

**Recommended Changes to the 2022-2026 PA IHPCP, November 2024**

**Part 1: CQI Work Group Recommendations**

These recommendations are put forward from the workgroups and subcommittees for discussion by the full HPG. Any of the elements approved as formal recommendations for the IHPCP will be forwarded to the Division for its consideration.

Section II, Community Engagement and Planning Process

Part 1.C. Role of Planning Bodies and Other Entities:

Subpart 4. Ad hoc workgroups: Employment & Clinical Quality Management (starts on p. 16)

Location	Current text	Recommended change
P. 16, bottom ¶	4. Ad hoc workgroups: Employment & Clinical Quality Management:	4. <u>Ad hoc workgroups: Employment &amp; Clinical Quality Management</u> <del>(CQM)</del> <b>Continuous Quality Improvement (CQI)</b> :
Various	The abbreviation “CQM” as it appears elsewhere in the IHPCP	CQI
P. 17, 2 <sup>nd</sup> ¶	The CQM workgroup is a key component of the HPG as well... This ensures an accurate reflection of the diversity of communities impacted by HIV in Pa., while also keeping the statewide planning advisory group fully informed of the CQM activities and outcomes for their use in their role as a statewide advisory group to the Division.	The <b>CQI</b> workgroup is a key component of the HPG as well... This ensures an accurate reflection of the diversity of communities impacted by HIV in Pa., while also keeping the statewide planning advisory group fully informed of the <b>CQI</b> activities and outcomes for their use in their role as a statewide advisory group to the Division.  (Add two additional sentences to this paragraph as follows) <b>The HPG accomplishes these duties by delegating responsibilities of the CQI Plan and its related activities. The PA DOH has the final decision-making authority in the CQI Plan and its related activities.</b>

P. 91, Appendix B, Acronyms	CQM Clinical Quality Management	CQI Continuous Quality Improvement
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Changes to Section V: 2022-2026 Goals and Objectives, pp. 58 & 59:

#	Activity	Need/Gap/Barrier and/or Priority Population	Responsible Party & Partnerships	Data Baseline	Target Goals/Outcomes
Ending the HIV Epidemic Pillar: Treat, Strategy 3A					
43	Improve vl (VL) suppression	Need: improve VL suppression Priority pop: PLWH	Division field staff, SPBP staff, Partners: RWPB Grantees, RW Parts C-D, RW recipients	See current approved <del>CQM</del> CQI plan for detailed measurements recent HIV viral load test	Baseline (1/1/2023-12/31/2023): 75% <del>Baseline 93%</del> Benchmark: 90%
44	Improve annual retention in support services.	Need: improve retention in care/support services Priority pop: PLWH	Division field staff, RWPB Grantees, RW Parts C-D, RW subrecipients	See current <del>CQM</del> CQI plan for detailed measurement	Baseline (1/1/2023-12/31/2023): Foodbank/Home Delivered Meals: 71% Health Education/Risk Reduction: 92% Medical Transportation: 52% <del>Baseline 63%</del> Benchmark- 90%
45	Annual retention in core services	Need: improve retention in care/support services Priority pop: PLWH	Division field staff, RWPB Grantees, RW Parts C-D, RW subrecipients	See current <del>CQM</del> CQI plan for detailed measurement	Baseline (1/1/2023-12/31/2023): ADAP: 87% Medical Case Management: 80% <del>Baseline 80%</del> Benchmark- 90%

46	Improve linkage to RWPB Services within 30 days of diagnosis	<i>Need:</i> improve linkage to RW services <i>Priority pop:</i> PLWH, esp. BIPOC communities	Division field staff, RWPB Grantees, <i>Partners:</i> RW subrecipients	See current <del>COM</del> CQI plan for detailed measurement	Baseline (1/1/2023-12/31/2023): 55% <del>Baseline- 53%</del> Benchmark- 85%
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## Part 2: Evaluation Subcommittee Recommendations

### 2023 Recommendations:

#### Strategy 2C: Continue PPAs (p. 56)

- The MAAETC and Division should articulate in the IHPCP a process/MOU for informing PPAs of MAAETC clinical trainings to improve impacts with/for priority populations

#### Strategy 3B: Continue the SPBP Medication Adherence Program (p. 59)

- IHPCP data for the 3B benchmark should be updated from 90% to 95% to reflect the correct federal benchmark

### 2024 Recommendations

#### Strategy 1A: Implement Data-to-Care (D2C) approaches to reengage PLWH into care (p. 45)

- The Division should [add an IHPCP activity to] assess the possibility of reestablishing programs or identifying and supporting new/existing programs with the Dept. of Corrections to assist and link PLWH exiting the corrections system to care and services
- The subcommittee requests that both the Division's and IHPCP's reporting demarcate people who are incarcerated (OOJ) separately from people moving out of jurisdiction (OOJ).

#### Strategy 4A: Cluster Detection and Response (p. 63)

- Community education about Cluster Detection and Response efforts could be an effective new IHPCP activity. Sharing/Giving a high-level overview of these efforts with other stakeholders, like at Regional Grantee meetings and other Stakeholder meetings, would increase awareness and possible partnerships and community support for this initiative.

### **Part 3: Aging & Disability Work Group Recommendation**

Under IHPCP Pillar: Support

Add new Strategy 5 E: Program Advancement for PLWH: (p. 76)

The PA Department of Health advocate for removal the of the age limit from the Medical Assistance for Workers with Disabilities program.

### **Part 4: HRSA Recommendation**

Add new Appendix C: Concurrence Letter, Philadelphia Dept. of Health

(Please see attached)



## CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH  
1101 Market Street - 9th Floor  
Philadelphia, PA 19107

CHERYL BETTIGOLE, MD, MPH  
Health Commissioner

PALAK RAVAL-NELSON, PhD, MPH  
Deputy Health Commissioner

KATHLEEN A. BRADY, MD  
Director/Medical Director  
Division of HIV Health

To the Centers for Disease Control and Prevention (CDC) and Human Resources and Services Administration (HRSA):

The Philadelphia Ryan White Part A Program (RWPAP) concurs with the Pennsylvania Department of Health (PADOH) Division of HIV Disease (Division) HIV Prevention and Care Integrated Plan (Plan) in response to the guidance set forth for health departments funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2022-2026.

The Philadelphia RWPAP has reviewed the Plan to verify the continued coordination of services and collaboration between the Philadelphia RWPAP and the Division to increase seamless access to services and resources. The Philadelphia RWPAP concurs that the Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance. Further, the Philadelphia RWPAP acknowledges that the Philadelphia Department of Public Health Division of HIV Health (PDPH DHH) and the Division will continue to meet on a monthly basis to discuss opportunities for collaboration.

Lastly, the Philadelphia RWPAP acknowledges having representation on Pennsylvania's HIV Planning Group (HPG) to ensure awareness of HPG activities. Conversely, the Philadelphia RWPAP acknowledges Division representation at the RWPAP Planning Council.

The signature below confirms the concurrence of the Philadelphia RWPAP with the Pennsylvania Integrated HIV Prevention and Care Plan.

Signature: 

Title: Director, Medical Director and Philadelphia RWPAP Project Director

Date: 5/31/2023