



Meeting Minutes

Las Vegas TGA Clinical Quality Management Committee Meeting

Date: Tuesday, January 28, 2025, | **Time:** 2:00 pm – 3:30 pm

Members Present (23) Members Absent *(5) * Additional Stakeholders (4) Total Present (27)		Providers & Community Stakeholders
Karina Ponce	Becky Borero	Aid for AIDS of Nevada (AFAN)
Sandra Najuna		AIDS Healthcare Foundation (AHF)
Susana Gonzalez	Lorianna Angel - Guadron	Access to Healthcare Network (AHN)
Lisa Hayman	<ul style="list-style-type: none"> ➤ Patrick Forand ➤ Courtney Sherman 	CAN Huntridge Family Clinic
Yendi Webster		Community Counseling Center (CCC)
Josefa Ozaeta	*Clare Waller	Community Outreach Medical Center (COMC)
Anthony Castro	Wilma Herrera	Dignity Health St. Rose
*Darnell Duwyenie		Golden Rainbow
Lacey Kennedy		Impact/Trac-B Exchange
*Carrie St. Amand		North Country Health and Human Services
Anita Lockhart		Nye County Health and Human Services
Bennen O'Toole	Ronny Soy	Southern Nevada Health District
Veronica Arana	<ul style="list-style-type: none"> ➤ Albert Sedano ➤ Humberto Chavez 	The Center
Christine Baron		University Medical Center (UMC)
Vanessa Monroe-Geurin		Project HOME
Thomas Rodriguez-Schucker		Collaborative Research
Kenneth Gary		Community Stakeholder
Maria Cervantes		Community Stakeholder / Intern
Jeremy Hurley		Nev. Department of Health and Human Services
*Heather Shoop		Clark County Social Service Office of HIV /RWPA
Jessica Rios		Clark County Social Service Office of HIV /RWPA
Tony Garcia		Clark County Social Service Office of HIV /RWPA
*Jose Alcazar		Clark County Social Service Office of HIV /RWPA

Meeting Start Time: 2:00 pm | Meeting Adjourned Time: 3:10 pm

Welcome & Attendance: 2:00 am – 2:10 am (presentation slide 1)

Current Agenda Topics & CQM Meetings in 2025: 2:10 pm – 2:15 pm

CQM Meetings: 2:15 – 2:25 am

Jessica went over the difference between a CQM Quarterly meetings and Quality Quickies and gave a brief overview of when and why they started in August 2023. This included what items that are discussed in each meeting. Quality Quickies include “working meetings” with internal providers/partners, teambuilding activities, discussion of Quality Improvement Projects, real-time conversations, upcoming training and technical assistance opportunities,

program updates, discussion of what is next, and hang back time for questions to be answered by CQM management analyst. Highlights of the journey on how quality improvement teams should be working together throughout Cycle 2 were shared on presentation slides 4 & 5. CQM quarterly meetings are for internal/external partners, People with HIV, program updates, CQM Annual Plan including work plan and milestones, gap analysis, and reflective activities, program updates, performance measurement updates and next steps.

Single/Secondary Points of Contact Cloud Collaboration Cleanup:

Jessica emphasized the importance of updating contact information so we can communicate about CQM topics, delays, updates and so much more. Jessica asked if there was anyone that needed to be added or removed? The Center added one committee member to Basecamp (see presentation slide 6).

Review Cycle 2 Journey Map:

Jessica went over the Cycle 2 journey map and explained how providers have been collecting data every 1st of the month. She emphasized when Cycle 2 presentations and PDSA forms were due. Jessica explained that there was an extension to submit the final reports on February 13, 2025. We are moving forward to new QIP projects in 2025. Presentations are due February 25, 2025. QIP's need to be submitted by that date. Cycle 2 Journey map is illustrated on presentation slide 7.

QIP Outcome Report Presentation Slide Deck Overview:

Jessica went over the slide deck template, SPOC information and data visualization items that could be added to the presentation (see presentation slide 8).

CQM Capacity Building, Technical Assistance, & Support Session:

Jessica went over a list of agencies that have scheduled and have not scheduled to meet for a capacity building session. UNLV and Project HOME are not required to meet. Scheduled for AFAN and SNHD. Jessica mentioned having access to limited emails while attending the Creating Change Conference the previous week and not being able to schedule during the conference dates, January 22nd and 23rd.

