## METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

Quality Management Committee Grady IDP 341 Ponce De Leon Ave Atlanta GA May 2, 2018 10am-12pm Minutes

Designees and Members	Designees and Members
Nicole Roebuck(Chair) AID Atlanta (P)	Nancy Maignan, (M) (A)
Trevor Pearson(Co-Chair) Consumer Caucus (P)	Jennifer Bivins(M)(A)
Latonya Wilkerson (D) AID Atlanta(P)	Brandon Pruitt(M)-Community (A)
Francis Adams(D) ANIZ (P)	Binoy Shah(M), Walgreens(A)
Stefanie Sparks/ (D), AIDS Legal Project (P)	Benjamin Limon(M)(A)
Sonya Wilson (D) Cobb BOH (P)	
Nordia Edwards (D) Emory Midtown (P)	
Reggie Goddard (D) Fulton BOH (P)	
Laura Carter Williams (D) Grady IDP (P)	RW Part A Office/Planning Council
Kayla Anderson (D) Open Hand (P)	Rachel Powell, Ryan White Office Part A (P)
Heather Wademan (D) Positive Impact (PIHC) (P)	Jocelyn McKenzie –RW Office Part A (A)
Abigail Hicks(D) (Mercy Care) (P)	Jeff Cheek Ryan White Office Part A (P)
Dr. Somo Hubbard Clayton BOH (P)	Sandra Vincent, RW Part A Planning Council (P)
Tiffany Roan (D) AHF (P)	
Rachel See (D), Southside Med. Ctr (P)	Guests/Visitors/Unofficial Members
Clinton Kelley(D), Someone Cares (A)	Sharon Kricun, Positive Impact(PIHC) (P)
Filson Kelemewark(D), DeKalb BOH (P)	Lisa Roland (M), Grady IDP (P)
Toni Monroe (D) Here's to Life (P)	Alan Bailey, Emory ID Clinic (P)
Donald Eisman(D) Clarke County (P)	Stephen Molldrem, Community member (P)
Jordan Chappell (D) NAESM (P)	Kim Moon, RW A Planning council Co-Chair (P)
Adron Shepard(D)/ Recovery Consultants (A)	Bobbi Curry, PIHC (P)
Pamela Phillips (M) RW Office Part B (P)	Andrea Steward, Southside Medical Ctr (P)
Deb Bauer (M) RW Office Part D (P)	Leah Pinholster, Southside med ctr (P)
Katrina Barnes(M) (P)	Jane Holik, Emory ID Clinic (P)
Sanjay Sharma Grady IDP(M) (P)	Chanel Scott Dixon, Grady IDP (P)
Albert Lee (M), Douglas Co AIDS Advocate(P)	Barry Sermons, PIHC (P)
John Stanton, Emory University(M)(A)	Myles Mason, Emory ID clinic (P)

Absent (A) Present (P) Designee (D) Member (M)

## QUORUM:

{The presence of (3)	active members of the	Committee, Caucus	, or Task	Force shall	constitute
a quorum}					

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Yes	X	No	



#### CALL TO ORDER:

Motion:

Meeting was called to order at 10:00am

AGENDA ITEM # 1	AGENDA ITEM:	Welcome an	nd Introdu	<u>ctions</u>	
[Insert Agenda Number and ]	tem, ex. A. B. C., I. II	III., 1. 2. 3.	– Indicate	"Old" or	"New"
Business with a check mark}}					

New attendees/guests/members included:	Old
Alan Bailey, Program Director, Emory ID Clinic	Business
Andrea Steward, CW Intake Coordinator, Southside Medical Ctr	New
Clemens Steinbock, Director National Quality Center (CQII)-Guest Speaker	Business
Zoe Osbourne, National Quality Center (CQII)	
Motion: {If agenda item does not require a motion, indicate by noting "N/A"} \	I/A
Action to be taken:N/A	

#### AGENDA ITEM #2 APPROVAL OF AGENDA:

Chair forgot to send copy of agenda to the committee. Committee derived the agenda based on the items to be addressed from the August minutes.

