



**Clinical Quality Management (CQM) Committee  
Zoom Virtual Meeting  
August 20, 2021**

<b>Members</b>	<b>Agency</b>
Kepler Verduga	AHF
Silvana Erbstein	AHF
Rhonda Wright	Borinquen
Dr. Diego Shmuels	Borinquen
Stephanie Stonestreet	Borinquen
Hardeep Singh	CAN
Timothy Emanzi	CAN
Nataliya Johnson	CAN
Vanessa Mills	Care 4 U
Monte Brown	Care 4 U
Edgar Mojica	Care Resource
Rafael Jimenez	Care Resource
Ariel Williams	Care Resource
Robert Chavez	Care Resource
Manny Pico	Care Resource
Tabitha Hunter	CHI
Emma Munoz	Citrus Health
Kirk Palmer	Empower U
Rose Marcial	Empower U

<b>Members</b>	<b>Agency</b>
Karen Poblete	FDOH
David Goldberg	FDOH
Dr. Javier Romero	FDOH
Kira Villamizar	FDOH
Jose Ortega	MBCHC
Theresa Smith	MDC-RWP
Carla Valle-Schwenk	MDC-RWP
Naeem Tenant	PHT/SFAN
Laura Van Sant	PHT/SFAN
LaQuanna Lightfoot	PHT/SFAN
Jasmin O’Neale-Lewis	UM CAP
Sonya Brown-Boyne	UM CAP
John McFeely	
<b>BSR</b>	
Jimmy Hernandez	
Dr. Robert Ladner	
Barbara Kubilus	
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, CQM Committee Chair, called the meeting to order at 9:33 a.m.

**II. Housekeeping/Zoom Rules**

Susy Martinez reviewed the Zoom Meeting Rules presentation (copy on file) for the virtual meeting format. CQM Committee members agreed to remove this item from future meetings and only announce prior to the meeting starting, that the meeting is being recorded.

**III. Roll Call**

Members noted their presence by indicating "Here" or "Present" in the chat box.

#### IV. Review Agenda & Minutes

The committee reviewed today's agenda and the meeting minutes from July 16, 2021. No changes were made.

#### V. Clinical Quality Management (CQM) Committee Evaluation Results-Review of Open - Ended Responses *Barbara Kubilus*

Barbara Kubilus presented the Clinical Quality Management (CQM) Committee FY 2020-2021 End of Year Evaluation Open-Ended responses for all members) (copy on file). Behavioral Science Research (BSR) received 27 responses for the CQM Committee FY 2020-21 End of Year Evaluation for all members. 27 respondents. Some of the responses include:

- Approximately 90% of the respondents understood the difference between quality improvement and quality assurance.
- Twenty-five (25) individuals indicated that they understood their CQM Committee member role.
- Suggestions for the Recipient to improve communication with subrecipients regarding expectations and responsibilities in the QI process include: a newsletter, data, training, reports, and timelines.
- Suggestions for BSR to improve Quality Improvement (QI) Knowledge include: guest speakers, quizzes, QI tools, handouts, reports, and onboarding.
- Suggestions for BSR to improve QI Knowledge include: data, PDSA training, buy in, and analysis.

#### VI. Problem Statements

CQM Committee members presented their Problem Statement Identification Responses.

**Borinquen Medical Centers (BMC)**- Stephanie Stonestreet presented the Problem Statement Identification response for Borinquen Medical Centers.

*Possible problems in your organization's Part A/Minority AIDS Initiative (MAI) -funded service delivery as evidenced in your data-*

BMC's data demonstrates that the percentage of MAI patients who have had a mental health visit is very low. They are also examining referral counts for these visits to understand if the referrals are being made but the patients are not following-through.

*Possible causes-*

- Non-standard clinical flow for referral of RWP clients to mental health services.
- Clients were less likely to visit a mental health provider if the visit was scheduled later, with a different provider, different location, and/or for a nonspecific reason (no existing diagnosis).
- Lesser understanding from the clinical team of the linkage process and the importance of clients with chronic illnesses to also see a mental health provider as part of their overall health care plan.

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

Hispanic MMSC, Black MMSC and heterosexual males and females.

**AIDS Healthcare Foundation**- Silvana Erbstein presented the Problem Statement Identification response for AIDS Healthcare Foundation.

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

The AHF Jackson- North Healthcare Center Part A/MAI MCM clients had a 75% retention in care rate as of Feb 2021. This is 15% below the rate expected by HRSA.

***Possible causes-***

- Un-stable housing: High rates of unstable housing.
- Substance Abuse/Mental health: Substance use and mental health issues leads to non-adherence to appointments.
- Clients relocating; move to other cities and/or states.
- Change of contact information: Contact information changes and staff are unable to contact or locate clients.
- No time for appointments: Full-time work schedule does not allow to keep medical appointments.

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

Based on the DOMO HAB Measures by Demographics report using internal data, consumers ages 13-24 have an annual retention rate that is on average 10% lower than the rest of the population. The QM committee will be focusing on this population in this cycle.

