



**Clinical Quality Management (CQM) Committee
Zoom Virtual Meeting
September 17, 2021**

Members	Agency
Eddy Diaz	AHF
Kepler Verduga	AHF
Brad Mester	AHF
Rhonda Wright	Borinquen
Rosemonde Francis	Borinquen
Timothy Emanzi	CAN
Hardeep Singh	CAN
Nilda Gonzalez	CAN
Monte Brown	Care 4 U
Vanessa Mills	Care 4 U
Kerri Ann Campbell	Care 4 U
Rafael Jimenez	Care Resource
Robert Chavez	Care Resource
Manny Pico	Care Resource
Ariel Williams	Care Resource
Tabitha Hunter	CHI
Luis Lopez	Citrus Health
Emma Muñoz	Citrus Health
Rose Marcial	Empower U

Members	Agency
David Goldberg	FDOH
Karen Poblete	FDOH
Richard Ortiz	Latinos Salud
Nelly Rodriguez	MDC-RWP
Theresa Smith	MDC-RWP
Amariss Hess	New Hope
Laura Van Sant	SFAN
LaQuanna Lightfoot	SFAN
Takesha Nelson	SFAN
Karen Hilton	UM CAP
Jasmin O’Neale-Lewis	UM CAP
BSR	
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

Jasmin O’Neale-Lewis, CQM Committee Vice Chair, called the meeting to order at 9:36 a.m.

II. Roll Call

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

III. Review Agenda & Minutes

The committee reviewed today's agenda and the meeting minutes from August 20, 2021. No changes were made. Next steps from the last meeting minutes were reviewed.

IV. **Problem Statements**

CQM Committee members presented their Problem Statement Identification Responses.

Citrus Health Network (CHN)- Emma Muñoz presented the Problem Statement Identification response for CHN.

Possible problems in your organization's Part A/Minority AIDS Initiative (MAI) -funded service delivery as evidenced in your data- The CQM Performance Report Card for the period of March 2020 to February 2021 reflects that retention in medical care (89.3%) continues to be below target goals (90%). Although there has been an increase in retention since the September 2019 to August 2020 report, they continue to fall below the performance goals.

Possible causes-

- As a result of the Covid-19 Pandemic, all services at Palm Center ceased in March 2020 through July 19, 2021. During this period, services were provided remotely through Telehealth, and laboratory tests and patients requiring urgent services were accessed the main center.
- Patients with limited technology literacy. This barrier was addressed when staff trained clients on the use of telehealth (Zoom) prior to their telehealth appointments.

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

Clients who are gainfully employed demonstrate more difficulties in attending scheduled appointments.

Jessie Trice Community Health Systems (JTCHS's)-Teresa Watts presented JTCHS's Problem Statement Identification response.

Possible problems in your organization's Part A/Minority AIDS Initiative (MAI) -funded service delivery as evidenced in your data- RW clients who receive Oral Health Care Services do not keep regular dental appointments and or follow ups at their main center evidenced by the CQM Performance Report Card and internal reports.

Possible causes- Clients have issues reaching a (live person) by telephone to schedule/reschedule appointments. Client do not always have access to a telephone.

PHT/South Florida AIDS (SFAN) Network, PHT North Dade Health Center, PHT, and PET Center- Laura Van Sant presented the Problem Statement Identification response for the PHTs.

Possible problems in your organization's Part A/MAI-funded service delivery as evidenced in your data-The area of concern is retention in care as evidenced by M.3 (MCM Clients RiMC) on the CQM performance report card (2020).

- PHT North Dade – 74.7%
- PHT PET Center – 83%
- PHT SFAN – 78%

Possible causes-

Some clients are unwilling to potentially be exposed to COVID-19 by visiting the medical facilities which have led to missed/rescheduled appointments and non-compliance with medical visits.

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

SFAN's clients who are homeless, substance users, and clients who lack transportation have struggled to adhere to their medication, doctor's visits and medical case management appointments.

