

RYAN WHITE PART A CLINICAL QUALITY IMPROVEMENT COMMITTEE MEETING

- Held Wednesday, May 29th, 2019
- Ryan White Part A Recipient Office
- 1:30PM to 3:30PM

IN-ATTENDANCE

- Josefa, Community Outreach Medical Center
- Roni, Southern Nevada Health District
- Merylyn, Southern Nevada Health District
- Christine Baron, University Medical Center – Wellness Center
- Sharon Warren, University Medical Center – Wellness Center
- Cynthia Watson, Community Counseling Center
- Barbara Aranosian, Nevada AIDS Research and Education
- Aracely Rios, Access to Healthcare Network
- Fabiola Tannahill, Access to Healthcare Network
- Jonathan Basilio, Ryan White Part A Program

PART ONE: CURRENT STATUS OF THE PART QUALITY MANGEMENT (QM) PROGRAM AND THE CLINICAL QUALITY MANAGEMENT (CQI) COMMITTEE

- Jonathan gave an update on the QM program for 2017, 2018, and 2019
- Jonathan presented the QM staircase.
- The committee reviewed the Advanced Client Lists instructions.
- The committee reviewed the CAREWare charting function.
- Jonathan gave an update on the most recent viral load imports into CAREWare A (CWA).
- Jonathan invited committee members to co-lead future meetings.
- The Ryan White Part A TGA viral suppression was 77% for 2017 and 81% for 2018, respectively.
- Cynthia shared on the work her team did after the last QM site visit from Jonathan. Her team identified 33 no viral load and 37 not virally suppressed. After reviewing all clients, CCC was left with only 5 clients not virally suppressed.
- Jonathan stated that both Sharon at UMC and Barb at NARES can pull their own client lists and are the sole medical case managers at their organizations.
- Cap stated that HRC utilized the charting function and placed a copy in all client files. In addition, they are able to review the chart, consider client life events or emergencies, and visualize their progress.
- Based on feedback from the Committee, Jonathan stated that we will continue to use the tools implemented at this time.

SUMMARY: THE CQI WILL CONTINUE TO UTILIZE THE THREE QI TOOLS, WHICH ARE BAR GRAPHS, CHARTING, AND ADVANCED CLIENT LISTS.

PART TWO: SET A TARGET FOR DECEMBER 2019

- Jonathan stated that we cannot make recommendations until we have identified trends, and we cannot identify trends until we have good enough data. The CQI is now in a position to establish baselines and benchmarks.
- The Ryan White Part A TGA increased its MCM client counts from 2,564 in 2017 to 3,205 in 2018, respectively.
- Cynthia stated that CCC has a higher viral suppression rates are due to being stabilized at other Ryan White agencies prior to transferring to CCC.
- Jonathan stated that the CQI's viral suppression project is similar to other state's "Data 2 Care" projects. Still other states are doing "Data 4 Care" projects for keeping clients engaged.

- Jonathan reviewed the Integrated Program's, Prevention and Care, Cascades from Nevada Part B 2016. That method shows their viral suppression for the same year as 52.47%
- Jonathan stated that the 90% diagnosed, 90% on ARV, and 90% virally suppressed yields a 73% final number in a perfect world. The CQI will need to observe if the viral suppression is calculated directly or if the bars are a fraction of the previous one.
- Barb stated that she does not have much exposure to the different cascades.
- Jonathan asked the Committee to set our TGA-wide goal for MCM viral suppression.
- Cap described the inter-connectedness of our work. She stated that any goal we set will need to be achieved collaboratively and with a team-approach.
- Cynthia stated that one of the hurdles is HIV doctors in the valley not reporting all viral loads.
- Cap asked if there is a way to get a release of medical records from HIV doctors.
- The Committee discussed internal processes for non-medical, MCM service sites to enter CD4s and viral loads.
- Ronny said that SNHD sees issues with clients who have name changes or have eligibility only completed at SNHD.
- The CQI can choose to maintain the viral suppression rate from 2018 at 81% of aim for an improvement by December 2019.
- Josefa stated that a goal of 83% is achievable, because we are already working together and know what to expect.
- Fabiola stated that clients still hand-carry their labs. She stated that a means of entering these into CWA would improve the numbers.
- Christine stated that double entries of labs have been an issue in previous years and affects the RSR submission.
- Merylyn stated the rationale for having the OAHS site enter their own labs, so that there are no issues. This can be confusing, for example, when a lab is drawn and entered from UMC and then re-entered by SNHD.
- Cynthia suggested that we enter the labs from non-Ryan White funded doctors to address this issue.
- Fabiola reminded everyone to check the box in CWA to show the labs from other providers.

