

*QUALITY ASSURANCE & MEMBERSHIP COMMITTEE*

**June 28, 2018**

**UNITED WAY OF LONG ISLAND, DEER PARK, NY**

**MINUTES**

**MEMBERS PRESENT:**

Darlene Rosch, Esq.  
Traci Shelton, Co-Chair  
Juli Grey-Owens  
Marci Egel  
Anthony Santella, PhD  
Ramon Rivas  
Kevin McHugh  
Hope Sender  
Cristina Witzke  
Joe Pirone  
Gloria Allen  
William Doepper

**MEMBERS ABSENT:**

Wendy Abt  
Ana Huezo  
Angie Partap  
Rev. Pasmore  
Johnny Mora  
Teresa Maestre  
Lauren Cable  
Erik Rios  
James Hollingsworth

**GUESTS**

Pam McHugh  
Jennifer Pollina  
Christine Rode  
Felix Ruiz  
Margret Henry  
Clara Crawford  
Felix Ruiz

**STAFF:**

Georgette Beal  
JoAnn Henn  
Stephanie Moreau  
Myra Alston  
Victoria White

**I. Welcome & Introduction**

At 10:10 am Ms. Shelton welcomed everyone and asked the attendees to introduce themselves. A moment of silence was requested to remember those who are sick and suffering and for everything else that is happening in the world.

**II. Approval of Minutes April 26, 2018**

Motion to accept the minutes as read was made by Mr. McHugh and seconded by Ms. Egel  
1 abstention            0 opposed            11 approved-Motion carried.

**III. Vote for 2<sup>nd</sup> QAM Co-Chair**

Ms. Katie Ramirez, previous Co-Chair, has joined the staff at United Way of Long Island, which has prompted this vote. Committee members were encouraged to submit their names if they were interested in co-chairing QAM committee meetings. A ballot sheet was distributed. Candidates, Ms. Egel, Mr. McHugh, and Ms. Rosch, spoke prior to the vote. After a close tally, Ms. Rosch was voted in as QAM Co-Chair for a two-term which begins with the August 23, 2018 meeting.

#### **IV. Quality Management Plan Overview and Update**

Ms. Moreau presented in PowerPoint form, the Nassau-Suffolk EMA 2017 Quality Management findings report that Sandra Houston of Pivot Principles had completed, based on an overall QI site visit review.

The federal Ryan White HIV/AIDS program (RWHAP) requires Part A recipients (previously known as grantees) to establish a local clinical quality management (CQM) program in order to:

- Assess the extent to which the HIV health services provided to patients under RWHAP Part A grant are consistent with the most recent U.S. Department of Health and Human Services HIV/AIDS Treatment Guidelines for the treatment of HIV disease and other opportunistic infections.
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

The mission of the Nassau-Suffolk EMA CQM is to continuously improve health outcomes and the quality of care for persons living with HIV receiving care from the Part A program, which includes consumer satisfaction as well.

The CQM is a major component in the National HIV/AIDS Strategy for the United States: Updated to 2020 for optimizing health outcomes and reducing HIV incidence; aligning funding priorities with continuity of care and performance measures.

#### **Nassau-Suffolk EMA 107 Quality Management Findings:**

The Ryan White program in the EMA has had a positive impact as evidenced by the following:

- By the end of 2016, Nassau-Suffolk's Ryan White program was well on its way to reaching New York State Ending the Epidemic Plan's targets.
- Nassau-Suffolk rates surpassed New York State as a whole in two key indicators-Linked to Care (74.2%) and Virally Suppressed for newly diagnosed people living with HIV. The 3,453 PLWH in care in the Nassau-Suffolk EMA are overwhelmingly virally suppressed at 89.4%.

Nassau and Suffolk County are comparable to each other in regards to numbers. Long Island has the highest overall numbers outside of NYC. (Note: Westchester is considered a part of NYC. Dr. Santella stated that Nassau County is similar to Westchester in this regard). As one committee member noted, U=U is a critical piece to be looking when talking about viral load suppression.

The question was asked *How do we compare to other counties in New York State?* Ms. Beal informed the committee that the ETE Dashboard has state data that would include this information.

This presentation also included a list of N-S Ryan White core and support services as of 2016. The substance abuse priority was not funded in 2017. A six year trend-line of HAB Performance Measures for (OHC) Oral Health Care, [Phase 1 Treatment Plan refers to more significant dental intervention, such as root canal or oral surgery, ] (OAMC) Outpatient Ambulatory Medical Care, and (MCM) Medical Case Management, which has the largest number of clients served.

Key Findings and Recommendations- Opportunities exist for improving retention in care and patients lost to care.

- Creation of a work group to examine available retention-related data, identify best practices in RW program settings, and develop a (QI) Quality Improvement plan to

improve retention in care throughout the EMA. Another related area of improvement is to address missed outpatient /ambulatory health services appointments.

