

**Virginia Ryan White Cross-Parts Collaborative Quality Management Advisory Committee
(QMAC) Meeting
Wednesday, August 23, 2023
Holiday Inn Conference Center – Fredericksburg, Virginia
8:00 AM- 4:00 PM
In attendance– QMAC Members**

From 8:00 to the meeting’s commencement at 9:00, a registration period, with an optional provided breakfast, was open.

At 9:00, QMAC Co-Chair, Juan Pierce opened the meeting by requesting that everyone in attendance, going table by table, introduce themselves; mention with which agency they are affiliated; and in one word, describe their reasons and motivations for what they do in furtherance of QMAC’s goals.

Following introductions, Safere Diawara and Camellia Espinal provided Updates from VDH, including calling to everyone’s attention that the 2023 HRSA HAB RWHAP Part B Manual and National Monitoring Standards have been released, with several updates and revisions from the previous editions. Changes include clarifications to health insurance premium and cost-sharing assistance for low-income individuals, particularly updates to the sections regarding the use of RW funds exclusively for non-medical outpatient providers. Other changes include, in further compliance with 45 CFR 75.381, the lessening of the time period for end of year reports, from 120 days to 90 days following the end of the budget period. The HIV Clinical Guidelines also added a new chapter concerning care for those with HIV affected by mpox, as well. Safere recommended everyone in attendance acquaint themselves with these documents, as they are the standards by which a majority of our efforts are guided.

Dates for upcoming events were announced, including the next Quarterly Contractor’s Meeting (Sept. 6), the VACAC NW Region Engagement Meeting (Sept. 16), and the QM Summit in Charlottesville (Sept 22). Camellia provided information concerning Updated Case Management Standards and their implementation. Agencies have until April 1, 2024 to fully implement new case management standards; GY23 site visits will retain previous CM standards until April 1, 2023, and thereafter, the new standards must be used. Safere took a moment to further impart the importance of RW funds as the Payor of Last Resort, in whatever situation that may occur, due to either an individual being uninsured or under insured. The FY2022 Annual Progress Report to HRSA has been submitted by VDH, and the FY2022 Carryover Letter was in progress, as of this meeting’s date. The HCS Consumer Needs Assessment, with 211 participants in total, closed on June 30, 2023. Ashley Yocum and Imani Butler will be presenting *Innovation and Implementation of Trauma Informed Care Practices in Virginia*, at the US Conference on HIV/AIDS, or USCHA, Meeting on September 7, 2023 in Washington, D.C.

VDH’s updates were rounded out by several reminders, most notably that Medicare Open Enrollment and ACA Open Enrollment will begin on October 15 and November 1, respectively; and that the Department of Health and Human Services (HHS) announced a new marketplace special enrollment period (SEP) for those who lose Medicaid and Children’s Health Insurance Program (CHIP) coverage at any point between March 31 and July 31, of 2024.

Next, Katrina Comolli provided a PowerPoint presentation conveying the results of the Clinical Quality Management (CQM) Assessment for 2022. An overview of the evaluation was given, its purpose being to assess the effectiveness of the CQM infrastructure, performance measures, and quality improvements on the part of both VDH and its subrecipients. The findings of the assessment will be examined by VDH and utilized in future planning to better understand both successes and challenges, as well guide further programming for the following grant year. 21 Assessments, with 3 primary categories (Quality Infrastructure, Performance Measurements, and Quality Improvement Activities) were distributed, with agencies having 30 days to send responses to the VCU Quality Coordinator. Several questions were asked regarding each category and the average rating of those taken as a guidepost for future CQM activities, with most questions rating around 4 out of a possible 5. Katrina then gave a brief summary of comments submitted by respondents, which included requests for greater levels of technical assistance and overall guidance in relation to the annual quality improvement project (QIP); the perceived lack of input from subrecipients regarding the QIP, and the inability of some subrecipients to not modify said QIPs; and a perceived lack of input, on the part of subrecipients, in the creation of the overall Quality Management Plan. Camellia responded to these comments, by stating that any technical assistance needs can be requested to VDH, on an ongoing basis. She also explained that some agencies can request an alternate QIP's, and agencies wishing to do so as well should inquire about such an option; and that there are plans to work towards expanding the input of subrecipients during the drafting of QIPs and QM Plans.

