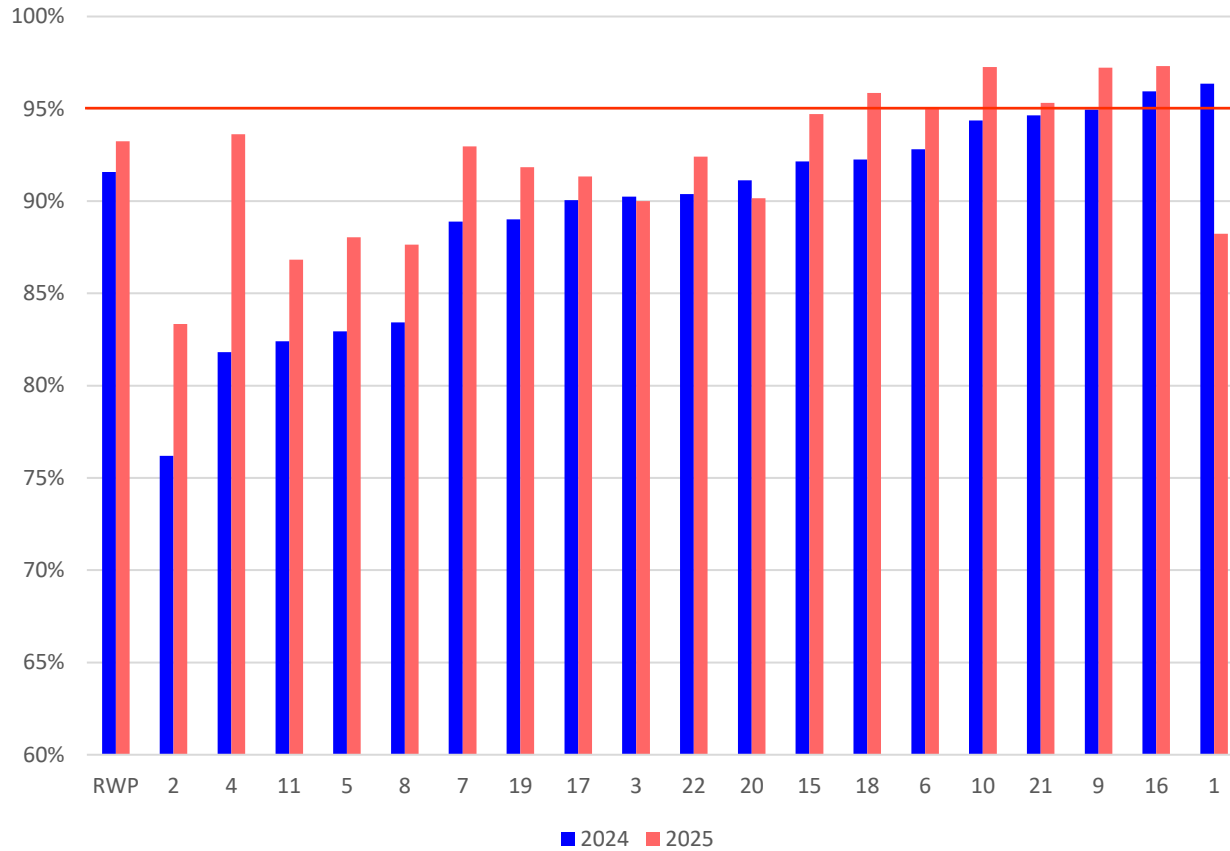
FY 2025 OAHS Clients RiMC (TG ≥ 90%)



FY 2024 OAHS Clients w/ Sup. VL (TG ≥ 95%)



FY 2025 OAHS Clients w/ Sup. VL (TG ≥ 95%)



Quality Improvement Project #1

Community Health of South Dade (CHI)

Retention in Medical Care (RiMC) for Part B MCM Clients

February 2024 – July 2025

Problem: RiMC among MCM clients in FY 2024 was well below the RWP Part A target of 90%. Root cause analysis identified inconsistent client follow-up, limited care coordination, and staffing constraints that affected timely outreach and re-engagement efforts. MCM services provided under Part B; outpatient medical care (OAHS) provided under Part A.

Evidence-Based Intervention: Client Retention Support (“Stay Connected”) Model, which established a multidisciplinary team responsible for proactive client tracking. The pivot point in this QI project was the collaboration between Part A and Part B in implementation, training and technical assistance, and sharing a common client information system to track progress.

Overall program impact: RiMC increased from **74%** in FY 2024 to **86%** in FY 2025

Quality Improvement Project #2

Latinos Salud

Oral Health Care (OHC) Service Utilization for Part A MCM Clients
September 2025 – February 2026

Problem: Client referrals for Oral Health Care (OHC) services by MCMs were at 16%, well below the RWP target of 50%. Root cause analysis identified poor follow-up procedures and/or feedback/documentation after OHC referrals were made by MCMs.

