

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
February 22, 2024

MINUTES

MEMBERS PRESENT:

Angie Partap, Co-Chair
Carmen Feliciano
Joseph Pirone
Hope Sender

MEMBERS ABSENT:

Darlene Rosch, Co-Chair
Susan Baldrige
Ana Huezo
Jacqueline Ponce-Rivera
Patricia Ross
Erik Rios
Traci Shelton
Claire Simon
Edward Soto
June Tappan
Kerry Thomas
Crissy Witzke

GUESTS

Harriet Skevis

STAFF:

JoAnn Henn
Nancy O’Keefe
Myra Alston

STAFF Absent:

Georgette Beal
Katie Ramirez

I. Welcome & Introduction

At 10:10am, Ms. Partap opened the meeting and welcomed everyone. A moment of silence was requested to remember those whom we have lost and those who are surviving.

II. Approval of October 26 Meeting minutes

Ms. Feliciano made a motion to accept the minutes as read. Ms. Sender seconded the motion.
2 Approved 2 Abstained 0 Opposed

III. CQM Work Plan Review

The 2023-2024 CQM Work Plan was reviewed.

The workplan includes goals, objectives, activities, lead, staff/resources, deadlines and progress to date.

Goal 1. Maintain a Clinical Management Plan for the purpose of driving and guiding the formal assessment and evaluation of the quality of services provided in the Nassau-Suffolk EMA. The goal objective is to review, evaluate and update EMA CQM plan annually, using the National HIV/AIDS Strategy (2022-2025) to frame activities and goals. Technical assistance was provided to subrecipients throughout the grant period to assist with the development of CQM plans, work plans and CQI projects.

Goal 2. Ensure compliance with service standard of subrecipients within the Nassau-Suffolk EMA. Site visits, where compliance is monitored began in September 2023 and the last site visit

was February 21, 2024. Another objective is to review Service Standards to reflect any changes. The EFA Service Standards now include utilities; the EIS Service Standards were archived. Revised Service Standards were presented at the June CQM meeting.

Goal 3. Monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and best practices. The objective is to assess sub-recipient progress in meeting performance measures for funded priorities. Existing performance measures reports were refined in CAREWare and new reports were created as needed to monitor subrecipient performance. A complete assessment was completed in the first quarter of 2023. Activities included monitoring of performance measures and providing technical assistance as needed by TSA staff, discussing process with sub-recipients. Final reports will be provided to sub-recipients.

Updated/revised performance measures for funded priority categories were disseminated to sub-recipients. Guidance and technical assistance were provided to improve methods for entering and collecting data into and from CAREWare Care plans were removed as a performance measure and retention in care was added. HRSA is looking at performance measures and may revise some of them.

Goal 4. Promote and foster continuous quality improvement initiatives across the EMA with the objective of establishing and promoting EMA wide Quality Improvement initiatives. MNT was identified for the CQI Initiative. The Survey deadline is the end of February.

Progress on QI initiative documentation and reporting as well as communication of best practices with community stakeholders on a regular basis is ongoing. Another objective of Goal #4 is to ensure data is accurate and consistent throughout the EMA, To accomplish this, the CAREWare Data Dictionary is reviewed with subrecipients during new staff orientations and during provider meetings. CAREWare data is analyzed quarterly, and any disparities are identified. Stratification data was reviewed during CQM meetings.

Goal 5. Coordinate and collaborate across Ryan White programs (Parts A, B, C, and D) and other HIV Care and Prevention programs in planning Quality Management activities. The two objectives are to engage other HIV funded programs in Quality Management Planning and Improvement Initiatives as well as promote the coordination of prevention and care quality improvement activities. During 2023-2024, CQM committee and TSA staff continue to have Parts A, B, and D attend joint CQM committee meetings and share QI data and best practices. Representatives from other HIV Care and Prevention funded programs are invited to get involved in QM planning activities. NYLINKS and ETE groups are informed of N-S EMA's CQM efforts, participation in National Cross Collaborative Quality Improvement projects as applicable. Updates on the progress of implementation of joint plan for integrated prevention and care efforts are provided during Council meetings and will continue into 2024-2025.

IV. Update on the Medical Nutrition Therapy CQI Project

The deadline to complete the MNT survey is the end of February 2024.

Preliminary results of the survey were shared with the committee.

Have you ever received or are you currently receiving medical nutrition therapy at North Shore University Hospital or Edie Windsor Healthcare Center? resulted in overwhelming No responses (111) as compared to (37) **Yes** responses.

The breakdown of where these services were received, are as follows:
Edie Windsor (12); Stony Brook (20); NSUH (2) Not applicable (1) and (2) had no answer.

Responses to the question, *Did you find them helpful in maintaining or improving your help?*-
Very (31); **Somewhat** (4); **Inconsistent contact/ Lack of Contact** (1). One person did not answer the question.

The majority of respondents (101) have not received or are currently not receiving nutrition services from another program, of the (44) who replied **Yes**, the breakdown is as follows:
EAC (18); Sun River Health (9); SNAP, Thursday's Child, and Roosevelt, all had (2) responses.
EOC, food stamps, Maureen Simone, SB Medicine Diabetes, Stony Brook, the VA, and NUMC all had (1) responses. Four people did not answer the question.

The reasons for not receiving MNT Services at NSUH, SB, or EWHC in descending order are as follows:

- Did not know about availability (45)
- I don't think I need MNT (37)
- Didn't receive care where MNT is (21)
- Other Comments (16)*
- No Transportation (14)
- No recommendation (11)
- MNT not offered at a good time (8)
- I don't have access to cook meals (2)

*Comments included, not interested, don't need, procrastination, don't know what it is, no-one called back regarding these services, interested if insurance does not need to be changed, I moved, services no longer available, and was not aware they could go to different agencies.

When asked if they would like to receive MNT Services, (56) responded **Yes**; (53) responded **No** (28) did not answer.

In order to receive MNT Services, the individual needs to be a Part A client, but not necessarily of the specific agency offering the services. A medical requirement is receipt of a referral to receive these services. Many are unaware of what Medical Nutrition Therapy Services are, how to access them, what agencies offer them, and which agencies are RW Part A funded. Education is key.

V. Announcements/Adjournment

There were no announcements.

Ms. Sender made a motion to end the February 22, CQM meeting. Mr. Pirone seconded the motion.

All in favor. Motion carried.

Membership sub-committee

There were three Planning Council applications to review. Unfortunately, there was not quorum, so the applications will be reviewed after the April CQM meeting.