

CLINICAL QUALITY MANAGEMENT (CQM) COMMITTEE

PROBLEM IDENTIFICATION PRESENTATIONS SEPTEMBER 17, 2021

OBJECTIVE

Review the CQM Committee members
Problem Identification Statement Responses.



CITRUS HEALTH NETWORK

Q1) POSSIBLE PROBLEMS IDENTIFIED AT YOUR ORGANIZATION'S PART A/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, we continue to fall short of the performance goals.

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?

- ❖ **Site/clinic manager:** As a result of the Covid-19 Pandemic, all services at Palm Center ceased in March 2020 through July 19, 2021. During this time period, services were provided remotely through Telehealth, and laboratory tests and patients requiring urgent services were sent to our main center. The clinic manager continued to monitor service delivery.
- ❖ **Human resources:** This does not seem to impact retention, since our staff turnover has been kept to a minimum for the past 3 years.
- ❖ **Medical Case Manager:** In response to the Covid-19 Pandemic, CHN implemented telehealth services within a few weeks of the March 2020 declaration of the medical emergency. This required assessing patient's capacity to use telehealth, including access to equipment and knowledge of technology. Some patients required training in use of telehealth, which was provided by clinic staff who also scheduled the telehealth appointments.
- ❖ **Quality Director:** CHN's Quality Improvement and Compliance Officer is familiar with the program and reviews monitoring reports; however, there has been no QI involvement in identifying emerging trends.

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

- ❖ Over time, it has been noticed that the individuals who are gainfully employed demonstrate more difficulties in attending scheduled appointments; this has been consistent during the pandemic. However, analysis of existing data would be helpful in identifying and addressing other groups experiencing difficulties in keeping appointments.

JESSIE TRICE COMMUNITY HEALTH

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

- ❖ RW clients that received Oral Health Services do not keep regular dental appointments and or follow ups, at our Main Center evidenced by the CQM Performance Report Card and internal reports.

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- ❖ Clients have issues with reaching a (live person) by telephone to schedule/reschedule appointment. Client does not always have access to telephone.

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.

❖ None at this time.

PHT/SOUTH FLORIDA AIDS NETWORK

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

South Florida AIDS Network (SFAN's) area of concern is retention in care as evidenced by (M.3) CQM performance report card (2020).

(M.3) Indicator description: MCM Clients RiMC (Target goal $\geq 90\%$): Percent of total MCM Clients IMC (M2) who were retained in medical care (as defined in C3).

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

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- ❖ Due to the ongoing pandemic, RWP patients with low CD4 counts and elevated viral loads have an increased risk of infection. Some clients have been unwilling to chance COVID-19 exposure by visiting our medical facilities, due to their suppressed immune system, which has led to missed/rescheduled appointments and non-compliance.

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

- ❖ Yes, SFAN's homeless population is a specific group of clients who have struggled to comply with their medication, doctor's visits and medical case management appointments. In addition, the lack of transportation leads our homeless population to a higher risk of substance abuse and highly expose to other diseases.

UNIVERSITY OF MIAMI CAP

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

- ❖ According to the CQMC Report Card for March 1, 2020 through February 28, 2021, 71.8% (31 of 110) of RWP clients case managed by our agency during the reporting period did not access at least two medical appointments at least 90 days apart during said reporting period.

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- ❖ **Telehealth:** was not available at the outset of the pandemic. Clients who were not technologically savvy or mistrusting; therefore, they 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 housing instability made it difficult to reach clients for appointment scheduling and/or reminders.
- ❖ **Outreach limitations:** outreach services were limited due to remote work structure and concerns about COVID exposure.

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From the Quality Manager and MCM Supervisor observations:

- ❖ Staff were learning to navigate a new data system (PE) while working remotely.
- ❖ Coordinating remote services for clients was challenging.
- ❖ Data integrity could be an ongoing issue (recording ACA client retention in PE, providers using inaccurate billing codes).
- ❖ Peer position was vacant during the 1st quarter.

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 reviewing the **31** clients identified from the reporting period, we identified 4 possible subpopulations to be considered further:

- **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 y.o. and younger, 18 ages 27 – 40yo, 11 ages 41 and older.

*these numbers may overlap across identified groups

LATINOS SALUD

Q1) POSSIBLE PROBLEMS IDENTIFIED AT 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.

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Root causes:

- ❖ Understaffed (no peer at the time of the reporting period of the CQM Performance Report Card).
- ❖ MCM staff turnover.
- ❖ New Subrecipient and 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.

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❖ Hispanic MMSC dropping out due to limited hours and MCM turnover.

THANK YOU