Agenda was presented and accepted as written.		
Motioned By: Sonya Wilson	Motion Passes	Motion Fails
Seconded By: Sharon Kricun	YES	

### AGENDA ITEM #3 APPROVAL OF MINUTES:

Meeting Date: <i>April 5, 2018</i> Motion made to accept the minutes as pres	sented.	
Motioned By:	Motion Passes	Motion Fails
Seconded By:	# - 2 C F F F F F F F F F F F F F F F F F F	21.7.202
	YES	

# AGENDA ITEM # 4 AGENDA ITEM: Consumer Caucus Update

{Insert Agenda Number and Item, ex. A. B. C., I. II. III., 1. 2. 3. – Indicate "Old" or "New" Business with a check mark}}



involvem indicated Jocelyn N Sermons Quality of training the	ent in the Plant that she went the McKenzie (RW) (Consumer Cate) ommittees and they will be pro	Consumer Caucus meeting to encourage their ning council activities including QM activities. She so the CQII TCQ Plus training in Chicago along with Staff), Trevor Pearson (QM Co-Chair) and Barry ucus) to be trained on how to better engage consume activities at respective agencies, etc. As a result of twiding Quality Management trainings in our Atlanta HA. More information to follow regarding.	n ers in his	X	siness
N/A	{If agenda iten be taken:N/A	n does not require a motion, indicate by noting "N/.	(A"} ——		
# of	# of Votes	Motioned By:	Motio	1000000	Motion Fails
Votes For:	Against:	Seconded By:	Passe	:5	
ert Agend iness with Sandra V managen	a Number and a check mark, incent indicate nent software s	d that they are exploring options for the use of a pro- ystem that will allow for ongoing updating of the	ject	Old Bus	d siness
to coordi	nate a joint me	ties and strategies are implemented. They are still treating with the other stakeholders of the IP to plan for at one of the GPACC meetings. More information	r a	Nev Bu	w siness
	{If agenda iter	n does not require a motion, indicate by noting "N	/A"}N/	Α	**
# of	# of Votes	Motioned By: N/A	Mot	ion	Moti
Votes	Against:		Pas	ses	Fail

AGENDA ITEM # 6 AGENDA ITEM: Center for Quality Improvement and Innovation Presentation regarding ECHO Collaborative

Seconded By:

Seconded By:



For:

{Insert Agenda Number and Item, ex. A. B. C., I. II. III., 1. 2. 3. – Indicate "Old" or "New" Business with a check mark}}

Clemens Steinbock, Director of HRSA Ryan White HIV/AIDS Program's Center for Quality Improvement & Innovation(CQII) attended the QM Committee meeting live via web technology to present about the end+disparities ECHO Collaborative that is being launched in June 2018. The ECHO Collaborative is a new 18-month(June 2018 -October 2019) initiative to work with RW providers across the nation to work to improve disparities in health care outcomes in four targeted populations of PLWHA: Youth, African American MSMs, African American and Latina Women, and Transgendered individuals. Providers who enroll in the initiative will work collaboratively with other providers across the nation in Affinity groups. They will also work as a part of Regional group. Each individual agency would enroll from their respective regions to form a Regional collaborative. Each agency can choose to work on any of the 4 targeted populations to improve viral load suppression rates. Major components of the ECHO initiative include:

- 1. Participation in Bi-monthly Affinity group meeting calls. Each Affinity group would represent one of the four populations targeted. Calls would occur twice per month for an hour each meeting.
- Regional groups would be formed by regional area. For example Atlanta
  or Georgia could be considered as a Regional Group. The regional group
  would meet regularly as well (amount of time determined by the regional
  group itself)
- CQII would offer Learning Sessions every couple of months(face to face) meeting. The first one is scheduled for June in Washington DC. All travel costs would be paid for by CQII.
- 4. Starting in July 2018, reporting every other month into a central database would be required by the enrollees/participant agencies to track progress on the QI interventions being implemented and VL suppression rates.
- Goal is for participant agencies to achieve a 25% improvement in their VL Suppression rates of their targeted population by the end of the collaborative in October 2019.
- 6. Each region would have to establish a Core group (5-6 ppl) to help lead and coordinate with the CQII staffers about the progress of the initiative from the regional viewpoint.
- Next steps-1 lead/designee would enroll the regional group using the Enrollment link. Then each individual agency would receive an enrollment link to enroll their individual agencies.

Old Business X

New Business



Questions posed from the QM Committee and responses:

- Could the current QM committee meetings serve as the Regional Meetings for the ECHO project to avoid having additional meetings?
   Answer: Yes it could be and would be a good idea
- How much time should be dedicated to the Regional group meetings?
   Answer: It's totally up to the group. The point is to have regular check ins with the enrollees in the initiative to discuss accomplishments, challenges, strategies, etc.
- Must we only use Medical types of interventions to improve the VL rates?
   Answer: No you can use any intervention to improve VL rates.
- Please summarize the total commitment again for the initiative?
   Answer: 1-Form a regional group and meet regularly, 2-Participate in Bimonthly Affinity grp calls (2X per month/1 hr per session) Also present a case study to the Affinity group, 3-Provide data reporting of progress every other month starting July 2018, 4-Form a local Response Core team to coordinate the Regional group efforts.

Mr. Steinbock and his team were thanked for their presentation and time. QM Chair will notify him of the decision of the QM committee in terms of willingness to participate as a region.

