

Clinical Quality Management Committee

**FEBRUARY 28, 2019**

**UNITED WAY OF LONG ISLAND, DEER PARK, NY**

**MINUTES**

**MEMBERS PRESENT:**

Traci Shelton, Co-Chair  
Gloria Allen  
William Doepper  
Marci Egel  
Juli Grey-Owens  
James Hollingsworth  
Ana Huezo  
Teresa Maestre  
Kevin McHugh  
Joseph Pirone  
Ramon Rivas  
Anthony Santella. PhD  
Hope Sender  
Cristina Witzke

**MEMBERS ABSENT:**

Darlene Rosch, Esq., Co-Chair  
Wendy Abt  
Johnny Moro  
Angie Partap  
Rev. Loring Pasmore  
Erik Rios

**GUESTS**

Blanca Nunez  
Melissa Shikhora  
Oskaya Fleming  
Ernesto Hernandez  
Oskaya Fleming  
Marjorie Lessem  
Sophie Nol  
Jennifer Pollina  
Christie Rode  
Kerry Thomas

**STAFF:**

Georgette Beal  
JoAnn Henn  
Stephanie Moreau  
Myra Alston  
Victoria White  
Katie Ramirez

**I. Welcome & Introduction**

Ms. Shelton opened the meeting at 10:10 am and asked the attendees to introduce themselves. A moment of silence was requested to remember those who are sick and suffering.

**II. Approval of Minutes December 6, 2018**

Corrections made to typos in the February minutes (PDSA and party).

Motion to accept the minutes as amended was made by Ms. Egel and seconded by Mr. McHugh.

5 abstentions 0 Opposed 9 Approved-Motion carried

Before continuing on with the agenda items, Ms. Moreau thanked everyone for their assistance with submitting data and assistance with the QI Project.

**III. Update to PCN 15-02-**

There has been a significant change to Policy Clarification Notice (PCN) 15-02. This change was put in place to reduce administrative burden. The change to PCN 15-02 is in regards to the number of required performance measures that need to be tracked by EMAs and TGAs.

Performance measurement is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction. In order to appropriately assess outcomes, measurement must occur. Measures should be selected that best assess the services the recipient is funding and that reflect local HIV epidemiology and identified needs of PLWH. Recipients are strongly encouraged to include HRSA HIV Bureau (HAB) and National HIV/AIDS Strategy (NHAS) indicators that align with the national goals to end the HIV epidemic.

The number of performance measures that are required will now be based on utilization of each priority. The new guidelines are as follows:

- Recipients should identify at least two performance measures for the RWHAP-funded service categories when greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service.
- When the percentage of eligible clients receiving at least one unit of service for a RWHAP service category is in the range of 15% to 50%, only one performance measure is required.
- No performance measure is required if 15% or less of RWHAP eligible clients are receiving at least one unit of services for a RWHAP-funded service category.

The only RWHAP funded service category that requires two performance measures is Medical Case Management (MCM). Medical Transportation (MT), Mental Health (MH), Medical Nutrition Therapy (MNT), and Oral Health Care (OHC) elected to adopt one performance measure.

#### **IV. HRSA Quality Management (QM) Module**

Ms. Moreau presented on the HRSA HIV QM Module. In 2018, the Nassau-Suffolk EMA established a revised performance measurement process. As detailed in the Nassau-Suffolk Clinical Quality Management Plan: "The Quality Assurance and Membership Committee (QAM)\* will review and evaluate all data related to sub-recipient performance measurement. Data review and analysis of performance measures will occur quarterly. The EMA will also employ the usage of HRSA's HIV QM Module to monitor sub-recipient viral load suppression rates as well as other indicated measures." Effective March 2019, data will be collected from sub-recipients for entry into the HIV QM Module. *\*QAM committee has since been renamed Clinical Quality Management Committee (CQM).*

A copy of the Nassau-Suffolk EMA Performance Measures Crosswalk was distributed to the committee members which detailed the assignment of HRSA performance measures to priority and areas as follows:

- Medical Case Management- Viral Load Suppression and Care Plan
- Mental Health –Care Plan
- Medical Nutrition Therapy- Care Plan
- Outpatient Ambulatory Health Services- Viral Load Suppression
- Oral Health Care- Care Plan

- Medical Transportation- Viral Load Suppression

Note: While Care Plan is specific to Medical Case Management, it is interchangeable with other programs which require a care plan updated twice in a measurement year.

First set of first quarter data will be brought back to this committee. Percentages were in previous Service Standards and can be looked at for comparisons and as a starting point.

#### **V. Oral Health QI Project**

As per PCN 15-02, recipients are required to implement Quality Improvement (QI) activities aimed at improving patient care, health outcomes, and patient satisfaction. Oral health was chosen as the QI project for this fiscal year based upon agency findings that revealed improvement is needed regarding documentation of Oral Health Care, specifically oral health examinations and referrals. Out of 97 Medical Case Management Charts that were reviewed, the average indicates that only 67% had sufficient documentation of oral health examinations and referrals. This percentage needs to be increased.

The importance of proper, consistent oral health care cannot be overstated, especially for this population. Going to the dentist is an unpleasant experience and visits are often scheduled only when there is a painful problem. Fear of going to the dentist coupled with the limited dental providers can attribute to the low percentage. However, routine oral health care and necessary referrals are essential to overall general health and may also signal other emergent needs.

There was discussion as to how best improve this 67%. Agencies utilize different assessment/intake forms, which prompts the questions, *“Who is asking the oral health questions, what are they asking, and should there be one centralized way to determine that consumers are receiving oral health examination and referrals?”* Various agency assessments and intakes were reviewed. Some had specific oral health questions and the information could be documented, others included the topic in the conversation, using the assessment as a guideline. The committee generally agreed that consistency is important, more dental training may be needed and education is key. Conversation to continue at the next meeting.

**Membership**-One Planning Council application was reviewed and approved for a vote at the March Planning Council meeting.

#### **VI. Announcements/Public Adjournment**

- National Week of Prayer for the Healing of AIDS-EOC is hosting this event on Thursday, March 7, 2019 at 5:30 at Dominican Village in Amityville.

**Motion** was made by Ms. Egel and seconded by Mr. Pirone to adjourn the public portion of the February 28, 2019 Quality Assurance & Membership Committee meeting.

0 Abstentions

0 Opposed

All in favor- Motion Carried.