

Nassau-Suffolk HIV Health Services Planning Council  
*Clinical Quality Management Committee*  
October 27, 2022  
**Virtual Zoom Meeting**

**MINUTES**

**MEMBERS PRESENT:**

Angie Partap, Co-Chair  
Susan Baldrige  
Ana Huezo  
Carmen Feliciano  
Johnny Mora  
Joseph Pirone  
Erik Rios  
Patricia Ross  
Hope Sender  
Traci Shelton  
Crissy Witzke

**MEMBERS ABSENT:**

Darlene Rosch, Esq, Co-Chair  
Jackie Ponce-Rivera  
Claire Simon  
Ed Soto  
Kerry Thomas

**GUESTS**

**STAFF:**

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

**STAFF Absent:**

**I. Welcome & Introduction**

Ms. Partap opened the meeting at 10:10 am. This was her first meeting as the new co-chair of CQM. She welcomed everyone and introductions were made. She then requested a moment of silence to remember those who have come before, those still living with HIV/AIDS and those affected by COVID.

**II. Administrative Mechanism**

Survey questions for the annual Administrative Mechanism Assessment were reviewed and revised. There are separate survey questions for funded providers and for Council members. The Administrative Mechanism, assesses the efficiency of the process used by the Recipient (Nassau County) and the Technical Support Agency (United Way of Long Island) to rapidly allocate funds to areas of greatest need in terms of timeliness and efficiency in carrying out or overseeing the contracting process, including the requests for proposals (RFP) process, awarding grants/contracts to providers, and disbursement of funds. If the administrative mechanism is not working well, the Planning Council is responsible for making formal recommendations to the CEO of the EMA. A Survey Monkey link will be sent to Council members to respond to the questions.

**III. Site Visit Response**

From June 27-July 1, 2022, HRSA conducted a comprehensive/operational virtual site visit. One CQM related programmatic finding was identified regarding the collection and/or analysis of required performance data. The recommendation was to develop a process to collect and analyze data to assess health disparities on a quarterly basis. The stratifications may include analyzing performance data by gender, race, ethnicity, age, geographic distribution and/or other meaningful client demographics, including system characteristics or other characteristics.

An improvement option was offered which stated, “Since initial staffing priorities were resolved, the recipient should focus on program development priorities. The CQM program could benefit from a thorough review of the program’s policies and processes to identify and implement actions to make the CQM program more efficient and effective”. It was recommended that UWLI ~~should~~ analyze its policies and procedures for infrastructure, performance measurement and quality improvement and eliminate actions that do not enhance the program, and/or actions that could be simplified or replaced, with actions that are more effective and efficient.

In response to this option, the N-S EMA requested a review of its CQM Policies and procedures at the time of this visit. UWLI is awaiting a response to the request that was repeated during a follow-up email. In an effort to eliminate actions that do not enhance the program, UWLI looked at guidance regarding the minimum number of performance measures required and identified two performance measures (Viral Load suppression and retention in care) to analyze.

#### **IV. Performance Measure (Eliminating Care Plans and Adding Retention in Care)**

VLS and retention in care were identified as two performance measures to analyze in order to assess quality of care and health disparities. These two measures align with Goal 2 of the National HIV/AIDS strategy (NHAS) as well as the HIV Care Continuum. The N-SEMA currently tracks VLS and Care Plan completion rates and enters the data into the HIVQM (Quality Management) module where it is compared with other regions, the state, and the nation. UWLI would like to discontinue care plans, questioning whether care plans offer any useful data and begin to track retention in care. UWLI is required to report on retention in care in reports to HRSA and this performance measure would be more meaningful as we seek to end the epidemic.

#### **V. CQM Annual Work Plan Update 2<sup>nd</sup> Quarter**

An update of the CQM Annual Work Plan for the second quarter was presented to the committee. The Work Plan has five goals, each divided into the categories of:

*Objectives; Activities; Lead; Staff/Resources; Deadline Progress; and Progress to Date.*

**Goal #1-Maintain a Clinical Quality 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 objective of this goal is to annually review, evaluate and update **the** EMA’s CQM Plan. The CQM committee and TSA staff reviewed the plan and developed an annual work plan based on annual plans in February 2022, ahead of the deadline. The use of the National HIV/AIDS Strategy (2022-2025) to frame CQM activities and goals was completed in the first quarter.

