Clinical Quality Management Committee (CQMC)
Zoom Virtual Meeting
February 19, 2021

Members	Agency
Silvana Erbstein	AHF
Eddy Diaz	AHF
Kepler Verduga	AHF
Brad Mester	AHF
Rosemonde Francis	Borinquen
Rhonda Wright	Borinquen
Diego Shmuels	Borinquen
Sandra Roca	Borinquen
Hardeep Singh	CAN
Vanessa Mills	Care 4 U
Monty Brown	Care 4 U
Edgar Mojica	Care Resource
Ariel Williams	Care Resource
Rafael Jimenez	Care Resource
Tabitha Hunter	CHI
Nilda Gonzalez	CHI
Carline Denis-Barnes	CHI
Joel de la Torre	Citrus
Rose Marcial	Empower U
Resha Mehta	Empower U
Kirk Palmer	Empower U
Abril Sarmiento	FDOH
Javier Romero	FDOH
David Goldberg	FDOH

Members	Agency
Teresa Watts	Jessie Trice
Jose Ortega	MBCHC
Nelly Rodriguez	MDC-RWP
Theresa Smith	MDC-RWP
Ana Nieto	MDC-RWP
Vincent Hodge	Midway Specialty
James Dougherty	New Hope Corp
Naeem Tennant	SFAN
Laura Vansant	SFAN
Patria Avila	Simply Healthcare
Sonya Brown	UM CAP
Karen Hilton	UM CAP
Geoff Downie	
John Mc Feely	
Nataliya Johnson	
BSR Staff	
Dr. Robert Ladner	
Sandra Sergi	
Susy Martinez	

Note that documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at http://aidsnet.org/cqm-documents/

I. Call to Order/Roll Call

Jose Ortega, CQMC Chair, called the meeting to order at 9:35 a.m.

II. Housekeeping/Zoom Rules

Susy Martinez reviewed the Zoom Meeting Rules presentation (copy on file) which reviewed the meeting rules for the virtual format.

III. Roll Call

Members indicated their presence by chatting "Here" or "Present" in the chat box.

IV. Review Agenda & Minutes

The committee reviewed the agenda and meeting minutes. No changes were made.

V. Quality Improvement Projects Update-Prioritized Subrecipients

Borinquen Medical Center *Diego Shmuels, MD.*

Diego Shmuels presented Borinquen Medical Center's (BMC) quality improvement project update using the model for improvement Plan, Do, Study, Act (PDSA) format (copy on file). BMC was prioritized because their retention in care rate was below the Ryan White Program average at **83%**.

Their aim is by the end of FY30 Q3 (Sep,1, 2020-Nov30, 2020) the % of MCM clients who are retained in care will increase from 83%-89%.

PLAN- They will generate a report from their electronic health record (EHR) to identify Outpatient Ambulatory Health Service patients without a visit from a prescribing provider in the last 3 months.

Do- The report was sent to MCMs, patient cases were noted in EHR by MCM, a tickler appointment reminder system was used to follow-up with clients before appointment and the no-show reports were reviewed on a bi-weekly basis.

Study-BHC retention in care rate improved from 83% to 87%. Pilot testing of their initiative with the same population showed that by November 2020 only 31 were not RiC.

Act- BHC has standardized the HER report across the organization. BHC discovered that the coordination of care is complex and social determinants of health can hinder but not define outcomes if they are addressed.

AIDS Healthcare Foundation (AHF) *Silvana Erbstein*

Silvana Erbstein presented AHF's quality improvement project update using the model for improvement format (copy on file). AHF Homestead was prioritized because their retention rate for OAHS in FY29 Cycle 4 of the Clinical Quality Management Report Card was below the Ryan White Program average.

AHF Homestead's Aim is by the end of Quarter 3 (September 1, 2020 –November 30, 2020), a process will be implemented that will help reduce the percentage of unscheduled patients at AHF Homestead from 40.5% to 15.0%.

Plan- Create and implement an internal process to enhance OAHS appointment scheduling and decrease the percentage of patients reflected in DOMO Unscheduled Patient reports. The number and percentage of patients with unscheduled appointments will decrease.

