

CLINICAL QUALITY MANAGEMENT (CQM) COMMITTEE

PROBLEM IDENTIFICATION PRESENTATIONS AUGUST 20, 2021

OBJECTIVE

Review the CQM Committee members
Problem Identification Statement Responses.



BORINQUEN MEDICAL CENTERS

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/MAI-FUNDED SERVICE DELIVERY AS EVIDENCED IN YOUR DATA?

- ❖ Inadequate visits to mental health services for MAI patients. Our data demonstrates that the percentage of MAI patients who have had a mental health visit is very low. We are also currently examining referral counts for these visits to understand if the referrals are being made but the patients are not attending.

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

- ❖ Historical, non-standard clinical flow of referring RWP patients to mental health services. Later, it was more understood that patients would be 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 of the linkage and importance of patients with chronic illnesses to see a mental health provider as part of their overall health care plan.

Q3) ARE THERE SPECIAL CLIENT GROUPS/POPULATIONS/SUBPOPULATIONS THAT MAY BE EXPERIENCING THIS PROBLEM MORE SEVERELY THAN OTHERS?

- ❖ Yes. The MAI (MSM Hispanic, and Blacks (MSM and heterosexual M/F in accordance with the county needs assessment) clients were already facing stigma in obtaining care and seeing a mental health provider. This resulted in this subgroup having an even smaller rate of linkage and success in seeing a mental health provider. For this reason, Borinquen is focusing on increasing access to and success with seeing a mental health provider for our MAI patients.

AIDS HEALTHCARE FOUNDATION

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/MAI-FUNDED SERVICE DELIVERY AS EVIDENCED IN YOUR DATA?

- ❖ 75% of the AHF Jackson- North HCC Part A/MAI consumers that receive Medical Case Management were retained in medical care as of Feb 2021. This is 15% below the rate expected by HRSA. The QM Committee would like to work with Case Management to implement a process that will improve the rate.

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

Based on a discussion with the QM committee, the causes identified include but are not limited to the following:

- ❖ **Relocating:** Consumers move to other cities and/ or states.
- ❖ **Change of contact information:** Consumers' contact information changes and staff are not able to get in touch with them to schedule appointments.
- ❖ **Un- Stable Housing:** high rates of unstable housing in Miami.
- ❖ **No time for appointments:** full work schedules that leave no time for medical appointments.
- ❖ **Substance Abuse/ Mental health:** Consumers experiencing these tend to miss appointments.

Q3) ARE THERE SPECIAL CLIENT GROUPS/POPULATIONS/SUBPOPULATIONS THAT MAY BE EXPERIENCING THIS PROBLEM MORE SEVERELY THAN OTHERS? IF YES, PLEASE EXPLAIN, PLEASE IDENTIFY THE PROBLEM AREA(S) EACH SPECIAL CLIENT GROUP/POPULATION/SUBPOPULATION FACES.

❖ 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

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/MAI-FUNDED SERVICE DELIVERY AS EVIDENCED IN YOUR DATA?

Increasing individual and overall viral suppression is a vital strategy in ending the HIV epidemic. At 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.

Subpopulation Description (RWP Clients only)	Viral Suppression Rate
Female	33%
Transgender	50%
18-26 yrs. of age	50%
Black or African American	79%

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT

❖ We had discussions with a multidisciplinary team eliciting potential factors that drive viral suppression and potential causes among our RWP clients.

Q2
Continued

Problem Identified	What is causing the problem?
Non-adherence	Clients may not be picking up medications on time and/or not making their appointments on time (i.e., no show rate). Some clients report missed doses. We are reviewing medical records to determine clients who are unsuppressed due to non-adherence
New to the program	Some clients are still newly enrolled into care, referred from the test and treat program and have not had follow-up viral load testing.
Incarceration	Clients who are incarcerated or recently incarcerated may not be in care or have sporadic care
Status Disclosure/Stigma	Some clients still don't feel comfortable disclosing their status either because they have not come to terms with the diagnosis or are afraid of the stigma if people know. The need for peer navigation or peer education.
Transportation	Transportation has presented challenges during the Covid pandemic for some patients especially those who have lost income. Lack of personal or public transportation can impact clients obtaining care that may not be available close to either their home or workplace.
Cultural Factors	There are some cultural factors around seeking care especially in certain population groups that we provide services to. Stigma and culture can often go hand-in-hand.
Unstable Housing	Recently due to the COVID pandemic many individuals due to loss of income may have been displaced from homes if unable to pay rent.
Employment/Disability Status/Income	Due to COVID pandemic, many individuals have lost their jobs or have been furloughed causing loss in income, loss in insurance coverage, and potential loss in housing.

Q3) ARE THERE SPECIAL CLIENT GROUPS/POPULATIONS/SUBPOPULATIONS THAT MAY BE EXPERIENCING THIS PROBLEM MORE SEVERELY THAN OTHERS?

- ❖ A review of our medical records for RWP clients with a detectable viral load shows that Blacks/African Americans make up 46% of all clients with a detectable viral load at their most recent viral load test.

CARE RESOURCE

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/MAI-FUNDED SERVICE DELIVERY AS EVIDENCED IN YOUR DATA?

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

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

- A1. **Billing Department:** Encounters may not be billed accurately and to the proper payers, such as RW.
- A2. **Front Desk:** May not be capturing proper referral information during check in to ensure services will be covered by RW program.
- A3. **Operations:** Reporting and reconciliation workflow may not be aligned to ensure that all encounters are documented and billed accurately
- B. **MCM:** LH CM may need additional training to align with our other location scores of +80%

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None that were readily identifiable.

COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

Q1) POSSIBLE PROBLEMS IDENTIFIED AT 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 client that receive OAHS services at CHI also have low rates of viral suppression.
- ❖ RWP clients have low rates accessing Oral Health Care services (OHC) at CHI.

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

Root causes:

- ❖ Shortage of staff that are able to 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

Providers/Clinical team:

1. Review client charts to ensure proper care and treatment, compliance with healthcare guidelines, referrals for OHC services, and improve health outcomes.
2. Hire (with RW funding) a Care Coordinator working in coordination with the care managers dedicated to CARES/HIV, who will have the ability to:
 - a. Perform Pre Planned Visits
 - b. Assess gaps in care, need for labs, ordering of labs on standing order and provide input during the morning huddle as to the patients scheduled for the day with the provider
 - c. Working with the medical case manager, coordinate routine follow-up appointments
 - d. Have monthly HIV care team meetings/consults with MD/DO to discuss cases and possible follow up

Medical Case Managers:

1. Provide support to clients for follow up on medical appointments
2. Review charts with clients to track lab results and provide education on the importance of labs
3. Assist clients with making appointments and accessing services as needed
4. Attend monthly care team meetings/consults with MD/DO to discuss cases and follow up.
5. Attend daily huddles with HIV care coordinator and provider to discuss patients scheduled for the day and provide input from a Social Determinants of Health (SDOH) standpoint

Outreach Specialist: Communicate with providers, Medical Case Managers, and other clinical care team members to assist with tracking patient visits.

Performance Improvement: Assist with collecting and analyzing data

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❖ Based on data, the top client groups that are experiencing this problem would be African American men and women, and Haitian men and women.

EMPOWER U

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/MAI-FUNDED SERVICE DELIVERY AS EVIDENCED IN YOUR DATA?

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

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

Peer Support:

- ❖ 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.

Q3. ARE THERE SPECIAL CLIENT GROUPS/POPULATIONS/SUBPOPULATIONS THAT MAY BE EXPERIENCING THIS PROBLEM MORE SEVERELY THAN OTHERS? IF YES, PLEASE EXPLAIN, PLEASE IDENTIFY THE PROBLEM AREA(S) EACH SPECIAL CLIENT GROUP/POPULATION/SUBPOPULATION FACES

- ❖ 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

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/MAI-FUNDED SERVICE DELIVERY AS EVIDENCED IN YOUR DATA?

- ❖ According to the last performance card received from BSR for FY 29 cycle 4 from March 2020 thru February 2021, MBCHC/ISP clients experienced a low percentage of Plans of Care updated/developed 90 or more days apart. (38.5%)

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

We can mention the following:

- 1) The ongoing COVID 19 Pandemic. Which, during the time period reported saw shelter in place orders, non-emergency appointments cancellations and the overall state of caution that prevented some of our clients to bring the necessary paperwork to have a POC Developed/Updated.
- 2) The transition to a new system that is still being developed (Provide Enterprise).
- 3) Data may not be accurate.

Clarification: This measure as defined by BSR is as follows:

- Eligible Clients: MCM clients with a billed MCM service in the first 6 months of the reporting period. Questions: Is this denominator only for those Ryan White clients who are receiving MCM services at MBCHC? Or this includes all Ryan White clients that are referred from outside agencies?
- MCM Clients w/ 2 or more Plan of Care updated/developed 90 days or more days apart: Number of MCM Clients who had a Plan of Care (POC) developed or updated 2 or more times AND were 90 or more days apart in the reporting period. Denominator: See Eligible Clients above. Numerator: Clients with a POC developed or updated 2 or more times AND were 90 days or more apart in the reporting period. (A plan of care update is defined by a POC billed service)

Q3. ARE THERE SPECIAL CLIENT GROUPS/POPULATIONS/SUBPOPULATIONS THAT MAY BE EXPERIENCING THIS PROBLEM MORE SEVERELY THAN OTHERS? IF YES, PLEASE EXPLAIN, PLEASE IDENTIFY THE PROBLEM AREA(S) EACH SPECIAL CLIENT GROUP/POPULATION/SUBPOPULATION FACES.

❖ In order for us to perform this analysis, we will need access to the data used to create this report. We respectfully request your assistance in obtaining either directly from BSR or the steps to extract it from Provide Enterprise

CARE 4 U

Q1) POSSIBLE PROBLEMS IDENTIFIED AT 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.

Q2) PLEASE INDICATE THE POSSIBLE CAUSES. WHAT CAN YOUR TEAM (AND OTHER SERVICE TEAMS WITHIN YOUR ORGANIZATION, (SUCH AS HUMAN RESOURCES, QUALITY MANAGEMENT, ETC.) TELL US ABOUT WHAT MAY BE CAUSING THIS PROBLEM?

- **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.

Q3) ARE THERE SPECIAL CLIENT GROUPS/POPULATIONS/SUBPOPULATIONS THAT MAY BE EXPERIENCING THIS PROBLEM MORE SEVERELY THAN OTHERS?

- ❖ Upon reviewing the data (from Provide and the Care 4 U EHB) of RWP clients that receive OAHS at Care 4 U a study of 33 RWP patient, 9 did not have more than 1 viral load. Of the 24 RWP were enrolled in the RWP CQI, 9 (38%) were active substance abusers. Heterosexual females, especially black women tended to HIV higher viral loads than MSM and Men in general.

NEXT STEPS

Presentations from:

Latinos Salud

**Citrus Health
Network**

**Jessie Trice
Community Health
System**

PHT/SFAN

**University of Miami
CAP**