

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
August 29, 2024

MINUTES

MEMBERS PRESENT:

Angie Partap, Co-Chair
Susan Baldrige
Joseph Pirone
Hope Sender
Kerry Thomas
Crissy Witzke

MEMBERS ABSENT:

Darlene Rosch, Esq.
Carmen Feliciano
Jacqueline Ponce-Rivera
Edward Soto
John Van

GUESTS

William Doepper
Maria Mezzatesta
Maureen Simone

STAFF:

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

STAFF Absent:

I. Welcome & Moment of Silence

At 10:08 am, Ms. Partap, Co-Chair, opened the meeting and welcomed everyone. A moment of silence was requested to remember those whom we have lost, those who are still struggling with the virus, and those we have recently lost.

II. Approval of June 27, 2024 meeting minutes

Mr. Pirone made a motion to accept the minutes as read. Ms. Baldrige seconded the motion.
3 Approved 3 Abstained 0 Opposed

III. Nomination of Committee Co-Chairs

Committee Co-Chair terms are ending, and it is necessary to nominate two committee members to assume the positions. All committees shall be chaired by at least one member of the Planning Council. The region shall endeavor to appoint an individual living with HIV as chair of each standing committee. One of the CQM co-chairs must be an individual living with HIV. The Chairs shall be elected every two (2) years. No member will co-chair a committee for more than two consecutive terms, unless circumstances dictate otherwise. Members were asked if they were interested in the Co-chair position; an email will be sent to those not present to find out if they are interested in the Co-chair position.

IV. Summary of Administrative Mechanism

The Ryan White legislation requires each Part A Program’s Planning Council to assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area. Specifically, it is the responsibility of the CQM committee to assess how quickly and well the Part A recipient and administrative agency, UWLI, carry out the

processes needed to contract with and pay providers for delivering HIV-related services so that the needs of PLWH within the service area are being met. The 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 recommendations to continue the timeliness and effectiveness of the contracting process. There were two surveys: Planning Council members were asked questions specific to the Council, its mission, trainings, and the PSRA process. Provider surveys focused on knowledge of the PSRA process, contracting, distribution of funds in FY23-24, and contract monitoring. Both surveys reviewed the previous year's planning process and the resulting priorities that are funded in the current fiscal year. The majority of respondents in both surveys reported that the needs of most special populations were addressed. Regarding Women of Color, 7.69% of all respondents were not sure if needs were considered.

Planning Council- 24 of the 30 Council members responded to the survey. The results confirm that the EMA is effective at both allocating and reallocating funds to priorities that mirror the needs of the region and are supported through needs assessments and data collection. All Council members indicated a clear understanding of the PSRA process which is a key component of the PSRA process. As was reported in the previous survey, 100% of Council respondents replied they were familiar with the process and at over 91%, there was a slight increase in their participation of the process.

Providers- All (13) funded providers responded to the survey. As with the Council members and previous survey, 100% of providers were familiar with the data-driven PSRA process. All agencies received a comprehensive site visit in FY23-24. Written communication advising providers which program and fiscal documents to submit prior to onsite visit was clear and allowed enough time. All providers agreed that contract managers and fiscal staff were accessible, and that technical assistance when requested was both timely and helpful. In addition to the technical assistance arising from site visit, agencies received other TA: Data (33.33%); Quality (41.67%); and Budget/workplan development (25%). An overwhelming majority (92.31%) agreed that the continuation funding application outlined all materials required for continued funding (only one provider disagreed). All providers agreed that implemented changes to the contracting process, which includes simplification of forms, shortened CFAs and acceptance of electronic submission and signatures made it easier to get contracted. All funded providers agreed that UWLI provided a clear scope of service for each contract. None of the providers disagreed that support provided by UWLI was sufficient in getting workplans, budgets, and contracts executed as quickly as possible and that communication about the contract process was easy, timely, and satisfactory. All 100% of providers agreed that once contracted, vouchers were paid in a timely manner which is an increase of 7.69%. Considering that invoice errors and missing documentation can impact processing times, the average turnaround time for UWLI to reimburse agencies once a complete invoice was submitted improved significantly. The results are: For 7-15 days, providers reported 38.46% (an increase of 7.69% from the previous survey); for 16-30 days, 53.85% (and increase of 7.7%); and most significantly, only 7.69% of providers reported payment of more than 30 days as compared to 23.08% of the previous year. Voucher processing and timeliness improved in FY23-34 and can be attributed to the implemented changes to facilitate the process. There were no suggestions to improve the distribution or monitoring process

Ms. O’Keefe presented some background information as it relates to the administrative mechanism by showing a timeline of events. The Technical Support Agreement (TSA), Intergovernmental Agreement (IGA) and multi-year grant submission were all due around the same time. The TSA RFP was posted on November 11, 2022. The Nassau County contract was signed in March of 2024 and only a partial award was received. Consequently, there was a contract for two months then another for ten months. In July a letter to contract for the full award was received and the IGA was signed. Despite the challenges and limitations, clients received the services they needed, and vouchers were paid as soon as funds were available.

