

Nassau-Suffolk HIV Health Services Planning Council
Clinical Quality Management Committee
February 27, 2025

MINUTES

MEMBERS PRESENT:

Maria Mezzatesta, Co-Chair
Susan Baldrige
Jody Brinson
Lisa Corso
Cathy Martens
Joseph Pirone
Jacqueline Rivera
Hope Sender
June Tappan
Kerry Thomas
Crissy Witzke

MEMBERS ABSENT:

Angie Partap, Co-chair
Carmen Feliciano
John Van

GUESTS

STAFF:

Georgette Beal
JoAnn Henn
Nancy O'Keefe
Myra Alston

STAFF Absent:

Katie Ramirez

I. Welcome & Moment of Silence

Ms. Mezzatesta, Co-Chair opened the meeting at 10:10 am and welcomed everyone. A moment of silence was requested to remember those whom we have lost and to remind us to stay centered and focused during these unsettling times.

II. Approval of October 24, 2024 meeting minutes

The attendance was corrected and minor typos fixed. Ms. Baldrige made a motion to accept the corrected minutes. Ms. Brinson seconded the motion

9 Approved 1 Abstained 0 Opposed Motion carried.

III. 2025-2026 CQM Plan

Clinical Quality Management (CQM) is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction by establishing standards and systems to measure and improve performance. The overall mission of the Nassau-Suffolk EMA CQM Program is to continuously improve health outcomes, the quality of care, and the client experience for Persons with HIV receiving services from the Part A program. Although Planning Council committees actively engage in monitoring, evaluation, and improvement processes, the Clinical Quality Management Committee (CQM) is the primary committee involved in the EMA's CQM program. Rather than review this large document in its entirety, only the page of proposed changes was shared with the CQM committee, the following revisions were suggested:

- The first suggested revision was to remove *quarterly* from the end of this sentence-*The*

CQM Committee receives and reviews data on each service category ~~quarterly~~.

The second revision was to change the wording of This data is then forwarded to the Executive Committee and then the Planning Council. Recommendations are then issued to the Recipient. New wording: Feedback and recommendations are sent to the Executive Committee and then the Planning Council for review and input. Final recommendations are shared with the Recipient. The rationale for these revisions is that the committee meets five times a year; reviewing data quarterly reduces the ability of the committee to work on other CQM activities.

- Changing performance measurement reviews from a *quarterly basis to annually*. As previously noted, reviewing data quarterly makes it difficult to focus on other CQM priorities. Performance measures include Viral Load Suppression rates, as well as the service/care plans. That information is included in the quarterly TA Bulletin that is sent out to CQM staff housed in the sub-recipient programs.
- Wording change-The Clinical Quality Management Committee (CQM) will review and evaluate *all data related to subrecipient performance measurement. Performance Management reports will be reviewed on a quarterly basis, including stratifying data to identify health disparities*, which would be rewritten as *priority level performance outcome and disparity data from subrecipient annual QI reviews to identify any health disparities*. Similar rationale states that reviewing items quarterly precludes focusing on other CQM projects and initiatives.

The CQM committee is the only committee that meets five times a year, the other committees meet six times during the year. The last CQM meeting of the year is in October; the committee does not meet again until February. Concern was raised as to whether that is enough time to accomplish plan goals or should an additional meeting be added, possibly in January. The committee agreed to leave it at five meetings, since the objectives are currently being met. If something is trending or an issue needs to be addressed, an ad-hoc meeting can be scheduled.

IV. 2025-2026 CQM Work Plan

The CQM Plan is an 80-page document, which includes the five goals of the CQM Work Plan for 2025-2026. The goals have remained unchanged. Each goal has **Objectives**, **Activities**, **Lead**, **Staff/Resources**, **Deadlines**, and the **Progress to Date**. Timeframes were updated.

Goal #1 is to 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**. This goal has two objectives: A. To review, evaluate, and update the EMA CQM plan annually. This is an ongoing process conducted during CQM committee meetings. A second objective B. was added - To review and evaluate sub-recipient CQM Plans and work plans. These plans are requested during the CFA process (February and March 2025), Technical assistance is provided by the Technical Support Agency (UWLI) and Quality Manager to the sub-recipients on the development of CQM plans, including infrastructure, work plans and/or CQI projects.

Goal #2- is to **Ensure subrecipient compliance with the Nassau-Suffolk EMA Service Standards.** The goal and its objectives did not change, However, there were changes to the activities for the second objective, which is to review Service Standards and make changes as necessary:

- 1. PCN 16.02 and National Monitoring Standards were included as part of the review for any changes to Program Services that need to be incorporated into the Service Standards.
- 2. To *review consumer feedback, surveys, reports, etc. for needs, challenges and barriers affecting people with HIV that should be addressed in the Service Standards* was newly added.

