Las Vegas Transitional Grant Area Ryan White Part A
Clinical Quality Improvement Committee Meeting Minutes
Online Meeting | Date: September 21, 2022, |**Time:** 1:00 PM – 3:00 PM

Single Point of Contact	Additional Agency Attendees	Provider
Aronca Caruth		Aid for AIDS of Nevada (AFAN)
Susanna Gonzalez	Lorianna Angel - Guadron	Access to Healthcare Network (AHN)
Sandra Najuna		AIDS Healthcare Foundation (AHF)
Yendi Webster		Community Counseling Center (CCC)
Josefa Ozaeta	Angela Hall	Community Outreach Medical Center (COMC)
Joemar Buyao		Huntridge Family Clinic
Wilma Herrera		Dignity Health St. Rose
Darnell Duwyenie		Golden Rainbow
Anita Lockhart		Nye County Health and Human Services
Carrie St. Amand		North Country Health and Human Services
Ronny Soy	Dennys Bautista / Brendon Dalton	Southern Nevada Health District
Lissett Correa		University of Nevada School of Dental Medicine
Maria Montes		Community Partner
Christine Baron		University Medical Center (UMC)
Part A Recipient	Heather Shoop, Jessica Rios, Tiffany Evans, Tony Garcia, Vanessa Cruz, Octavio Posada	Office of HIV
Part B Recipient	Marques Thompson	Nevada State Health & Human Services
Part C Recipient	Christine Baron	University Medical Center (UMC)
Part D Recipient	Cathleen Danheiser	UNLV School of Medicine

Meeting Start Time: 1:00 pm | **Meeting Adjourned: 2:56 pm**
Present 26
Welcome! Today's meeting was all about planning, development, growth, and change.

The Elephant, The Rider, & The Path: A Tale About Behavioral Change that illustrates altering habits and setting a path with meaningful metrics for success.

https://www.youtube.com/watch?v=X9KP8uiGZTs

Meet the Team: The LVTGA CQI Committee took time to connect by going down memory lane by sharing a memory where we experienced personal change, growth, and development.

TGA Quality Improvement: **What it isn't | What it is –** The QM went over the purpose of the LVTGA CQI committee.

QM went over Q1 & Q2 CQM Reporting submission updates & qualitative scale prior to diving into the dashboard data.

QM went over Ryan White HIV/AIDS Program Compass Dashboard 2020 Performance Summaries for Viral Suppression & Retention in Care. We looked at 2021 Baseline data for EIS, MCM, & OAHS Viral

Suppression and Retention in Care. **Noted:** One of the factors that contributes to these measures has to do with lab data. Part A is in the process of ensuring that all the lab data is current in CAREWare. The percentages we will compare to 2021 baseline data will be updated and available in late January 2023. Current data was shared so our committee can keep their eyes on the target.

Question from Program Manager: What is contributing to percentages where we are currently at?

Strengths, Weaknesses, Opportunities, & Threats (SWOT) Analysis – Providers were asked to provide program insight using a strategic planning tool that encourages groups to reflect on and assess the Strengths, Weaknesses, Opportunities and Threats of our LVTGA.

Strengths:

• Interagency partnerships	• Client input & program development	• The amount of Technical Assistance (TA) training
• Lab Data Days	• Shared Plan, Do, Study, Act examples	• Shared meeting minutes
• QI Newsletters	• Training on Process Maps	• Having everything added to the website
• Dedicated CQI Representatives!	• Amazing CQI Leader!	• TA on running reports & understand numerator & denominator

Weaknesses:

• Missing lab data imports	• Sharing changes (CW, RWISE, & RWISE Viewer)	• **Data accuracy in CW** Ex: clients that moved or passed away still appear on reports.
• Standardizing how we do MCM	• Patient referrals & lack of referrals	• Type, frequency, and intensity of MCM
• Inability to view different parts of RW (other agencies)	• Referrals not being completed correctly	• Client follow-up
• Client records are not reflecting actual labs and doctor's visits.	• Patients go to other providers outside of RW and it does not reflect in CW	• MCM RIC clients who only have eligibility under MCM go to other agencies
• Lab data from insurance providers that are not RW agencies does not populate for most.		• Following up with clients after assistance is given. Not only at the time of assistance.
• Documentation of doctor's visits that are not paid for by RW.		• ROI w doctors so medical case managers can coordinate care with doctors.

Opportunities:

• Take eligibility out of MCM	• Let MCMs enter doctor's visits to update records in CW to reflect accurate information	
• Have an automated process for labs to upload from eHARS	• Labs in CW are live and uploaded when they get completed	
• Streamline adding a client in CW	Interagency case conference meetings on mutual clients to close gaps	
• Receive and send referrals to Parts A-D	• TriYoung can create a bridge for agencies that have electronic medical records to minimize dual entries ($8,000 cost)	
• Clear expectations for MCM and how this affects medical outcomes	• Eliminate the need for mirroring	• Cross communication within all Parts within CAREWare

Threats:

• Time	• Data system capacity/ challenges	• Data entry should be entered correctly
• NCHC is still seeing that information about newly diagnosed individuals is not updated when Part B exports over to CW Part A		
• Community partner shared space sites are appreciated	• Space – programs are expanding, but space to house workers / see clients is limited	
• Increase of HIV numbers leads to lower Retention in Care	• Increased mortality rates and HIV transmission	• Impact on healthcare costs

QM shared Core Concepts from the National HIV Curriculum including factors that are associated with lower rates of Retention in Care.

- Stigma & Fear
- Mental Illness
- Substance Use Disorder
- Young Age
- Place of Residence (zip codes)
- Uninsured or Underinsured
- Unmet Needs

QM provided a CAREWare LVTGA Zip Code Report and compared it to an AidsVU online mapping tool to provide information about the impact of HIV in our jurisdiction. QM displayed a demographic breakdown of gender and race/ethnicity. QM shared a quote and Ted Talk resource from Dr. Anthony Iton "Zip codes have more of an impact on someone's life than their genetic code." Overview of chronic stress factors that impact our clients and retention in care.

Takeaways & General Discussion

Meeting Adjourned