SUMMARY: THE CQI SET THE 2019 MCM VS GOAL AT 83% (AN INCREASE OF 2%). THE CQI WILL LOOK AT WAYS OF IMPROVING LAB ENTRY FROM NON-RYAN WHITE DOCTORS TO SUPPORT THIS PROJECT

PART THREE: REVIEW OTHER VS RATES AND THE DEMOGRAPHICS OF ALL NOT SUPPRESSED 2018 CLIENTS

- Jonathan reviewed linkage to care and viral suppression rates for MCM, OAHS, and EIS, followed by viral suppression for the remaining core medical and support services.
- Cynthia asked what the national benchmark is. Jonathan informed the Committee that most recent HRSA benchmark is 85% for all OAHS clients served in 2016. The Las Vegas TGA VS rate for OAHS was 87% for CY2018.
- There was discussion about the high and low performing service categories. We see surprisingly high rates of VS for mental health and low rates of VS for substance abuse and transportation.
- 609 MCM clients were not virally suppressed in 2018. The majority of them were male, black or white race/ethnicity between the ages of 25 and 44.
- Jonathan offered to create a similar profile at the agency-level.
- Barb suggested that we need to know the substance use and mental illness of the not suppressed clients.
- The Committee discussed their respective processes for mental health and substance abuse referrals. Cap talked about being supportive of other providers and the client, reassuring them

they are “not alone.”

- Jonathan stated that he has observed clients in MCM for several years before attending a mental health appointment.
- The Committee discussed clients receiving services in both California and Nevada.
- Next, the Committee looked at the service utilization of the not suppressed clients. The majority (n = 73, 12%) had only one contact with the MCM service provider.
- Christine stated that homelessness is the driver of not suppressed clients and the interaction of mental illness and substance use.
- Cap and Sharon discussed other housing resources, such as Resort Villa transitional housing.
- Josefa talked about CCC’s process for storing HIV medications for clients experiencing homelessness.

SUMMARY: THE CQI IDENTIFIED POTENTIAL RISK FACTORS OF NOT SUPPRESSED CLIENTS AS HOUSING STATUS, MENTAL HEALTH, AND SUBSTANCE USE.

PART FOUR: REVIEW THE COLLECTIVE IMPACT FRAMEWORK, ZIP CODE DATA, AND US NEW HIV DIAGNOSIS RATES

- The highest concentrations of not suppressed clients for 2018 were 89101 (n = 50), 89119 (n = 43), and 89121 (n = 35).
- Cynthia stated that our not suppressed clients are living in the areas with the most affordable rents.
- Sharon stated that the mortality rate in 89101 and surrounding areas is now increasing.
- Barb stated in 1979 there were “flap houses” or low-income houses in Las Vegas. We no longer see those.
- Jonathan described a clash between academics and program people and how the Collective Impact framework attempts to bridge this gap.
- Jonathan recommended the Committee adopt Collective Impact if they organizations do not already have their own collaboration model.
- The Committee discussed the effects of the Downtown project and its displacement of low-income residents.
- We closed with looking at HIV new diagnoses by state. The District of Columbia is number one, followed by Georgia, Florida, and Louisiana. Nevada is ranked 5th for 2017.
- The Committee plans to use the plan, do, study, act model to report out on the current 2019 viral suppression QI project.
- Jonathan reviewed a standard deviation chart for the 24 months of virally suppressed clients in 2017 and 2018.

SUMMARY: THE LAS VEGAS TGA PLAYS AN IMPORTANT ROLE IN THE PUBLIC HEALTH INFRASTRUCTURE OF SOUTHERN NEVADA, AND THE CQI WILL SERVE AS THE BACKBONE SUPPORT FOR FUTURE CLINICAL QUALITY IMPROVEMENT INITIATIVES.