Do-Tested the DOMO Unscheduled Patient reports by disseminating the weekly report to assigned MCM and Peer to track next appointment and develop appointment reminder system.

Study- AHF Homestead rate of unscheduled patients went from 40.5% to 14% exceeding the goal of 15%. They identified the following gaps and needs in the process: staff rotation, implementation of interdisciplinary meetings helped inform and educate staff. Front desk staff uses the tracking tool and communicates with MCM to document appointment in the Plan of Care.

Act-Due to the success of the PDSA, AHF has implemented retention Mondays for staff to review DOMO report, schedule appointments and share information. AHF hopes to standardize this process.

South Florida AIDS Network (SFAN)- *Naeem Tennant*

Naeem Tennant presented SFAN's quality improvement project protocol (copy on file). SFAN was prioritized by the CQMC based lower than average rates of unsuppressed viral load levels among MCM and OAHS client populations. Their aim is to raise the level of VL suppression among a test population of SFAN clients with unsuppressed VLs, using a high-intensity "VIP team" intervention. They will target 90 MCM clients who were identified as having unsuppressed viral loads in the "Open by Name" view in PE dated 12-9-2020. SFAN has the following two interventions:

Intervention #1- Peers will contact SFAN clients with unsuppressed VLs (1x every 14 days). Peers will assist client with scheduling appointments, entering labs in Provide Enterprise, provide medication adherence and refer clients who are experience issues with medications to a nurse navigator.

Intervention#2-The Nurse Navigator will contact SFAN clients with unsuppressed VLs greater than 100,000 copies (1x every 14 days). The Nurse Navigator will contact clients at least once every 14 days.

In addition to the interventions, Mr. Tennant described implementing a tracking tool (copy on file).

Community Health of South Florida (CHI) *Dr. Robert Ladner*

Dr. Robert Ladner shared with CQMC members that CHI's Medical Review is underway. The design of the Medical Review is being completed by SE AETC for 3 medical providers who have clients with unsuppressed viral loads at the beginning of the evaluation period and clients who had suppressed viral loads. Dr. Kolber has completed 20 reviews with the goal of completing a total of 39. Following the review, BSR and AETC will assist CHI medical staff in developing a quality improvement project using the model for improvement -PDSA model.

VI. New-to- Care Report- Data Elements Follow-up *Susy Martinez*

Ms. Martinez reviewed the New-to-Care Data Elements Comparison Report with CQMC members (copy on file). CQMC members requested a report to track their new-to-care clients and or new to Ryan White Program client's retention in care. The report compared the data elements requested by CQMC members at the December 18, 2021 and the "Needs Attention" report programmed in PE. The following data elements are missing from the "Needs Attention" report.

- Date of first RWP Service
- Initial PCP Appointment Date
- PCP Name
- Next PCP Appointment Date
- CD4 Lab Result
- CD4 Lab Result Date VL Lab Result
- Next VL lab Date
- ARV Use Y/N
- ADAP Expiration Date

Sandra Sergi suggested the use of the Test & Treat Enrollment Contract Enrollment Report be programmed in PE to assist MCMs with tracking their new-to-care and or new to Ryan White clients. Ms. Martinez will propose the

VII. Action Items Repetition

Ms. Martinez summarized the action items:

- ✓ Susy Martinez will email members AHFs quality improvement project PowerPoint presentation.
- ✓ Susy Martinez will email SFAN's tracking tool and quality improvement Project PowerPoint presentation.
- ✓ BSR will email Carla Valle-Schwenk the suggestion of programming the former TTRA Contract Enrollment Report to track new-to-care clients and or new to Ryan White Program client's retention in care codes in PE or a report will all the data elements contained in one report.

VIII. Announcements

- Abril Sarmiento promoted the Ending the Epidemic 2-day conference scheduled for February 18th and 19th.

- The Health Council of South Florida will begin calling the Ending the Epidemic awarded providers to begin negotiations.

- Karen Hilton is requesting a QI project related to specialty care referrals in relation to HIV diagnosis. Dr. Robert Ladner will have more information on this topic at the next CQMC meeting.

IX. Next Meeting

The next meeting is scheduled for Friday, March 19, 2021 via Zoom.