**CAN Community Health**-Tim Emanzi presented the Problem Statement Identification response for CAN Community Health.

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

CAN clinics in North Miami and South Beach, RWP clients receiving OAHS services do not meet the viral suppression target of 90% suppression. The overall viral suppression (for RWP clients) at both clinics is 84% but there are significant differences amongst specific population subgroups. The objective is to analyze and address factors associated with sustaining viral suppression.

***Possible causes-***

- Non-adherence to medications
- New to Ryan White Program
- Incarceration
- Disclosure/Stigma
- Transportation
- Cultural factors
- Unstable housing

- Unemployment/Disability

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

Blacks/African Americans make up 46% of all clients with a detectable viral load at their most recent viral load test.

**Care Resource-** Robert Chavez presented the Problem Statement Identification response for Care Resource.

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

- Of their total RWP clients that receive Oral Health Care (OHC) services at the Little Havana location regularly (417), 29.3% (122) of them received a Clinical Oral Exam.
- MCM Clients with 2 or more Plans of Care updated or developed 90 or more days apart was 6.4% at the Little Havana location.

***Possible causes-***

- Billing Department: Encounters may not be billed accurately and to the proper payers. CQM Performance Report Card may not include dental codes currently being used (i.e. D0140).
- Front Desk: May not be capturing proper referral information during check in
- Operations: Reporting and reconciliation workflow may not be aligned to ensure that all encounters are documented and billed accurately.
- MCM: Little Havana MCM may need additional training to align with our other location scores of +80%.

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

None were identified.

**Community Health of South Florida (CHI)-**Tabitha Hunter presented CHI's Problem Statement Identification response.

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

Ryan White Program (RWP) clients that receive outpatient/ambulatory health services (OAHS) at Community Health of South Florida, Inc. (CHI) often do not have proper follow up for care and treatment causing low retention in care rates.

RWP clients that receive OAHS services at CHI also have low rates of viral suppression.

***Possible causes-***

- Shortage of staff that can assist in identifying and retaining patients in care to help optimize the visits (performing labs, vaccinations, counselling, etc. the same day), while also minimizing wait times.
- Shortage of providers with proficiency in HIV care which makes it difficult to make timely appointments or spend enough time during patient visits.

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

Based on data, the top client groups that are experiencing this problem would be Heterosexual African American males and females, and Haitian males and females.

**Empower U-**

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

Viral suppression rates for Ryan White patients who receive Services at EUCHC is 70.4%. It is lower than the targeted 90% viral suppression.

***Possible causes-***

- Substance use prevalence in patients who are not virally suppressed.
- Transportation issues for patients specially if they are homeless. Lack of transportation is creating difficulty for patients to pick up their medication or come for appointments and lab visits.

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

- The special client subpopulation that has the lowest viral suppression are African American heterosexual males (80.6%), African American females (65%) and African American MSMs (87.1%).
- One of the issues with the African American heterosexual males subpopulation is substance use. African American heterosexual females have low medication adherence due to varied reasons.

**Miami Beach Community Health Center (MBCHC's)**- Jose Ortega presented MBCHC's Problem Statement Identification response.

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

According to the last CQM Performance Report Card received from BSR for FY 29 cycle 4 from March 2020 thru February 2021, MBCHC/ISP clients had a rate of 38.5% of Plans of Care updated/developed 90 or more days apart.

***Possible causes-***

- Ongoing COVID 19 Pandemic, shelter in place orders, non-emergency appointments cancellations and the overall state of caution prevented some clients from providing paperwork to have a POC Developed/Updated.
- The transition to a new system that is still being developed (Provide Enterprise Miami).
- Data may not be accurate

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

None provided at this time. BSR's assistance was requested.

**Care 4 U Community Health-**Vanessa Mills presented Care 4 U's Problem Statement Identification responses.

***Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-***

RWP clients that receive outpatient/ambulatory health services (OAHS) at Care 4 Community Health do not take their ARV as ordered by OAHS provider as demonstrated by viral load measures greater than 200 among 37% of Care 4 U RWP patients.

***Possible causes-***

- Medical case manager: Clients that receive RWP OAHS services at Care 4 Community Health are typically active substance users who are homeless/transient.
- Human resources: Care 4 U had challenges hiring a Peer Educator to assist the MCM in 2021. New hire is schedule to begin September 1, 2021.

***Special client groups/populations/subpopulations that may be experiencing this problem more severely than others-***

Thirty-eight (38%) of the overall OAHS patient population were active substance abusers. Heterosexual females, especially black women tended to HIV higher viral loads than MMSC and Men in general.

**VII. Next Steps**

- ✓ The Problem Statement Identification responses from Latinos Salud, Citrus Health Network, Jessie Trice Community Health System, PHT/SFAN and University of Miami CAP will be presented at the next CQM Committee meeting.
- ✓ BSR will send the teledentistry protocol to all CQM Committee members for review.
- ✓ BSR will communicate with Borinquen's OHC provider on how they are currently using the codes and which codes should be added that are not included in the teledentistry protocol (i.e. D0140).
- ✓ BSR will communicate with MBCHC regarding the questions related to the CQM Performance Report card noted on their presentation.

**VIII. Announcements**

There were no announcements.

**IX. Next Meeting**

The next meeting is scheduled for Friday, October 15, 2021 via Zoom.