

QUALITY ASSURANCE & MEMBERSHIP COMMITTEE

February 23, 2017
UNITED WAY OF LONG ISLAND, DEER PARK, NY

MINUTES

MEMBERS PRESENT:

Katie Ramirez, Co-Chair
Angie Partap
Rev. Loring Pasmore
Joseph Pirone
James Hollingsworth
Teresa Maestre
Anthony Santella, PhD
Hope Sender
Juli Grey-Owens

MEMBERS ABSENT:

Glenn Lambert, Co-Chair
Kevin McHugh
Vivian Smalls
Carmen Sanchez
Andrea Smith
James Hollingsworth
Ramon Rivas
Marci Egel
Cristina Witzke
Darlene Rosch, Esq.

GUESTS:

Gregory Noone
Kerry Thomas

STAFF:

Stephanie Moreau
JoAnn Henn
Vicki White
Myra Alston

I. Welcome & Introduction:

At 10:10 am Ms. Ramirez welcomed everyone and asked the attendees to introduce themselves. A moment of silence was requested to remember those we have lost and those still affected by the disease.

II. Approval of Minutes –October 27, 2016

There were no corrections to the minutes

Motion to accept the October 27, 2016 minutes was made by Dr. Santella and seconded by Mr. Pirone.

4 abstentions 0 opposed 4 approved- Motion carried.

III. Consumers Workgroup for Quality-

Ms. Moreau reported that five consumers attended the TCQ training in Albany, New York, from November 18-20, 2016, under the guidance of the National Quality Center. The center provides Quality Management Technical Assistance and training resources. This training introduced consumers to Quality Management concepts and metrics and encourages consumers to increase their involvement in quality activities at their agencies.

The goal of the Consumers Workgroup for Quality is to actively participate in the quality process on a Planning Council Committee level. In January 2017, the TCQ attendees formed the “CWQ” (Consumers Workgroup for Quality). For year 2017, the group will meet monthly to review and provide feedback for the drafted Service Standards prior to their review at QAM,

Ms. Moreau thanked the consumers for their hard work and dedication to the process and stated that she was proud of the work they did.

IV. Early Intervention Services (EIS) Service Standards

Ms. Moreau explained that in order to expedite the Service Standards review and updating process, changes were needed, including consumer and service provider input prior to the Quality and Assurance Committee. This more direct approach, allows for participants to be more involved and reduces the previous disconnect that was felt.

Quality Management under Ryan White focuses on enhancing the quality of HIV/AIDS care provided and increases access to services. These efforts focus on how health and social services meet established professional standards and user expectations. HRSA/HAB quality initiatives help to implement quality management programs that target clinical, administrative, and supportive services. All Service Standards need to be updated by 2018.

A PowerPoint presentation, which summarized the Early Intervention Service Standards was presented.

Discussion

The Early Intervention Services definition cannot be changed or edited; it is HRSA’s language. Counseling as found in the definition, includes health education and literacy, navigating the service system and accessing care. The counseling referrals are from medical providers, providing further resources as needed. The additional *Note*: is language that was written by the QAM committee.

Mr. Thomas stated that while the agency can advise testing and refer individuals to testing sites, it is not funded for testing and cannot administer tests. However, working collaboratively with other agencies enables individuals to be tested. It is important to note that the number of individuals identified as positive does not reflect the amount of people tested. Those who test negative cannot be counted through CAREWare, but are put into a monthly narrative report.

Progress is gauged through viral load suppression. If the virus is undetectable, it is less likely to be transmitted. It is considered a chronic illness, regardless of detectability.

Regarding the **Measure** of HIV+ unaware individuals who will be aware of their HIV status, the percentage was reduced to 2% and the percentage of HIV aware clients who will enter

HIV/AIDS primary medical care was reduced to 80%. There is a balance between determining a number that is not so high as to be unattainable, but realistic as to outcomes that will be significant. Measures at 100% leave no room for error and dictates perfect compliance. This reasoning resulted in the changes percentages previously mentioned.

After much discussion, the following changes were made:

The EIS Service Standard Review edits-

Page 1:

- **Service Goal:** include *supportive* to read ...medical supportive services
- **Objectives:** #2. Add wording to be read as -To reengage PLWHA *who are out of care for over a year* back into care.

Page 2:

- **Service Units:** Remove *CAREWare*, after group level intervention.

Page 3:

- **Standard:** Seventh bullet- change *every six months* to *prior to discharge*.

Page 3 Measure:

- Third bullet-Add *or Service Plan* to follow Care Plan.
- Fifth Bullet- Remove *3 or 6 month* and replace *until* with *prior to*. To be written as- Documentation that progress is occurring through reassessment of continued linkage to care prior to case transfer and closure.

Page 4:

- **Outcome:** Add *whether newly diagnosed or reengaged successfully* to HIV/AIDS primary medical care, after *clients aware of their HIV status*.
- **Measure:** Change percentages to...
- 2% of HIV+ unaware individuals will be aware of their HIV status.
- 80% of HIV aware clients will enter HIV/AIDS primary medical care.

Ms. Moreau thanked those who reviewed the draft document and provided feedback and guidance.

V. Announcement/Public Adjournment

There were no announcements.

Motion was made by Dr. Santella and seconded by Ms. Grey-Owens to adjourn the public portion of the February 23, 2017 Quality Assurance & Membership Committee meeting.

0 Abstentions

0 Opposed

All in Favor

VI. Membership Review-

Six (6) applications were reviewed. Three members are cycling off their second terms and this will significantly impact the demographics and reflectiveness table. One Planning Council

member has not attended a meeting since the beginning of last year and has not responded to requests to inform us of his intentions regarding his Planning Council membership.

The committee decided to ballot four of the applicants at the next Planning Council meeting in March, one of whom is replacing Ms. Yanick Eveillard as an Organizational Designee. The letter of recommendation was from her director, so attendance at Planning Council meetings should not be an issue. Three of the other applicants were well known by committee members and no interview was deemed necessary.

One of the applicants, was not as well-known and it was recommended that even though he has attended Planning Council meetings in the past, an interview be scheduled. Ms. Henn will contact him to schedule an interview after March Planning Council meeting, if available. Regarding the last candidate, who has resubmitted his application, it was decided that he once again be advised to attend more meetings, both Planning Council and committee in order to show his interest and dedication.

It was the decision of the committee to vote to remove Planning Council member, who is also the QAM Co-Chair. He has missed significantly more than three consecutive meetings of both the Planning Council and the QAM committee and has not responded or communicated in any way regarding his membership.

The subject of a new Co-Chair was also broached. The QAM committee has not had the presence of a Co-Chair for some time. According to the bylaws, the Co-Chair needs to be a consumer. If the Planning Council votes to remove this member, then voting ballots will be brought to the April QAM meeting and a request will be issued for a consumer to sit/be voted on.