Overview of LVTGA Current Performance Measures Update:

Jessica shared the following performance measures on presentation slide 10.

Jessica emphasized that the latest eHARS import was not updated in CAREWare and that there is also a data lag. She will be running these reports again with the same 2024 calendar year date ranges and will share this performance measurement report to the Planning Council on February 26th. Words of encouragement were shared with the committee to continue the great work! Thomas from Collaborative Research provided kudos for the great work and reminded providers that it is a mission in progress. A CQM committee member asked to define Receipt of Care. Jessica referenced the CQM plan and the definition for Receipt of Care. While the 2024 CQM Plan was pulled, Thomas mentioned it was a type of care marker.

- Receipts of Care definition – the percentage of persons with diagnosed HIV who had a CD4 or viral load test during the calendar year.

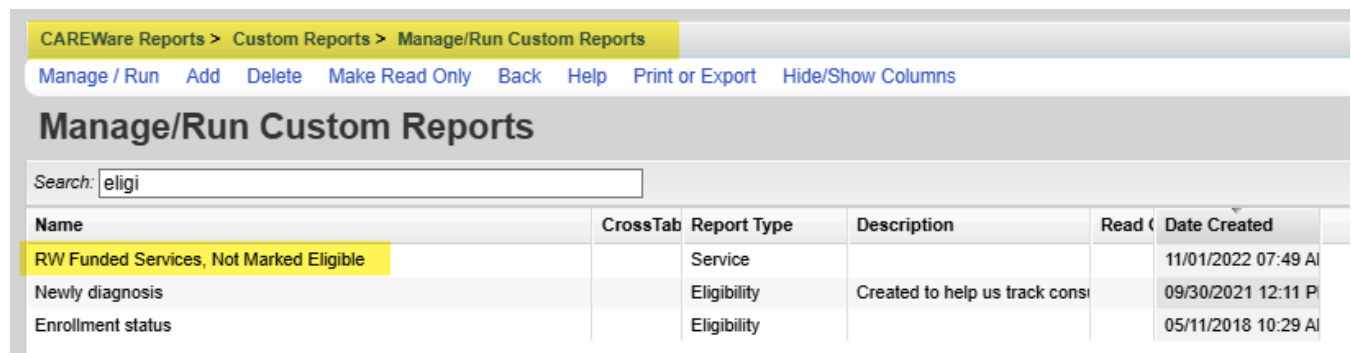
We aimed high when we started monitoring this performance measure to 90%. Thomas mentioned that we have clients that have insurance and go see other providers and those visits are not captured in CAREWare because the providers are out of network, and this is where we start losing that information. Understanding that this is what it may be helps us makes sense of why this measure is low. Jessica moved on with the Retention in Care measure and shared how much we have increased that percentage since our baseline percentage since the end of calendar year 2023. She mentioned that the ongoing and current QIP project for Cycle 2 has really helped increase this number. Recognition and encouragement were given to continue the great work!

Ryan White Services Report (RSR) Information: 2:35 pm – 2:45 pm

We had 4 training sessions with TriYoung that were going to initially be held in person then ended up being held online. The sessions were recorded for providers or point of contact leads that were not able to attend one of the 4 sessions. Jessica mentioned that the video was emailed to everyone from our Clark County IT Help Desk from Tessa that forwarded the message with the video and roles and responsibilities of the RSR to providers. Jessica mentioned we are not going to have TriYoung support for the RSR this year. Providers were advised to reach out to Jessica using the CAREWareReportHelp.gov. Providers were asked to start working on their RSR on February 3rd. Our LVTGA aim is to complete RSRs or having them on “Submitted” or “Review” status by March 3rd. Jessica mentioned not waiting until March 3rd to start working on RSRs.

General Discussion: 2:45 pm – 3:10 pm

One provider has been working on cleanup and she mentioned someone moving out of state and deceased and they have been discharged and this is providing a service out of their service date. How can we go about closing a client out without it counting against us? Should we be just using the “General Contact” service, so it does not count against us. Jessica asked the provider to send her more information about that report. The name of the report. The report name of concern is “RW Funded Services, Not Marked Eligible.”



