CQM Program
Ryan White Part A/MAI
Miami-Dade County

Clinical Quality Management (CQM) Committee
Zoom Virtual Meeting
May 19, 2023

Members	Agency	Members	Agency
Brad Mester	AIDS Healthcare Foundation (AHF)	David Goldberg	Florida Department of Health-Miami County (FDOH-MDC)
Neil Walker	AHF	Karen Poblete	FDOH-MDC
Kepler Verdugo	AHF	Teresa Watts	Jessie Trice Community Health System (JTCHS)
Chris Varela	Borinquen Medical Centers (BMC)	Jose Ortega	Miami Beach Community Health Center (MBCHC)
Nelly Belledente	BMC	Nelly Rodriguez	Miami-Dade County Office of Management and Budget MDC-OMB-GC
Edgar Mojica	Care Resource Community Health Center (CRCHC)	Ana Nieto	MDC-OMB-GC
Robert Chavez	CRCHC	Carla Valle-Schwenk	MDC-OMB-GC
Alejandro Acuna	CRCHC	Amaris Hess	New Hope CORPS
Rafael Jimenez	CRCHC	Laura Van Sant	Public Health Trust (PHT)
Marialejandra Valente	CRCHC	Iliana Klopfenstein	Village South
Tim Emanzi	CAN Community Health		
Hardeep Singh	CAN	**Behavioral Science Research Staff**	
Nataliya Johnson	CAN	Frank Gattorno	
Resha Mehta	Empower U CHC	Robert Ladner	
Lirian Oquendo	EUCHC	Sandra Sergi	
Kirk Palmer	EUCHC	Susy Martinez	

Note that documents referenced in these minutes are accessible to members and the public prior to (and during) the meeting, at http://aidsnet.org/cqm-documents/

I.   Call to Order/Roll Call

David Goldberg, a CQM Committee member, called the meeting to order at 9:33 a.m.

II.   Roll Call (Zoom Attendees)

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

III.   Review Agenda & Minutes

The committee reviewed the May 19, 2023, agenda and the meeting minutes from April 21, 2023. No changes were made.

IV.   Identifying QI activities related to the FY 2022 Ryan White Program   *Frank Gattorno*
Client Satisfaction Survey

Frank Gattorno reviewed a summary of the results from the FY 2022 Ryan White Program Client Satisfaction Survey (CSS), administered by Behavioral Science Research (copy on file). There were 589 client interviews completed, focusing on medical case management (MCM), Outpatient Ambulatory Health Services (OAHS) and Oral Health Care (OHC). Clients must have been in MCM care at least six months to qualify for the survey, and a $30 Walmart gift card was provided for their participation.

Some of the findings from the CSS include:

Percent satisfied or very satisfied with personnel:
- MCM 97% very satisfied
- Physician (MD, DO) APRN, PA 97% very satisfied
- Dentist 88% very satisfied
- Oral hygienist 94% very satisfied

Adherence counseling at MCM/Primary Medical visits
- Discuss the importance of client making all appointments 76% MCM and 85% PMPs
- Discuss the importance of taking all required medications 74% MCM and 89% PMPs. (This would be an area of QI focus to improve adherence to ARV medications)
- Discuss the importance of getting or keeping VLs undetectable 71% MCM and 88% PMPs. (This would be an area of QI focus to ensure clients understanding of the importance of achieving VL suppression)
- Information is clear and easy to understand 79% MCM and 81% PMP. (This would be an area of QI focus on health literacy to increase the understanding of health information)

Additional findings:
- Ease of making an appointment OHC-71%. (Area of focus to improve the process of scheduling appointments)

- Satisfaction with the time it takes to get a phone call returned is lowest among the OAHS providers, at 79%. (Area of focus to improve the amount of time for returning phone calls)

V. **CQM Plan Discussion:** *Robert Ladner*

RWP Client engagement in the CQM Committee

Robert Ladner asked the CQM committee members what actions can be taken to recruit and engage clients in the CQM Committee and the CQM process. Members suggested the following strategies:

- Approaching clients who completed the Client Satisfaction Survey to attend CQM committee meetings.
- Holding quarterly meetings when clients are invited to attend and asking clients what days and times are convenient.
- Changing the time of the meetings for the convenience of clients' schedules.
- Onboard training for clients prior to attending the meetings.
- Incentivizing clients to attend the meetings.
- Create an affinity group for clients and develop a feedback loop for the committee.
- Create a Peer affinity group to provide feedback to the committee (note: an encounter code for billing would need to be programmed in Provide Enterprise Miami).