University of Miami-Karen Hilton presented UM CAP'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 CQM Performance Report Card for March 1, 2020, through February 28, 2021, 71.8% (31 of 110) of RWP clients who receive medical case management (MCM) by UM CAP during the reporting period did not access at least two medical appointments at least 90 days apart during said reporting period.

Possible causes-

- Telehealth: was not available at the onset of the COVID pandemic. Clients who were not technologically savvy or mistrusting (of a virtual medium) were not willing to use telehealth initially. Clients did not have privacy at home to use telehealth services comfortably.
- Comorbidity challenges: substance use and/or mental health issues as well as housing instability made it difficult to reach this subpopulation of clients for appointment scheduling and/or reminders.
- Outreach limitations: outreach services were limited due to remote work structure and concerns about COVID exposure.

Quality Manager and MCM Supervisor observations:

- Staff were learning to navigate a new data system (PE) while working remotely. Remotely coordinating services for clients were challenging.
- Data integrity-recording ACA client retention in PE, providers using incorrect billing codes.
- Peer position was vacant during the 1st quarter of the aforementioned period.

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

UM CAP identified 31 clients in the reporting period and found 4 possible subpopulations to engage in a deeper dive.

- Clinic setting: 17 (55%) clients were seen at one clinic.
- Race / ethnicity: 10 Black non-Hispanic males vs 17 white Hispanic males.
- HIV Risk Factor: 17 MMSC vs 12 heterosexual contact (5 female)
- Age: (2) ages 26 years old. and younger, (18) ages 27 – 40 years old, (11) ages 41 and older.

Latinos Salud- Richard Ortiz presented the Problem Statement Identification response for Latinos Salud.

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

Latinos Salud identified a low retention in care rate of (52.4%) as a focus of attention evidenced by (M.3) CQM Performance Report Card Cycle 4.

Possible causes-

- Understaffed and shortage of staff to follow up with clients (no peer during cycle 4 reporting period).
- MCM staff turnover.
- Latinos Salud is a new Ryan White Program Subrecipient and was/is learning the Ryan White Program system.
- Limited MCM hours during the week since there is only 1 MCM who commutes from Wilton Manors and the Miami location.

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

Hispanic MMSC have a higher dropout rate.

V. Clinical Quality Management (CQM) Performance Report Card Cycle 1 -Yr 31

Dr. Robert Ladner/Jimmy Hernandez

Dr. Robert Ladner reviewed the CQM Performance Report Card Cycle 1 (copy on file). The initial cycle 1 data demonstrates improved performance outcomes from the CQM Performance Report Card Cycle 4. The following indicators were reviewed:

- C3 (RWP clients retained in medical care) went from 69% in cycle 4 to 74% cycle 1.
- C4 (RWP clients with suppressed VL) went from 80% cycle 4 to 83% cycle 1.

Essentially, there was not a dramatic change in the performance measures; however, overall, there are improvements in the performance indicators. Dr. Ladner requested that the CQM Committee members review the CQM Performance Report Card Cycle 1 in detail.

VI. Next Steps

- ✓ CQM Committee members will review the Clinical Quality Management Performance Report Card Cycle 1.
- ✓ BSR CQM Staff will schedule Technical Assistance calls with Subrecipients to further review data and look at possible subpopulations.

VII. Announcements

Dr. Robert Ladner announced that the 2021 Ryan White Program Client Satisfaction Survey is set to begin in a couple of weeks. BSR will concentrate the Client Satisfaction Survey on clients receiving Outpatient/Ambulatory Health Services (OAHS) and Oral Health Care (OHC) through the Ryan White Part A/MAI Program. The MCM staff time spent in contacting clients for the survey can be billed to the Ryan White Program. Further details are outlined in the letter approved and signed by Dan Wall, Assistant Director.

VIII. Next Meeting

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