Evidence-Based Intervention: Patient Navigation Program (PNP), which tracks quantifiable elements of MCM care (e.g., appointment attendance, documentation of referrals).

Overall program impact: OHC referrals increased from the FY 2024 baseline of **16%** of MCM clients to **21%** by the close of FY 2025.

Quality Improvement Project #3

AIDS Healthcare Foundation, Homestead Location

Retention in Medical Care (RiMC) for Part A MCM Clients

July 2025 – November 2025

Problem: RiMC among MCM clients at AHF Homestead was below the average rates for all of AHF's sites , as well as below the RWP target of 90%.

Evidence-Based Intervention: Intensive Case Management (ICM) protocol, which included proactive client tracking, barrier assessment, care coordination and ongoing follow-up.

Overall program impact: RiMC at this location increased from **85%** in FY 2024 to **93%** in FY 2025, surpassing the RWP target of 90% RiMC.

Quality Improvement Project #4

CAN Community Health

Viral Load Suppression for Part A MCM Clients
February 2025 – June 2025

Problem: Although Viral Load Suppression among MCM clients at CAN at the end of FY 2024 was already at the RWP target of 95%, CAN developed a QI project to address the remaining clients with unsuppressed viral loads.

Evidence-Based Intervention: Intensive Case Management (ICM) protocol, which included proactive client tracking, barrier assessment, care coordination and ongoing follow-up.

Overall program impact: Viral Load Suppression was virtually unchanged, from **95%** in FY 2024 to **94%** in FY 2025.

Quality Improvement Project #5

Latinos Salud

Viral Load Suppression for Part A MCM Clients
February 2025 – August 2025

Problem: Viral Load Suppression for Latinos Salud’s MCM clients at the end of FY 2024 was 88%, well below the 95% RWP target. Root cause analysis identified several social determinants of health contributing to poor adherence and concomitant unsuppressed viral loads.

Evidence-Based Intervention: PRAPARE, a comprehensive patient assessment tool used to identify patient-level social determinants of health and other client-level issues that could impact viral load suppression. Findings from PRAPARE informed a structured stepped-up level of client contact and adherence support.

Overall program impact: From FY 2024 to FY 2025, viral load suppression rose from **88%** to **93%**.

What to expect in FY 2026

- “Back to Basics” QI problem triage process, concentrating QI efforts on improving Viral Load Suppression and RiMC for subrecipients with the greatest room for improvement
- “Raising the bar” for RiMC in the RWP from the goal of 90% to 95%
- Increased opportunities for subrecipients to exchange QI progress reports and insights about success with EBIs, in semi-annual meetings of subrecipient “QI Champions”
- Stepped-up efforts to involve subrecipient management in the CQM process, increasing communications and accountability
- Follow-up client satisfaction research to address service delivery and access issues in Oral Health Care and Medical Case Management identified in FY 2024 and in FY 2025

How to get in touch with the BSR CQM Team ...

Frank Gattorno

fgattorno@behavioralscience.com

Karen Hilton

khilton@behavioralscience.com

Luis Lucas

llucas@behavioralscience.com

Morela Lucas

mlucas@behavioralscience.com

Robert Ladner

rladner@behavioralscience.com

Sandra Sergi

ssergi@behavioralscience.com

Testimonial #1

“As someone who works within numerous Eligible Metropolitan Areas (EMAs) I can definitively say that BSR’s creation and use of quarterly data scorecards is one of the most helpful QIP tools I’ve come across. Their staff’s ability to not only provide the data, but to have meaningful, rich conversations about interpreting it for targeted QIP focus, has been a large part of our success.”

- AIDS Healthcare Foundation

Testimonial #2

“Through targeted training and ongoing support, our MCMs have developed a deeper understanding of the CQI cycle, enabling them to systematically assess gaps, implement effective interventions, and evaluate outcomes. The introduction of practical QI tools, such as data dashboards and population-specific analyses, has empowered our team to monitor patient outcomes more effectively and tailor interventions to meet the needs of specific populations, fostering stronger integration between MCM and clinical care.”

- Borinquen Medical Centers

Testimonial #3

“Through training programs, toolkits, and collaborative learning opportunities, our staff have become proficient in QI methodologies such as Plan-Do-Study-Act (PDSA) cycles. This has embedded a culture of continuous improvement within our organization, resulting in sustained performance gains, faster implementation of innovations, and greater staff engagement.”

- Miami Beach Community Health Center

Testimonial #4

“BSR has demonstrated strong CQI leadership by guiding our organization through structured data review, performance monitoring, and Plan-Do-Study-Act (PDSA) cycles aligned with Ryan White quality expectations. A current example of this work is our joint QI project aimed at improving medication adherence and blood pressure (BP) control among Ryan White Part A patients with hypertension. With BSR's technical assistance, we implemented a targeted intervention including enhanced care team coordination, patient adherence support strategies, and routine monitoring of BP and medication refill data to identify and address gaps in care.”

- Empower U Community Health Center