- In general, sub-recipients (providers), are in need of support to improve documentation of direct client services. Sub-recipients reported challenges with eligibility documentation. RW program services require re-certification of eligibility every six months. Various documents must be provided by the client for review at each agency providing RW services. There was much discussion as to whether photo identification should be an eligibility requirement. Some of the eligibility documentation may by its very nature include a photo, such as a driver's license. But to specifically request photo identification is not acceptable and will be removed as an eligibility requirement.
- 2017 chart reviews revealed a widespread pattern of gaps in documentation of client eligibility. To address this challenge, it was recommended that recipients and sub-recipients collaborate to reduce burden on clients and providers as well as improve the rate of client eligibility documentation in client charts. One option is to have a common set of documents that satisfy the eligibility requirement and develop a mechanism for sharing the documentation online. This mechanism prompted much discussion regarding confidentiality, sharing of personal information, and operating systems that are able to accomplish this.
- An opportunity also exists for improving quality and building the capacity of the EMA's EIS through the Learning Collaborative method which brings together teams of providers of similar services to receive guidance using a peer-based learning model, enabling sub-recipients to exchange best practices and approaches through the collaborative activities. These activities enable sub-recipients to focus on improving quality and sustaining improvements.
- Disparities in outcomes support the EMA's focus on young MSM of color especially Black/African MSM.
- Need to address the inconsistencies identified by the 2017 QM data in the delivery of CM; a few medical providers may be delivering care coordination rather than medical case management.
- The 2017 chart review process identified underutilization of case closure forms. Lack of case closure forms can result in a barrier to identifying clients who are lost to care, a priority target population. It was recommended that sub-recipients review current case closure policies and procedures and assist relevant staff with compliance of the policy, including documentation in client files. Model policies and procedure that adhere to federal policy and local state law can be provided by the recipient. It was recommended to improve the range of MCM, outcomes and performance measures in the EMA, with a focus on timely and coordinate access to support services and continuity of care.
- To close the region's retention gap in regards to Retention in Care, (75% as compared to the NHAS target of 90% by 2020), it was recommended that the EMA pursue a systematic, multi-faceted effort to improve retention in care.
- Quality Improvement Projects (QIPs) are an important tool in the quality management process. These projects are evidenced-based, time-limited, and focused on a process or activity that is measurable and of priority impact to health outcomes. These projects follow the plan-do-study-Act (PDSA) cycle in which an ad-hoc team test and then measure new methods or processes. Generally, Long Island sub-recipients undertake two

QIPS a year, often based on priorities from the New York AIDS Institute. Since priorities for quality improvement projects are the most effective when based on analysis of aggregate performance and outcomes data, it was recommended that QIPs should be systematically developed for the EMA to directly address performance by providers (sub-recipients) on current performance measures. In order to get a more accurate sense of where we are and where we are going, QIP data can be presented to all sub-recipients to demonstrate progress in achieving targeted outcomes and also to build investment in the QM and QIP process. This will be explored at a future meeting.

- Modernize the structure and organization of the Quality Management Program. Accurate and timely data are necessary in order to assess the extent to which clients, programs, services, agencies and the EMA's RW program, as a whole are performing. It is recommended that CAREWare, the existing electronic client level data collection system structure be enhanced in order to improve client outcomes and achieve local, state, national strategic goals to ending the HIV epidemic.

The last of the recommendations include:

- Use PCN#16-02, The NHAS 2020 Update and other HAB guidance to inform future directions of the EMA's approach to the CQM.
- Update the site visit protocol and tools to reflect PCN# 16-02 and other HAB Guidance.
- Provide technical assistance or require quality improvement projects or both, to sub-recipients to increase rates of performances that fall short of the EMA targets identified in this project.
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Note: Clarification regarding the Authorization for Release of Health Information and Confidential HIV –Related Information (DOH 2557 Consent) was promised as there was some disagreement and possible misinformation at the meeting. This is the information that was sent to QAM Committee members:

*“Time frames should be specific and limited, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the client (e.g. 10/15/10 – 10/15/11), but could also include a specified period or condition for non-repeating tasks or time-limited situations (e.g. “Until my son/daughter reaches the age of...” or “Until housing benefits are attained”).”*

#### **V. Announcements/Public Adjournment**

- Dr. Santella announced the Long Island HIV Prevention Needs Assessment community forum on Friday, July 13 at Hofstra University. 9:00am-10:30am for medical and social service providers; 11:30-1:00pm for community members. The purpose of which is to help inform how HIV prevention services are designed and implemented to help end the epidemic on Long Island,
- Ms. Egel mentioned the Long Term Survivor (LTS) Painting with a Twist event on Friday evening, July 13. There are some spaces still available and you can sign up after the meeting. EOC can provide transportation to the event,

**Motion** was made by Mr. McHugh and seconded by Ms. Egel to adjourn the public portion of the June 28, 2018 Quality Assurance & Membership Committee meeting.

0 Abstentions  
Motion carried

0 Opposed

All in Favor