

Clinical Quality Management Committee

November 21, 2019

UNITED WAY OF LONG ISLAND, DEER PARK, NY

MINUTES

MEMBERS PRESENT:

Gloria Allen
Kevin McHugh
Teresa Maestre
Jacqueline Ponce-Rivera
Christie Rode
Hope Sender
William Doepper

MEMBERS ABSENT:

Joseph Pirone, Co-Chair
Darlene Rosch, Co-Chair
Traci Shelton
Juli Grey-Owens
Wendy Abt
James Hollingsworth
Johnny Mora
Angie Partap
Rev. Loring Pasmore
Ramon Rivas
Erik Rios
Anthony Santella, PhD
Cristina Witzke

GUESTS

Ernesto Hernandez

STAFF:

Georgette Beal
JoAnn Henn
Myra Alston
Katie Ramirez
Victoria White

I. Welcome & Introduction

Ms. Henn opened the meeting at 10:15 am and asked the attendees to introduce themselves. A moment of silence was requested to remember those who are sick and suffering.

II. Annual Review/Update of CQM Work Plan

The CQM plan has been revised and updated according to new HRSA guidelines. Performance measures are no longer included in the service standards as they once were. The number of performance measures that are required will now be based on utilization of each priority. MCM is the only funded service category that requires two performance measures, based on its utilization. The other service categories elected to adopt one performance measure, as it was decided as an EMA that it is beneficial to have performance measures. Feedback has been promised, but not yet received. May need to resubmit plan. Updated service standards will be brought to next meeting
The current Nassau-Suffolk EMA Work Plan includes 2019-2020 Nassau-Suffolk EMA Quality Management Program Goals and Objectives and was distributed to committee members. The CQM Work Plan 2018 was included for comparison. The Clinical Quality Management Plan for the Nassau-Suffolk EMA (2019-2020), consists of the program description, quality management

roles and responsibilities, and the Ryan White Part A QM infrastructure which includes the technical support agency QM team, performance management, quality improvement tools and techniques, and performance measures, and the following goals and objectives:

Nassau-Suffolk EMA work plan for 2019-2020:

Goal #1- Develop and maintain a CQM Plan for the purpose of guiding the formal evaluation and assessment of the quality of services provided in the Nassau-Suffolk EMA.

- Review and update EMA QM Plan annually.
- Review and update EMA QM work plan bi-annually
- Sub-recipients update their CQM plans and submit them to UWLI annually as well.

Goal #2- Continued development of a performance management system to monitor HAB/HRSA performance measures within the EMA.

- Performance measures for remaining service priorities will be established by February 2020
- Develop/design performance management reports in CAREWare for sub-recipients
- Train sub-recipients on the entry of performance management data in CAREWare.

Note: Partial CAREWare upgrade delayed.

Goal #3- Update all EMA Service Standards per HRSA guidelines to ensure minimum level requirements for all service priorities.

Update all service standards as per HRSA directives, present draft service standards to CQM committee, present CQM approved draft service standards to planning Council for final approval and disseminate all approved service standards to funded providers and provide technical assistance as requested by late spring, early summer.

Goal #4- Promote and foster continuous quality improvement initiatives across the EMA.

- Establish and promote EMA-wide quality improvement initiatives by implementing at least 1 quality improvement project per year.
- Promote and implement EMA-wide quality improvement initiatives by providing technical assistance to ensure that agencies are equipped to provide improved services and are monitoring their successes and areas of improvement.
- Offer at least one quality improvement and/or quality management training, workshop and/or webinar to agencies and consumers in the EMA per year to provide them with ongoing continuous quality improvement tools and techniques.

Goal #5- Coordinate and collaborate across Ryan White programs (Parts A-D) and other HIV Care and Prevention programs in planning clinical quality management activities.

- Engage and promote other HIV funded programs to participate in quality management planning and improvement initiatives.
- Promote the coordination of prevention and care quality improvement activities based on the implementation of the HIV Care and Prevention Plan.
- Ensure completion of the Administrative Mechanism across RW programs A-D to ensure stakeholder feedback regarding the continued quality improvement of the RW Technical Support Agency.

How best to use the funds remains a challenge. There is a cap on TGAs and EMAs Based on what was previously received, only an additional 5% can be requested. Level funding starts lower and the 75/25% requirement must be maintained. However, the needs are still there. Consumers are living longer, and there needs to be a prioritization of services to best serve them.

Transportation continues to be an issue. Public transportation is difficult to navigate on Long Island and many depend on medical transportation in order to get to their medical appointments. There has been an increased utilization of this service and transportation requests have been limited and in some cases, denied. Therefore, it is important to review the reasons and search for solutions. Funding restraints, incorrectly completed forms, what qualifies as a medical appointment, additional training, other funding streams, alternative transportation options need to be explored. A meeting is being planned with Logisticare to learn more.

Membership Sub-Committee

III. Membership

A work plan increase member recruitment and reflectiveness was distributed to committee members for review and discussion. This work plan was divided into the categories of objective, actions step, timeline and party responsible.

The first objective listed was to publicize Planning Council information in local HIV publications and other news sources. Use of social media with assistance from the UWLI marketing team, ad space in *Noticias LI*, *Haitian Times*, and *Caribbean Life* as other resources, and looking at the grant emailing were suggested. Information can also be found on the Planning Council website. The timeline for this and the following objectives are ongoing.

Other objectives included ongoing solicitation of nominees by existing Council members and service providers and outreach to service providers and individual staff who serve clients with HIV/AIDS to identify unaligned PLWH nominees. These objectives can be met by sharing Planning Council information with potential nominees, circulate letter encouraging participation and nominations of clients, and agency events to discuss Planning Council.

The objective of utilizing annual community meetings to discuss membership can be accomplished through community forums and invitations to attend Planning Council meetings.

In order to track the effectiveness of recruitment efforts, the application was reviewed. It was suggested that the application be updated to include a question about how the individual learned about the Planning Council, using similar questioning during the interview process. The effectiveness can be reviewed approximately every six months to determine which efforts should be continued, modified or ended

Currently, the two vacant membership categories are substance use and prevention providers. At the end of September 2020, two unaligned consumers will be ending their second term.

Specific recommendations were made and will be followed up.

IV. Announcements/Adjournment

Site visit are scheduled and will be completed by the end of February.

The results of those visits be available in early spring.

Mr. McHugh made a motion which was seconded by Ms. Maestre to end the November 21, 2019 Clinical Quality Management meeting. All in favor-Motion carried.

