

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
April 27, 2023
Virtual Zoom Meeting

MINUTES

MEMBERS PRESENT:

Angie Partap, Co-Chair
Susan Baldrige
Carmen Feliciano
Joseph Pirone
Patricia Ross
Claire Simon
Kerry Thomas
Crissy Witzke

MEMBERS ABSENT:

Darlene Rosch, Co-Chair
Ana Huezo
Jacqueline Ponce-Rivera
Johnny Mora
Erik Rios
Traci Shelton
Hope Sender
Edward Soto

GUESTS

George Marzen

STAFF:

Georgette Beal
Nancy O’Keefe
JoAnn Henn
Katie Ramirez
Myra Alston

STAFF Absent:

I. Welcome & Introduction

At 10:10am, Ms. Partap welcomed everyone, introductions were made and a moment of silence was requested to remember those who have paved the way before us.

II. Approval of February 23, 2023 CQM Minutes

Ms. Baldrige made a motion to accept the February 23, 2023 CQM minutes as read.
Mr. Thomas seconded the motion.
5 Approved 3 Abstained 0 opposed

III. Administrative Mechanism Report

This committee is responsible for conducting an annual assessment of the Nassau-Suffolk EMA’s administrative mechanism to rapidly allocate funds to the areas of greatest need within the eligible area and the effectiveness of the services offered in meeting the identified needs as per the Ryan White HIV/AIDS Program (RWHAP) legislative requirement. It is a review of how quickly and well the Part A recipient and UWLI carry out the processes needed to contract with and pay providers for delivering HIV-related services, so that that the needs of people living with HIV/AIDS (PLWH) throughout the Part A service area are met. Emphasis is on ensuring services to PLWH and to communities with the greatest need for Ryan White services. If the administrative mechanism is not working well, the Planning Council is responsible for making formal recommendations to the CEO of the EMA, in order to continue the timeliness and effectiveness of the contracting process.

In 2023, surveys were sent to both Planning Council members and to Part A funded providers. Questions for PC members were specific to the Council, its mission, trainings, and the PSRA process. Provider questions focused on procurement, distribution of funds in FY 22-23, contracting, and knowledge of PSRA process. Both surveys reviewed the previous year's planning process and the resulting priorities that are funded in the current fiscal year. All 14 Part A funded providers responded to the Provider Survey and 23 of the 29 Council members responded to the Council survey. Results of both surveys confirm that the EMA is effective at both allocating and reallocating funds to priorities that mirror the needs of the region and that are supported through needs assessments and data collection.

All respondents (Council members and providers) were familiar with the PSRA process and both groups agreed that the process was data driven. 100% of the providers replied that the process addresses the needs of the special populations. A small percentage (9.52%) of Council members felt the needs of IDU were not considered and 4.76% did not think the needs of those Out of Care were considered in the planning process. All providers agreed that contract managers and fiscal staff were accessible and that technical assistance, when requested was reported as both timely and helpful.

Procurement is an added section to the administrative mechanism when a Request for Proposal (RFP) is offered. The RFP was released on 11/4/ 2022 with a due date of 1/13/2023. Agencies reported that they learned of the RW Part A RFP in 3 ways: 1. Email from UWLI Staff (78.57%); 2. Weekly grant mailing, (21.46%) and; 3. Program agency/contact (35.71%). When asked if aware of the RFP issue date and deadline with enough time to adequately prepare and submit proposal 76.92% of providers strongly agreed, 15.38% agreed and 7.69% were neutral. No one disagreed. An overwhelming majority agree that the Bidder's Conference held in December 2022 provided adequate information about the 2022 RFP. All (100%) of respondents agree that the Nassau-Suffolk EMA conducted an open and competitive procurement process in 2022. Respondents indicated that there were standardized procedures and requirements for funding, that the 2022 RFP clearly described criteria and procedures for reviewing proposals. The RFP also contained clearly stated expectations, including federal HRSA/HAB policies and procedures, standards of care, expected performance measures, and reporting requirements.

Regarding the timeliness of payments and noting that provider invoice errors and missing documentation can impact processing times, respondents were asked about the average turnaround time for UWLI to reimburse their agency once a complete invoice was submitted. Results are as follows: 30.77% reported that vouchers are paid within 7-15 days, as compared to the previously reported 14.29% last year (an increase of more than half), 46.15% reported payment between 16-30 days, (previously reported as 35.71%), and most significant, 23.08% (compared to 50% last year) reported payment more than 30 days.

In the area of Contracting, all (100%) of providers were in agreement that the Continuation funding application material outlines all materials required for continued funding. No-one disagreed that United Way of Long Island (UWLI) provided a clear scope of service for each contract. 100% of providers replied that contracting changes made it easier for agencies to get contracted, which was an increase of 14.29% over last year. Similarly, providers reported that the vouchering changes made the process easier as evidenced by the increased response of almost 14% (at 92.31%). All providers agreed that communication with UWLI staff was easy, timely and satisfactory and that support was sufficient in getting work plans, budgets, and contracts executed as quickly as possible.

Findings

Turnaround times for agency reimbursement significantly improved in FY22-23. Implemented changes to the contracting and vouchering process made contracting easier and facilitated vouchering and payment and should remain. Voucher processing and timeliness also improved greatly in 2022-23. Provider meetings and trainings aimed at minimizing invoice errors and ensuring all required documentation is attached to vouchers helped to improve the timeliness of payments. In response to a provider comment that “*We have not been notified of our funding despite the fact the contract year ended*”, it should be noted that delays in receiving the full award from HRSA impacts the EMA’s ability to conduct a smooth RFP process. However, providers were notified of the delays in receiving full award and existing contracts were extended to ensure continuity of services until the region was notified of its award.

