

Greater Hampton Roads HIV Health Services Planning Council

Quality Improvement & Strategic Planning Committee Meeting

Norfolk Department of Human Services, 741 Monticello Avenue

Thursday, September 15, 2016– 4:00 p.m.

Call to Order: The meeting was called to order at 4:15 p.m.

Moment of Silent Reflection: A moment of silent reflection was observed for those affected and infected by HIV and AIDS.

Welcome/Introductions/Roll Call: Attendance was called as follows:

Present:

Gwendolyn Ellis-Wilson
Jerome Cuffee
Ashley Veal

Doris McNeill
Robert Bailey

Members Excused:

Catherine Derber,
Todd England
Gloria Anderson

Katrina Fontenla
Tanya Kearney

Members Absent:

André Christian

Rachael Artise

Staff:

Marsha Butler-Grantee Staff,
Thomas Schucker-P.C. Support,

Jacquelyne Wiggins-Grantee Staff,
Teresa-P.C. Support Staff

Review of Minutes:

The minutes were tabled due to lack of a quorum.

Visitors:

Jason Smith – Mr. Jason Smith introduced himself and stated that he was currently working at M.A.S.S. as a PrEP Navigator.

Old Business:

Review the P-CAT: The committee reviewed the Planning Council Activity Timeline (P-CAT). The committee is on track based on activities outlined on the P-CAT.

The committee's agenda for the meeting included the following items:

- Review Implementation of Health Care Reform/National HIV/AIDS Strategy impact to RW
- Review the Comprehensive Plan
- Refine Standards of Care
- Review HRSA:HIV/AIDS Bureau (HRSA:HAB) Performance Measures
- Review National HIV/AIDS Strategy ('NHAS') and Norfolk TGA Performance

With regard to the New Business, the committee will:

- Determine Specific Plan-Do-Study Act ('PDSA') Initiatives and review Results
- Compile Unresolved Issues in Parking Lot

Review the Integrated Prevention and Care Plan: As was discussed at the last meeting, Support Staff emailed copies of the Plan to committee members for review and discussion at the meeting. The committee was advised, at that meeting, that any questions, comments or concerns regarding the Integrated Plan should be emailed to the Contractor.

Ryan White Part A Implementation Plan: Service Category Table: The committee was advised to look at the outcomes of each of the service categories and see if there are any other outcomes the committee would like to track and if so, how can they be related back to the Plan-Do-Study-Act (PDSA) with Clinical Quality Management (CQM). One of the obligations of the committee is to be part of the clinical quality management. When the committee identifies the implementation items and the quality measurements, they will become part of the Clinical Quality Management Plan-Do-Study-Act (CQMPDSA).

During the review of the Implementation Plan, the committee was requested to go through the document and select a service category such as Outpatient/Ambulatory Medical Care. The Grantee Staff will conduct POD groups with the relevant providers to discuss how to raise the target numbers. The committee also discussed Oral Exam under Outpatient/Ambulatory Medical Care and noted how low the number was because of how it is reported; which makes it difficult to track. From the Clinical Quality Management side, it was recommended to ask providers to set up templates which should meet each one of their HAB core measures.

The committee extensively discussed prioritizing, at least, three of the following HRSA core Performance Measures:

- Viral Load Suppression
- Anti-retroviral Therapy
- Medical Visit Frequency
- Gaps in HIV Medical Visits
- PCP

However, as one of the three projects, the committee agreed to look at Viral Load Suppression across all service categories through the entire TGA according to the HRSA-HAB Performance Measures. The committee also agreed to look at the performance measure and baseline data for each category every six months. The purpose is to increase the baseline data. However, it was noted that the Service Standards do not align with HRSA Performance Measures; that is, what the Planning Council is asking the Grantee to go out and monitor and what the HRSA-HAB performance measures are, do not align. The committee needs to make sure that the Service Standards are brought back to the Medical Adherence Component. After discussion, the three goals for the committee's PDSA for QI will be:

1. Retention in Care
2. Viral Load Suppression
3. Anti-Retro-viral Therapy

Across all service categories. The committee also agreed to the recommendation that one person from each Agency; called *Single Point of Contact* (SPoC); should be

identified. The SPoC will come to the committee to look at the five-year trending data when the Quality Management data is collected and presented.

The committee was requested to review the Service Standards from San Antonio. At the next meeting, the committee will discuss the service standards and compare them to the Norfolk TGA's standards. The committee will start with the *Outpatient/Ambulatory Health Services*: to make sure that there is medical outcome; goals and bench marks and if need be, ensure that there is a HAB Performance Measure in there.

New Business:

Any Other Business:

Due to lack of a quorum at the meeting, the committee will be requested to vote on the minutes electronically.

There was no other business to discuss.

Date of Next Meeting/Adjournment: The next meeting will be on Thursday, October 20th, at 4:00 p.m. With no further business, a motion was moved and properly seconded to adjourn the meeting. The motion passed.

Respectfully submitted:

Doris McNeill-Committee Chair