The core strategies for client engagement the committee is considering includes:

1. Establishing an affinity group with Peer staff from each MCM service subrecipient to attend CQM Committee meetings with the ability to bill for the time spent at the meeting.
2. Requesting RWP subrecipients with Client Advisory Boards (CABs) to assign a CAB member to represent clients with lived experience at the CQM committee meetings.

Setting a new VL target

CQM members referred to the table containing the Performance levels for FY 2022 that included VL and Retention in Medical Care (RiMC) targets. The committee used this information to make an informed decision about adjusting the VL suppression target for MCM and OAHS. During the discussion, CQM members reached a consensus and agreed to mirror the Ending the Epidemic threshold of 90% for the RWP as a whole, even if some subrecipients have a viral suppression rate below that level.

Operationalizing the Health Insurance Premium and Cost Sharing Assistance Performance Indicator

In FY 2022, a total of **16.2%** of RWP clients received a paid Gap Card expense (copayment, and deductible), indicating the need to track and report on Health Insurance Premium and Cost Sharing Assistance (HIPCSA) as a service category with a reportable

performance indicator. Members discussed VL suppression and Retention in Medical Care (RiMC) as potential outcome indicators, and the consensus was to use the RiMC because it was closer to the intent of the HIPCSA service category. Because there is only one provider of these services, the data will not be tracked as a CQM Report Card stripe but will be reported for clients with a HIPCSA marker for Affordable Care Act (ACA) premium assistance in Provide Enterprise Miami (PE Miami). Carla Valle-Schwenk noted adding a comment that VLs will be tracked for those ACA and HIPCSA clients with non-missing data.

VI. <u>Ryan White Program Update</u>   *Carla Valle-Schwenk*

Ms. Valle-Schwenk reported that the collection of the Florida Comprehensive Needs Assessment Survey was a success. There were 1309 completed surveys, and 49% of those were from Care Resource. The results of the survey may yield potential QI projects.

Ms. Valle-Schwenk has sent out the Eligibility Checklist in both a detailed and summary format. The updated checklist now follows the state's reciprocal eligibility guidelines. Clients who enrolled starting in November 2022 are now on a 366-day recertification schedule, which eliminates the previous 6-month eligibility recertification requirement. PE Miami will be programmed to receive NOEs outside of the local RWP. For further information, CQM members were asked to email Ms. Valle-Schwenk.

VII. <u>Next Steps</u>

- o MCM and OAHS VL target of 90% will be added to the next iteration of the CQM Performance Report Card., Cycle 1 of FY 2023.

- o RiMC (and VL suppression, as available) for ACA clients and ACA clients who received a Gap Card billed service will be added to the CQM Performance Report Card as a stand-alone data element for Cycle 1.

- o The two options of client engagement strategies will be added to the CQM Plan and CQM committee activities:
    1. Establishing an affinity group with Peer staff from each MCM service subrecipient to attend CQM Committee meetings with the ability to bill for the time spent at the meeting.
    2. Requesting RWP subrecipients to assign a CAB member to represent clients with lived experience at the CQM committee meetings.

- o Susy Martinez will email today's meeting documents to CQM Committee meeting members.

VIII. <u>Other/Announcements</u>

There were no announcements.

IX.   <u>**Evaluation/Poll**</u>

CQM committee members completed an evaluation via a poll feature. The results of the evaluation include:
- The session provided useful information tom my work - 100% agreed;
- Satisfaction with the meeting overall - 100% satisfied.

X.   <u>**Next Meeting**</u>

The next meeting is scheduled for Friday, June 16, 2023, via Zoom.