Questions from subrecipient agencies in attendance included further concerns about QIP management, as well as differences between VDH's data and data held by the agencies, due in part to some errors with Provide. Safere responded to both, respectively, that issues regarding QIPs and communications between VDH and sub recipients could be addressed at the February meeting; and, while acknowledging that Provide has suffered some glitches, particular in terms of imports from CAREWare, Safere made it clear that the Data team is currently working to have such issues fully addressed, completion hoped for within the first few months of 2024.

Following the CQM Assessment, a client in attendance provided his Consumer Story; chronicling his personal journey as a consumer under Ryan White, as well as his role in VACAC and how the HIV care he has received has been a "lifeline" for him emotionally, medically, and financially. He closed with the hope that the approach Ryan White programs have taken to HIV Care can be applied to other, less focused upon illnesses and conditions.

At 10:55, a 15-minute break commenced, followed by Tinika McIntosh-Amouzouvi's and Hunter Newland's presentation on RWHAP B Performance Measures by Service Category/Provide and Unified Eligibility. Before diving into the contents of their presentation, a poll, delivered via QR code, was offered to gauge attendees understanding of the subject matter. They then gave overviews of the CQM Program, dividing it into the three "pillars" of the program – Infrastructure, Performance Measures, and Quality Improvement. Hunter explained several activities VDH has undertaken to better reach UE goals, such as frequent meetings with subrecipients and audits of their assessments each month. Following this, Tinika and Hunter offered congratulations to all agencies which, throughout the month of July 2023, had achieved a zero-error rate percentage in their client assessments. A second poll, similar to the first, was then proffered to gauge attendees' knowledge of the program, following this presentation.

Michelle Jesse and Sarah Snead with VCU Health then presented the goals of the VCU Peer Review for GY 2023/2024, a collaborative learning process to evaluate Ryan White Part B subrecipient compliance to VA RW Part B standards; established by VDH in 2002, and conducted by VCU since 2012, this Peer Review is not an audit. Each RW subrecipient is reviewed at least once every 2 years; their performance in utilizing

VDH's standards of care is assessed, and whatever quality or technical assistance deemed necessary after afterwards is made available. The review's categories are: Outpatient Ambulatory Health Services, Oral Health Care, Medical Case Management, Non-Medical Case Management, Mental Health, Substance Abuse – Outpatient, and Client Interviews. The assessment consists of a 10% review of clients served within each service category, as well as 5 client interviews. Any corrective action plans determined from this information are due within 30 days of the final report, and QM methodologies (Quality Improvement Projects, PDSA, etc.) are recommended for such plans. 11 sites throughout the Commonwealth are scheduled for the next review: Richmond City Health District, Henrico Health Department, Health Brigade, Eastern Virginia Medical School, HCHC, University of Virginia, CCS – Marion, CCS – Roanoke, CCS – Danville, Eastern Shore Health District, and Northern Virginia Family Services. Peer Review contractors will be drawn from Ryan White Part B staff, Consumers, and AETC trainers; to avoid any possible conflicts of interest, no reviewer can be either a staff member of, or a consumer in, the health district they are tasked with assessing. If a previous employee of said district, they must be at least two years removed from their period of employment there. Sarah closed by offering her contact information for those requesting any further information.

