Clinical Quality Management (CQM) Committee
Zoom Virtual Meeting
October 20, 2023

Members	Agency	Members	Agency
Neil Walker	AIDS Healthcare Foundation (AHF)	David Goldberg	Florida Department of Health-Miami County (FDOH-MDC)
Brad Mester	AHF	Karen Poblete	FDOH-MDC
Herminia Rojas	AHF	Teresa Watts	Jessie Trice Community Health System (JTCHS)
Rhonda Wright	Borinquen Medical Centers (BMC)	Richard Ortiz	Latinos Salud
Rosemonde Francis	BMC	Carla Valle-Schwenk	Miami-Dade County Office of Management and Budget MDC-OMB-GC
Diego Shmuels, MD	BMC	Jose Ortega	MBCHC
Tim Emanzi	CAN Community Health	Ana Nieto	MDC-OMB-GC
Hardeep Singh	CAN Community Health	Teresa Smith	MDC-OMB-GC
Latoya Johnson	UM OB/GYN	Laura Van Sant	Public Health Trust (PHT)
Robert Chavez	Care Resource Community Health Center (CRCHC)	Sonya Wright	UM-CAP
Rafael Jimenez	CRCHC	**Behavioral Science Research**	
Marialejandra Valente	CRCHC	Frank Gattorno	Sandra Sergi
Emma Muñoz	Citrus Health Network	Dr. Robert Ladner	Susy Martinez
Lirian Oquendo	Empower U CHC		
Kirk Palmer	Empower U CHC		

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

Rhonda Wright, CQM Committee chair, called the meeting to order at 9:32 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 October 20, 2023, agenda and the August 18, 2023, meeting minutes. No changes were made.

IV. Ryan White Program Updates   *Carla Valle-Schwenk*

Carla Valle-Schwenk reported the following:

- The revised statewide notice of eligibility (NOE) form that will be released in the next 1-2 weeks, along with the *Client Eligibility Update form* (previously known as the *Client Self Attestation form*). The revised NOE will be available within the Provide Enterprise data system and will calculate the eligibility expiration date for clients automatically.

- Clarification was provided regarding approved billing practices for Minority AIDS Initiative (MAI) clients. Three groups are approved for MAI funding: Black African American Males (including Haitian Males), Black African American Females (including Haitian Females), and Hispanic MMSC. However, emerging minority subpopulations of need can be documented by subrecipients, and a request may be made to the Recipient for approval to bill these clients under MAI. Specific documentation must be provided by the subrecipient detailing SDOH preventing that specific population from engaging/staying in care and remaining virally suppressed, along with evidence based interventions aimed at addressing the specific needs of the subpopulation. Furthermore, only a single MAI project needs to be tracked through clinical quality management even though some subrecipients may have multiple simultaneous projects internally.

V. CQM QI Project Presentations

- Emma Muñoz presented Citrus Health Network's (CHN) QI project findings. CHN aimed to increase OHC utilization among their MCM and OAHS clients in care by (1) educating the clients in the process of obtaining OHC services, and (2) making OHC appointments for their clients. In this second iteration of their PDSA, CHN found that fewer clients attended their scheduled OHC appointments when the education and appointment process was augmented by intensive pre- and post-appointment reminder calls. CHN is abandoning this change idea and adopting the previous iteration of their change idea. The QI Projects did impact the overall utilization of CHN's RWP OHC funds and resulted in a marked improvement in the CQM Performance indicator M9, MCM Clients receiving oral health care (TG $\geq$ 50%), from 16% (FY 2022, Cycle I) to 39% (FY 2023, Cycle 2).

- Tim Emanzi presented CAN Community Health's QI project findings. CAN's goal was to increase influenza vaccination rates within their MCM client population, which was significantly lower than the national average vaccination rate. CAN's change idea involved adding medical case managers to the physicians as part of the vaccination promotion team, to contact their clients, provide vaccine education, schedule flu vaccine appointments, and address barriers such as transportation issues. As a result of their efforts, CAN was able to successfully increase their flu vaccination rates among their MCM and OAHS clients to exceed the national average, but there were additional refinements which they plan to implement during the 2023-24 flu season.

VI. <u>CQM Performance Report Card</u>

Findings from the CQM Performance Report Card, FY 2023 Cycle 2 (the 12-month period ending August 31, 2023) were reviewed:

a. MCM subrecipient agencies that are **above the RWP MCM RiMC average of 82%** (TG ≥ 90%).

- o **Peer Group 1** – Citrus, JTCHS, PHT ND
- o **Peer Group 2** – AHF Liberty City, Care Resource Little Havana, Empower U, PHT PET
- o **Peer Group 3** – AHF Biscayne Pharmacy and AHF Coconut Grove
- o **Peer Group 4** – Care Resource Midtown and PHT SFAN

b. MCM subrecipient agencies **above the RWP MCM VL Suppression average of 90%** (TG ≥ 90%).

- o **Peer Group 1** – Citrus, JTCHS, PHT ND
- o **Peer Group 2** – AHF Liberty City, Care Resource Little Havana, Care Resource Miami Beach, Empower U, PHT PET
- o **Peer Group 3** – AHF Biscayne Pharmacy, AHF Coconut Grove, Borinquen HCC
- o **Peer Group 4** – Care Resource Midtown

c. MCM subrecipient agencies that are **above the average of 97% for indicator, M5, MCM clients w/ non-missing VL data** (TG ≥ 95%).

- o All MCM subrecipients met the target of 95% except CAN CHC, Latinos Salud, UM CAP, CHI, Care Resource Miami Beach, AHF Jackson North, and MBCHC.

d. A set of run charts highlighting 12-month rolling outcome measure averages was presented.

- o RiMC percentages show some minor fluctuations, with small percentage point decreases at the end of November 2022, June 2023, and September 2023.
- o **Viral suppression among MCM and OAHS clients has steadily increased over the 12-month period**, ultimately meeting or exceeding the 90% target over the final three months.
- o **Non-missing viral load percentages increased to 97% over the last three months of the reporting period for MCM and OAHS clients.** This exceeds the 95% target for this outcome measure.

Modifications to the Report Card were discussed.

- o An M10 indicator (MCM clients receiving Health Insurance Premiums and Cost Sharing Assistance services) was added to the MCM series.

- o Peer Group cutoffs were adjusted.

  - **Peer Group 1** – Agencies with approx. <125 MCM clients
  - **Peer Group 2** – Agencies with ≥126≤300 MCM clients
  - **Peer Group 3** – Agencies with approx. ≥301≤650 MCM clients
  - **Peer Group 4** – Agencies with approx. ≥651 MCM clients

- o The Health Insurance Premiums and Cost Sharing Assistance (HIPCSA) Service Category table was expanded to include RiMC, VL suppression, and non-missing VL outcome measures for clients that are utilizing their GAP cards.

VII.　Action Plan/Next Steps

- BSR will continue to follow up with the subrecipients who have CABs to identify interested members and encourage participation, with the goal of increasing client engagement.
- BSR will be coordinating a series of trainings which will be conducted in the coming months revolving around the most requested training topics from a poll conducted during the August CQMC meeting.
- Webinar email notifications concerning training opportunities will continue to be disseminated among subrecipients as opportunities come up.
- Client Satisfaction Survey interviews are still being conducted through the end of October.
- In total, 17 mid-year CQM evaluations were conducted. Results are to be presented at the next CQM Committee meeting.

VIII.　Other/Announcements

Susy Martinez announced that she will be transitioning from her current role at BSR to a role with another subrecipient agency in the Miami-Dade RWP.

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

The next meeting is scheduled for Friday, November 17, 2023, via Zoom.