V. CQM Update

Ms. O’Keefe then shared an update of **the CQM workplan** which includes Objectives, Activities, Lead, Staff/Resources, Deadline, and Progress to Date for 2024-2025.

The workplan has five goals:

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 first goal is to review, evaluate, and update EMA CQM plan annually has been met. The activities to provide technical assistance to subrecipients on the development of CQM plans, workplans, or other CQI projects is ongoing.
2. Ensure Compliance with service standards of subrecipients within the Nassau-Suffolk EMA. The objective to monitor EMA compliance with service standards is ongoing. The review of Service Standards to reflect any changes was completed on 4.18.2024.
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 subrecipient progress in meeting performance measures for funded priorities. Data for April 1, 2023- March 31, 2024, was submitted and reviewed, Trending data on VLS was presented at this meeting. HRSA is in the process of updating performance measures.
4. Promote and foster continuous quality improvement initiatives across the EMA that focus on the elimination of disparities. There are two objectives, the first to establish and promote EMA wide quality improvement initiatives. A MNT QI initiative was identified and developed by April 18. Documenting and reporting progress on QI initiative, communicating best practices, and trending CAREWare data and identifying disparities in care and outcomes are ongoing. The second objective, to ensure data is accurate and consistent throughout EMA was accomplished through a review of revised CAREWare data dictionary in June provider meeting and TA is ongoing.
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 objective to engage other HIV funded programs in Quality Management Planning and Improvement Initiatives is accomplished by continuing to have Parts A, B, and D staff attend joint QM meetings and share QI data and best practices. Invitations to involve representatives from other HIV Care and Prevention funded programs in QM Planning activities, informing the NYLinks

regional groups and ETE groups of N-S EMA's CQM efforts, and participating in National Cross Collaboration Quality Improvement projects are ongoing. The second objective to promote the coordination of prevention and care quality improvement activities is done by providing updates of meeting goals of integrated plan.

Trending data- Viral Load Suppression (VLS) data was gleaned from CAREWare from January 2023-March 2024, and was presented by age, gender, ethnicity, risk, and date of diagnosis. In a PowerPoint, Ms. O'keefe shared the data and percentages. While the percentages remained fairly consistent from 2023-2024, there was a slight decline of 3% in the 25-29 age group at 88%. The trending data by gender showed increased percentages for Female (up 2%); Male, (up 1%); Transgender MtF (up 8%). Trending data by ethnicity for 2023 and 2024 was similar with only slight fluctuations. American/Alaska Native, More than One Race, and Other remained at 100%. However, it should be noted these groups are small, at no more than (10). Trending by risk also remained somewhat similar when there seemed to be a significant change in percentage as in Hemophilia (50% to 100%) or MSM and IDU (100%-75%). When the numbers are relatively small, one or two clients can have a significant impact on the percentages. Trending data by date of diagnosis in 2023 showed *Newly Diagnosed* at 86% (56 individuals) compared to 82% (34 individuals) in 2024. *Not Newly Diagnosed* at 95% (787) in 2023 as compared to 97% (677) in 2024.

A Health Equity Video was shared with the committee.

The COI Plan for MNT service category was shared with the committee. The key activity was to assess client knowledge of availability of MNT services through client survey. Thirty-one percent of respondents did not know about the availability of such services; while 42% answered yes to the question, *Would you like to receive MNT services?* ". In June, there was a Provider meeting with the EMA's medical case management subrecipients to give them a better understanding of the benefits of MNT and the referral process. Quality Improvement activities also include ensuring appropriate funding through PSRA process to accommodate additional clients in MNT, plans to host an MNT Conference to increase knowledge and benefits of MNT services, and to work with RDNs to determine baseline for clients with hyperlipidemia.

VI. Announcements/Adjournment

Mr. Thomas from Thursday's Child announced that Holiday Magic pre-applications are now being accepted.

Ms. Baldrige made a motion to adjourn the August 29, 2024, meeting. Mr. Pirone seconded the motion.

All in favor. Motion carried.

Membership sub-committee

There were no Planning Council applications to review