Due to some presentations running slightly short of the agenda, a 15-minute break then commenced at 11:53, followed by lunch beginning at 12:10. At 1:00 the meeting resumed, and 90 minutes was then provided for Breakout sessions for the QMAC Capacity Building, Communications, Data, and QI Subcommittees. After these sessions, a Subcommittee Report Out was overseen by Lynea Hogan, with each subcommittee's chairs relating what was discussed therein. Some takeaways from each include:

- Capacity Building, presented by Michelle Sullivan – The subcommittee is currently working on addressing barriers encountered by clients with a limited proficiency in English, with key actions steps including the need to review current data related to the issue, and to ascertain what further information needs to be captured. This project would also help foster collaboration between Capacity Building and Data, to gain a better understanding of the obstacles facing non-English speakers' experience with Ryan White programs.
- Communications, presented by Mike Rice – Much of the Communications subcommittee's discussions focused on what can be done to aid new members to QMAC upon their joining, including the creation of a brief orientation video and member mentorship program. These actions, in addition to the resumption of a regular newsletter, would help new members, but also foster communication among all of the committees and their respective members, especially if the newsletter features articles relating to VDH expectations, the workings of Provide, and other common questions.
- Data, presented by Hunter Newland – The development of data coaches and data dashboards were discussed as ongoing efforts, as was a dedication to doing as much as possible to keep collaboration and sharing in mind throughout all stages of these efforts.
- QI, presented by Mark Baker – The QI subcommittee offered several avenues they intend to pursue, including sending out an assessment, in collaboration with the Communications subcommittee, to gather opinions regarding the current QM Plan, and to factor those results into the drafting of 2024's QM Plan. The expansion of services relating to oral care were also discussed. Issues with clients' confusion regarding eligibility requirements, and obstacles and concerns agencies have when updating client assessments in Provide were additional topics, as well as the problematic importation of CAREWare information into Provide.

After a 15-minute break following the subcommittees' Report Out, Updates from Ryan White Cross-Parts was presented. Regarding Part A, The Virginia Community HIV Planning Group has a town hall scheduled in Norfolk, for a discussion of Part A services and the Norfolk TGA, or Transitional Grant Area. Minority AIDS Support Services, or MASS, is celebrating the one-year anniversary of the opening of their tele-clinic, and the LGBT Life Center has a new location in Hampton, its ground-breaking taking place earlier in the month, on the 6th. For Part C, Carillion's food bank is still growing; they have seen a small increase in the number of newly diagnosed clients, and are hoping to hire an eligibility manager, shortly. Among UVA's current active clients in Part C Services, 33% are between the ages of 25 and 45; 50% are 46 to 64, with the remainder being 65 and up; 72% are male, 26% are female, and 2% are transgender. VCU's Part C update explained that their nutrition program has been expanded, with vouchers for nearby farmers markets, bagged lunches at clinics, and nutrition classes at the Market at 25th in Church Hill made available. For Part D, UVA has expanded several of their operations, particularly in regard to mental health care services.

At 3:30, Safere took several minutes to address any frustrations that attendees may have and called for further communication between the various subrecipients and VDH. He emphasized if an agency's program has grown and they need to expand their funding accordingly, it is essential to make that case known to their HIV Service Coordinators – in some instances, new funds can be allocated within 48-72 hours' time; other needs, such as modifying a contract, would understandably take somewhat longer. Camellia presented to the audience Safere's recently published article, "Rapid Start Programs: Exploring the Principles in Status Neutral Care in Practice" in *HIV Specialist* (Spring 2023), before Kimberly Scott spoke at 3:38, via Zoom. She thanked everyone for their participation in the conference, as well as their efforts overall. She expressed her hope that any remaining data issues will be cleared up as soon as possible, and thanked Tinika and Hunter for their presentation on performance measures. She also recommended the RW dashboard for anyone seeking further resources, suggesting everyone in attendance do so often; and lastly, she expressed the hope that barriers can be removed, in terms of modifying contracts, by working to further streamline administrative processes.

Juan Pierce then gave closing statements, thanking everyone for their care, efforts and work in improving the quality of care for those served, and encouraging them to keep in mind that their efforts have tangible outcomes that positively affect the lives of real people.

The meeting was adjourned at 4:00