CQM committee and Technical Support Agency (TSA) staff remain the Lead, in addition to them, the Quality Manager has been added to Staff/Resources. Training can be scheduled to address the issues of aging with HIV.

Goal #3-is to **Monitor performance measures for all Part A funded priority categories based on HAB/HRSA Performance Measures and practices.** Objective A, to assess sub-recipient progress in meeting performance measures for funded priorities, had a change to the third activity:

- ~~Explore feasibility of adding N-S EMA-specific performance measures,~~ has been replaced by *Compile and share performance measure data and summary through reports with subrecipients and CQM committee.* The reasoning is that it is complicated to create your own performance measures,
- ~~Disseminate updated/revised performance measures for funded priority categories.~~ has been changed to *Develop strategies for addressing trends that indicate disparities.* This is more proactive wording, and the Quality Manager is continuously trending the data.

Goal #4 is to **Promote and foster continuous quality improvement initiatives across the EMA that focus on the elimination of disparities.** The wording for Objective A was changed from:

- ~~Establish and promote EMA-wide Quality Improvement Initiatives to~~ *Conduct systems level quality improvement projects aimed at improving patient care, outcomes and/or satisfaction.*
- The wording for the activity for Objective B, has been changed to *Review CAREWare data with subrecipients to ensure appropriate capture clients and units of service,* The focus shifted from review of the CAREWare dictionary to work with subrecipients are entering data correctly.
- A third Objective C was added, *Share trends that indicate possible disparities system-wide CQI initiative updates, and resources with N-S EMA.*

Goal #5-is to **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.** Objective B. *Promote the coordination of prevention and care quality improvement activities* has two activities:

- *Participate in NYS Quality of Care Advisory Committee (QAC) committee quarterly meetings.*
- *Share reports and resources of the QAC.*

Ms. Baldridge made a motion to approve the plan with the revised workplan included. This motion was seconded by Ms. Sender. All in favor-motion carries

V. MNT Brochure

The results of the MNT survey revealed that many respondents were unaware of Medical Nutrition Therapy Services. An assessment tool was created for Medical Case Managers to use with clients to assess need, The creation of the MNT brochure would be a valuable resource. A draft of the brochure was shared with the committee for review and feedback. The front of the brochure includes a definition of MNT, the benefits of medical nutrition therapy, how it helps people living with HIV, and Part A eligibility. A QR code will also be incorporated to link the reader to Planning Council website and other MNT-related material. For more information, the back of the brochure has agency contacts. This brochure will be part of the resource table at the conference. There are plans to translate the brochure into Spanish and Haitian-Creole.

VI. MNT Conference

The Medical Nutrition Therapy Conference is scheduled for Friday, March 28, 2025, from 10am-2pm at the Sons of Italy Hall on Deer Park Avenue in Deer Park. The tentative agenda begins with two registered dietitian/nutritionists introducing MNT and the benefits for those living with HIV. There will be a panel discussion, demonstrations/food samples, a presentation on how to read labels as well as a Diabetes My Plate matching game. A healthy lunch will be served. After lunch, a motion activity such as chair yoga is planned. Dr. McGowan will be presenting on the impact of weight loss drugs on those living with HIV and other co-morbidities. Participants will be given pre-and-post surveys. To date, 19 people have registered for the conference. There is the capacity for 50 attendees. Consumers were reminded to register for the conference and were encouraged to tell others about the conference.

VII. Announcements/Adjournment

The Committee was informed about the Project Warmth program. Completed applications should be sent to Ms. Henn.

Ms. Tappan made a motion to close February 27, 2025, at the CQM meeting. The motion was seconded by Ms. Sender. All in favor-motion carried

Membership Sub-committee

It is important to be mindful of regional surveillance data when reviewing the membership roster. Currently, there are two vacant categories, Substance Abuse and Housing Homeless Services Providers. One Council member has missed more than (3) consecutive meetings. She has been contacted and wishes to remain on the Council and plans to send a letter with intent.

Five consumers will be cycling off their second term at the end of September. We will still be able to maintain, even exceed the HRSA requirement of 33% unaligned consumer membership on the Planning Council after September 30, 2025. However, there is a need to have greater representation for Black and Hispanic membership. We also strive to have parity between Nassau and Suffolk County membership. Although the Planning Council membership is the focus of this committee, it was brought to the committee's attention that the CQM Committee membership has been slowly decreasing. Efforts were encouraged to recruit for committee

membership. Members were also reminded that unlike the Planning Council membership, there are no term limits for committee members. Committee members were thanked for their assistance with these issues.