The CQM work plan will be reviewed, evaluated and updated on a quarterly basis at the CQM committing meeting.

**Goal #2- Ensure compliance with service standards of sub-recipients within the Nassau-Suffolk EMA.** The objective of the second goal is to disseminate newly revised service standards for all funded priorities. Completed service standards were provided to all sub-recipients prior to their presentation at the April 27, 2022 provider meeting. TA was offered to MCM providers on October 19, 2022. Revisions to the sub-recipient CQM Review tool to reflect changes to service standards has been completed. Will monitor compliance with service standards, beginning November 2022. After this monitoring begins, support will be provided to sub-recipients that have deficiencies and/or challenges in meeting service standards.

**Goal #3- Monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and best practices.** This goal has three objectives: 1) To assess sub-recipient progress in meeting performance measures for funded priorities; 2) To disseminate updated/revised performance measures for funded priority categories; and 3) To monitor progress of the EMA's performance on updated/revised performance measures. The Data Manager and the Quality Manager met to discuss performance measure reports in CAREWare and offered TA. Sub-recipients submitted VLS and care plan data in September 2022. Completed performance measures were updated, sent to subrecipients, and reviewed at the April provider meeting. Performance measures were included in provider annual CQM reviews and the data was presented at the August 2022 CQM meeting. Care plan performance is below the 90% threshold due to clients having visits in the 13<sup>th</sup> or 14<sup>th</sup> month. UWLI is considering discontinuing care plans and adding retention in care.

**Goal #4- Develop and implement Continuous Quality Improvement (CQI) initiatives system wide through the EMA.** This goal also has three objectives: 1) To analyze data to ensure consistency and accuracy among sub-recipients; 2) Establish EMA-specific Quality Improvement Initiative(s) based on data that identifies areas/priorities that need improvement; and 3) Monitor sub-recipient specific Quality Improvement Initiatives. A CAREWare Data dictionary was created and provided to sub-recipients at the April provider meeting, helping to ensure understanding and consistency. UWLI has begun to stratify data. CQI initiatives have been received from each program (march-September) and will be monitored through monthly narratives. The CQI methodology was included in sub-recipient work plans and CQM plans.

**Goal #5- Collaborate with HIV Care and Prevention programs in the Nassau-Suffolk EMA (NYLinks, Ending the Epidemic), as well as Ryan White Parts A-D.** Goal #5 has the singular objective to continually engage other HIV funded programs in Quality Management Planning and Improvement Initiatives in the Nassau-Suffolk EMA. Ongoing for 2022-2023 is to encourage Parts A-D to attend CQM meetings and share their respective QI data and best practices. Feedback is elicited from other RW parts regarding QIP initiatives. Although currently there is no progress on this activity, there are plans to seek out other stakeholders and other HIV Prevention and Care programs and involve them in QM planning activities. UWLI participates in CQII webinars and other learning opportunities, with the possibility of participating in cross-collaborative QI projects in the future.

## **VI. Stratification Data**

Nancy presented data that shows VLS rates among 1,215 MCM clients for 2021-2022. Viral load suppression rates were tabulated according to race/ethnicity, with the following results:

Asian/Pacific Islander, 78%; Black or African American, 93%; Hispanic, 96%; More than one race, 93% White, 99%. Although Asian/Pacific Islanders' rate of suppression is significantly lower than other populations, it is based on only 27 clients. Black or African American rates are lower than others and represent a large number of individuals. The committee agreed that we would begin to analyze the data so that we can determine next steps to eliminate this disparity.

**VII. Announcements/Adjournment**

Ms. Witzke informed the committee that the results of Stony Brook's LGBT survey have been released and provided the link to view them. She also announced an open Patient Navigator/Care Coordination position at the Edie Windsor Healthcare Center.

Ms. Huezco made a motion which was seconded by Ms. Baldrige to adjourn the October 27, 2023 CQM meeting.

All in favor-motion carried

**Membership sub-committee**

The committee reviewed and approved a Planning Council application from a former Council member. The members will be balloted after the November Planning Council meeting. The Planning Council membership is currently at 24 members. Five applications are pending.

Once all have been appointed, the Council will have met and exceeded the HRSA requirement of 33% unaligned consumer membership.