#### QM Committee Discussion

Several agencies liked the idea of participating and were willing to participate but none were willing to take the lead or be the single representative for the group. Many felt it would be beneficial to agencies to work together as a region and as a collaborative to make added improvements to viral load suppression rates. A few agencies could not commit their agencies without getting approval from appropriate authorities. After having a full discussion and weighing the pros(value add) and cons, the cons seemed to outweigh the pros. Biggest concerns expressed included;1)unrealistic goal to achieve a 25% improvement in VL in 18 months 2) time commitment seemed unrealistic for most agencies that have limited staffing and capacity 3) Concerns that there wasn't going to be any additional funds to implement derived strategies 4) Committee members felt that the RW Part A agencies have a full understanding of the challenges to VL suppression deficiencies amongst these patient populations, but



wide Lin addition serve to suggesti work on be in ag	nkage to Care hal staff time an impact adhere ons were to po ha VL QI Proj reement to exp	Quality Improvement initiative which does not require a motion, indicate by the Arc solution of the commitment. Hopefully the LTC ence rates and VL suppression rates, saibly form our own version of a Regrect as a local collaborative. Most age plore this idea instead.	ch already require QI project will Other gional group to encies seemed to	
Action to	o be taken:N/A			
# of	# of Votes	Motioned By:		Motion
Votes For:	Against:	Seconded By:	Passes	Fails
		d update EMA QM Plan on an annuities on target to be reviewed and update		Old Busine
and requestandards meeting	uired. Complet s of care. Very and will finaliz	ad review standards of care for fundered review of the Mental health and Subminor edits were made. Rachel Powell them for posting to the website. EMA lized in the June meeting.	bstance Abuse(Use) made the updates at the	
	B. Monitor El	MA compliance with standards of HI	IV related care.	
	ional update pro	ovided		
No addit	ional update pro	eview and update performance meas	ures for funded	



GOAL 4		n QI Projects will occur in the July me	eting.		Business
		t QM trainings are offered to agenci	ies and consume	ers in	X
April to a quality m provide lo process o	ssist consumer anagement act ocal QM training	W staff attended the CQII TCQ Plus to s with ways to better engage and train ivities. Kim Moon, Trevor Pearson and tags for consumers. There are 12 modu poest way to provide the training to inter-	other consumer d Barry Sermons les and they are	s in s will in the	
	0 0	er HIV funded programs in Quality ment Initiatives.	Management		
No furthe	er major update	s			
State prog her to one they have programs	gram after hear e of our upcom been doing at	of HIV/AIDS Division of Health Proting her QI presentation at the last GP ing meetings. Ms. Ealey agreed to attempt the State regarding quality improvementations and require a motion, indicate	ACC meeting to end and share the ents in preventio	invite e work on	
N/A	be taken:N/A				
# of	# of Votes	Motioned By:	100	/lotion	Motion
	Against:	Seconded By:	I	Passes	Fails
Votes For:		Seconded By.			



			20,3900	lew Business
Motion: { N/A	Af agenda iten	n does not require a motion, indicate by noting "N/.	A"}	
Action to	be taken:N/A			
# of	# of Votes	Motioned By:	Motion	Motion Fails
Votes For:	Against:	Seconded By:	Passes	Talls
Part B wi site visit i district pr	reports and pro rograms. They	ting update for us next month. They are finalizing the viding technical assistance as needed/requested from have hired a new Data manager for their quality teamente they have still not filled the CAREWare manager	m the n,	New Business
27	Af agenda iten	n does not require a motion, indicate by noting "N/	'A"} N/A	
# of	# of Votes	Motioned By:N/A	Motion	
Votes For:	Against:	Seconded By:	Passes	Fails
ert Agend		NDA ITEM: <u>Part D updates</u> I Item, ex. A. B. C., I. II. III., 1. 2. 3. – Indicate "Ol }}	d" or "N	New"
	DOME DEPOSIT OF THE PROPERTY O	cussion: Part D will have their quarterly QM meetin submit an abstract to present at the Ryan White all P	9	Old Business
meeting i	n December (inted to improve	f accepted) regarding their recent QI project they the retention rate of the women in their program the	r	New Business
		n does not require a motion, indicate by noting "No	<i>'A"</i> }N/A	
	be taken:	No.2 ID N/A	Maria	n Matin
# of	# of Votes	Motioned By: N/A	Motio	n Motion



	Votes For:	Against:	Seconded By:	Passes	Fails
			Seconded By:		
	12	•			
2007		N UPDATE: S			
			<b>TIME</b> : June 7, 2018 at <u>10am-12pm</u>		
			TION: Grady IDP P40		
Tin	ne Meetin	g Adjourned:	11:40 AM		
	ested by:		MONO Poll (Chair's Signature)		
Mi	nutes App	roval Date: _	61711-8		