Recommendation: Continue to examine and streamline the contracting process. New multi-year funding should greatly reduce the contracting time moving forward.

Suggestion:

Send notification when reimbursement was paid/deposited.

After reviewing the report, its findings, and recommendations, committee members were asked if they had any additional recommendation for the county or UWLI. Committee members were in agreement with the findings/recommendations/suggestions and had nothing more to add. The staff was thanked for their hard work and keeping the providers informed

IV. MNT QI Project

The CQM work plan has three proposed goals:

Goal #1, *Analyze Stratification data,*

Goal #2. *Assess Medical Nutrition Therapy Utilization*

Goal #3. *Address concerns documented in the Administrative Mechanism*

Analysis of Stratification data is currently in process. How best to assess MNT Utilization and the decision as to whether to focus on the first two goals or add a third goal since there were no glaring concerns mentioned in the Admin Mech report will be discussed. Continuous quality improvement involves the development and implementation of activities to make changes to the EMA’s program in response to performance data results. At the previous CQM meeting, the concept of Food as Medicine was introduced. Things to consider, access to proper food and nutrition to help deal with comorbidities as we age. The importance of complementing medical health care with good nutrition and health meals.

N-S EMA Quality Improvement Project 2023-2024, In the N-S EMA, PLWH are aging and developing comorbidities that can affect their quality of life. Based on the NYS HIV/AIDS 2021 Annual Surveillance Report, people 50+ account for 60.4% of PLWH on Long Island, and are facing increased food price, decreased benefits and greater food insecurity. If the EMA expands access to MNT (and EFA), health outcomes will improve by ensuring access to healthy foods that address the medical needs of clients.

The N-S EMA funds two medical nutrition therapy programs: North Shore University Hospital and Research Foundation. In 2022, approximately 160 clients received 1841 units of MNT services. In comparison, there are over 3,000 clients served in the N-S EMAS. We are not reaching many of these clients, consequently we need to look at utilization and access to MNT services. An aim statement is a clear, explicit summary of what we hope to achieve over a specific period of time including the magnitude of change we will achieve. Research has shown that teams who develop a good aim statement perform better, keeps the team focus on the tasks at hand, creates the urgency to accomplish the goal, provides a vision of what success looks like and serves as a predictor of success. A good Aim statement needs to be developed. The AIM Statement guidance was reviewed. The goal is to improve health through nutrition, especially for consumers 50+ who are at risk of developing co-morbidities and may be helped through good nutrition and nutritional counseling

A tentative Aim statement is for this CQI project is as follows: *The N-S EMA will engage Part A clients in its EFA and (MNT?) programs in 2023-2024 grant year to ensure they have adequate food that provides quality nutrition to impact their medical care.*

Education is a good starting point. Things to consider: What is MNT? What is the current level of awareness, access, and eligibility? Individuals do not have to be a client of the aforementioned programs to receive services. Are our MNT programs as accessible as they should be? How do we track this and other outcomes? The committee acknowledged that this QI project most likely will be a process that takes more than a year.

V. Annual CQM Provider Audit Findings

For contract year 2022-2023, UWLI conducted CQM audits on client records that were submitted during the annual sites visits that were conducted in late 2022/early 2023. Ms. O'Keefe utilized a tool that contained criteria from the EMA's Service Standards and HIV/AIDS Bureau's performance measures. 230 records were reviewed across 13 agencies. She assessed the data and explored any criteria that scored lower than 90%.

Core services reviewed were: Early Intervention Services (EIS), Medical Case Management (MCM), Medical Nutrition Therapy (MNT), Mental Health (MH), Oral Health Care (OHC) and Outpatient Ambulatory Health Services (OAHS); support services of Emergency Financial Assistance (EFA) Other Professional Services-Legal(OPS), and Medical Transportation(MT) were also reviewed. This review was influenced by continuing concerns about the spread of COVID-19 and limitations resulting from virtual visits since these records did not contain the entire client record making the assessment of some criteria impossible. The Quality Manager discussed findings with each provider, providing guidance to help increase compliance, revising tools to address issues, and technical assistance was offered as needed. Despite some challenges it was determined that providers are more compliant than originally thought and recorded and that clients are receiving the services they need.

Recommendations:

Conducting reviews: To fully assess compliance with service standards and performance measures, the Quality Manger needs access to the entire client records and when this is not possible, to have the ability to discuss criteria with staff.

Technical assistance (TA): Upon review of results, the QM discussed findings with each provider to gain understanding of low scoring criteria.

Assessment: Based on communications, many of the deficiencies were a result of having partial client records and not a result of sub-recipient non-compliance with standards and measures.

VI. Quarterly CQM TA Bulletin (newly created)

Ms. O'Keefe created a new quarterly CQM TA Bulletin. Sections include: CQM Plans, Training, CQI Projects, Did you Know? and Resources. This first bulletin should be sent out next week.

VII. Announcements/Adjournment

Mr. Thomas from Thursday's Child announced a Long-Term Survivor (LTS) event on Sunday, May 21, 2023 at 1:30pm. Small groups will also be held in the meantime. Consumers and providers are invited to attend a Ducks game with a pre-game barbecue at 1:00 pm. RSVP required. A flyer will be created to include in the weekly mailing. Community Forum dates were shared with the committee.

Ms. Baldrige made a motion which was seconded by Ms. Simon to adjourn the April 27, 2023 CQM meeting. All in favor-motion carried

Membership sub-committee

Two new Planning Council applications were reviewed and approved for balloting at the May Planning Council meeting.