



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

Members	Agency
Karla Drummond	AHF
Eddy Diaz	AHF
Brad Mester	AHF
Silvana Erbstein	AHF
Kepler Verduga	AHF
Moniet Creepsburg	AHF
Kareen Davis	Borinquen
Diego Shmuels	Borinquen
Diada Sonceau	Borinquen
Rosemonde Francis	Borinquen
Irosse Dalce	Borinquen
Heather Vaughn	CAN
Hardeep Singh	CAN
Monte Brown	Care 4 U
Vanessa Mills	Care 4 U
Rafael Jimenez	Care Resource
Manny Pico	Care Resource
Ariel Williams	Care Resource
Edgar Mojica	Care Resource
Kirk Palmer	Empower U
Robert Chavez	FDOH
Robert Ward	FDOH

Members	Agency
David Goldberg	FDOH
Javier Romero	FDOH-ADAP
Teresa Watts	JTCHC
Jose Ortega	MBCHC
Ana Nieto	MDC-RWP
Carla Valle-Schwenk	MDC-RWP
Nelly Rodriguez	MDC-RWP
Amariss Hess	New Hope Corp
Naeem Tenant	PHT
Laura Vansant	SFAN
Sonya Boyne	UM CAP
Ashton Sanchez	UM CAP
Karen Hilton	UM CAP
Geoff Downie	Guest
John McFeely	Guest
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 9:32 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

University of Miami CAP

Sonya Boyne/

Karen Hilton

Sonya Boyne presented University of Miami CAP's quality improvement project update using the model for improvement Plan, Do, Study, Act (PDSA) format (copy on file). UM CAP was prioritized because their retention in care rate was below the Ryan White Program average at **86.9%**.

Their aim is by the end of by the end of FY 30 Cycle 4 reporting period (March 1, 2020 to February 28, 2021) the percentage of MCM clients retained in medical care (RiMC) will increase to at least the Ryan White Part A program average.

PLAN- Enhance the understanding of how retention in medical care (RiMC) is measured in the CQM Report Card among Peer and MCM(s) to improve the RiMC indicator among MCM clients through the use of a shareable tracking spreadsheet.

Do- The MCM team will test the shareable tracking sheet from January 15, 2021 through February 28, 2021 with the following markers:

- ✓ VL result and VL date
- ✓ Next VL date
- ✓ CD4 result and Last CD4 date
- ✓ next CD4 due date
- ✓ ADAP enrollment last date
- ✓ Next ADAP enrollment date

(the markers are color-coded with warning color when date is approaching)

Study-UM CAP's retention in care rate measure has not showed improvement yet; however, they have modified their internal process to include ongoing team meetings, weekly full staff meetings, and weekly huddles. They determined that they needed one person to update the tracking sheet to minimize data entry errors.

Act- They are in the process of adapting the tracking sheet and will continue to refine it for improvements needed. They will return to stage 1 and begin a new PDSA cycle.

VI. Clinical Quality Management (CQM) Report Card

Dr. Robert Ladner

Dr. Robert Ladner reviewed the indicators on the Clinical Quality Management (CQM) Report Card and associated handout that includes the rationale and evolution of the CQM Report Card (copy on file). The initial intent of the CQM Report Card was as a compliance tool, where currently the goal is to use the tool to make it a QI benchmark indicator.

HIV Care Continuum

The HIV Care Continuum variables (C1 – C5, M1 – M5 and N1 – N5) will remain the same.

Medical Case Management (MCM) Indicator recommendations

- M6 (*New MCM Clients*) **No change: this is a baseline for the MCM category**
- M7 (Clients with an unassigned MCM) **Remove**
- M8 (MCM clients without a suppressed VL) **Remove (Redundant with M5)**
- M9 (MCM clients without a current VL) **Continue to use the measure for 12 months. Subrecipients will not be letter-scored.**
- M10 (MCM clients with a due CHA/EA >7 months) **Replace with Care Plan HAB measure - Percent of MCM clients who had an MCM care plan developed or updated two or more times in the measurement year.**

The meeting was extended to 11:35 and the indicators M11-M13 and Outpatient Ambulatory Health Services (OAHS) indicators were tabled, as well as Oral Health Care.

VII. Action Items Repetition

Ms. Martinez summarized the action items:

- ✓ M1-M6 Keep
- ✓ M7-Drop
- ✓ M8-Drop
- ✓ M9-Continue for 12 months and subrecipients will not be letter-scored
- ✓ M10-Replace with the “Care Plan” HRSA HAB measure
- ✓ M11-M-13 and the OAHS indicators were tabled for the next meeting
- ✓ Susy Martinez will email all CQMC participants all documents shared during the meeting.

VIII. Announcements

There were no announcements.

IX. Next Meeting

The next meeting is scheduled for Friday, April 16, 2021 via Zoom.