The screenshot shows the 'Manage/Run Custom Reports' interface. At the top, there is a breadcrumb trail: 'CAREWare Reports > Custom Reports > Manage/Run Custom Reports'. Below this is a navigation bar with links: 'Manage / Run', 'Add', 'Delete', 'Make Read Only', 'Back', 'Help', 'Print or Export', and 'Hide/Show Columns'. The main heading is 'Manage/Run Custom Reports'. There is a search box with the text 'eligi'. Below the search box is a table with the following columns: 'Name', 'CrossTab', 'Report Type', 'Description', 'Read C', and 'Date Created'. The table contains three rows:

Name	CrossTab	Report Type	Description	Read C	Date Created
RW Funded Services, Not Marked Eligible		Service			11/01/2022 07:49 AI
Newly diagnosis		Eligibility	Created to help us track cons		09/30/2021 12:11 P
Enrollment status		Eligibility			05/11/2018 10:29 AI

Committee member also mentioned that sometimes with shared clients that are from another agency like SNHD, that they only saw once where they put in an ADAP service it is also flagging the client on the list. They came in for eligibility and it is marked as not eligible. More clarity about this report will be forthcoming. Jessica will have some insight at the next meeting.

Jeremy mentioned that there are duplicates as they were also having issues with Part B duplicates, and they are currently working on an import and clearing duplicates. Hopefully within the next week or so, after JProg completes cleanup we will be able to see a difference soon. Jessica mentioned that in the past we have had duplicate information and TriYoung has been very good about data scrubbing for us because it has saved us a lot of time, however “I currently do not know if that has anything to do with any data counting against us. I will get back to everyone with this information as soon as I find out more.” Jessica emphasized that no one knows the clients like providers do. She asked for providers to keep inspecting discrepancies in their data and that she will be available for technical assistance in the upcoming weeks. The best time to call Ryan White Data support is to call them in the morning. Jessica will also investigate validation issues and concerns and will try to figure out RSR challenges ahead of time.

Another agency added that she used to have this issue in the past, and the best way she took care of this is to add a “General Contact” service so that it would not count against them. They had this same issue years ago. This provider shared that if a service is put under Part A/EHE it would kick it as someone not counting as eligible. Be cautious about the dates. If they are deemed eligible on for example on the 5th of the month, but you saw them on the 1st it would not be acceptable, because it would look like you are rendering a service outside of the eligibility date. What we have done is make sure it is a “General Contact” and that we are not charging Part A. This is what we did, and it helped us out a lot.

Another agency mentioned she is experiencing the same issues and she uses the Service Contract for Part A/EHE and when she provides Rapid stART rides the clients are not eligible for Ryan White at that point, but

they need a ride to go to their eligibility appointment. Sometimes the service does not trigger until dates later. We are providing transportation to make sure the clients are getting back into care, and this report in CAREWare is populating as clients that are not eligible for these services. There is not option for me to pick separate RW Part A contracts.

Jessica asked how many clients were on this report? This provider said it is mainly clients she is providing services to that are getting back into care.

Another committee member and provider under case management program mentioned that there are referrals for clients that have HIV positive and pregnant or children who are exposed or infected. This provider mentioned that for this reason, they are flagged as if the clients don't complete eligibility because they don't want to. They still qualify for case management services or if they are not able to, they can still have to provide those services like priority. They still must provide the case management services and those clients are also usually flagged as "Not Eligible," but case managers usually try to ensure that they get eligible because then they can qualify for other services, not all. For clarification purposes, Jessica asked the provider if she had a question or if she was making a connection to what the previous providers were experiencing. The provider clarified that she was trying to make a connection on how she is getting flagged for the "RW Not Marked Eligible" report. This provider mentioned that they submitted the RSR and put an explanation, but it was not fixed. Jessica advised to continue writing comments on the validation "warning" section of the RSR. She will investigate and find a way to resolve these issues in the future. Jessica referred to the TriYoung trainings and asked if the concerns agencies have now just come up or if they have been a concern for a while? Jessica mentioned that during the TriYoung technical assistance training session when the floor was open for questions concerns or discussions that nothing was brought up at the time. She emphasized the importance on bringing up issues when we have the support available in the future. Jessica reminded everyone that we have had successful RSR submissions for the past 5 years and she is looking forward to providing support to everyone to complete their 2025 RSR. She encouraged everyone to continue data scrubbing. Jessica asked if anyone had any other questions.

Meeting was adjourned at 3:10 pm