

June 19, 2019 HIV QI Committee Meeting Agenda
County of Santa Cruz, Health Services Agency

Mission: To protect and improve the health of people in Santa Cruz County who have HIV or are at risk of infection with HIV.

HIV QI Committee:	Robin Stone, RN, Eliko Bridgewater, Socorro Gutierrez, Serena Mohammad, Marion Jordan, PA, Rachel McCullough-Sanden		
Date/Time:	June 19, 2019 from 3:30-5:00 pm	Meeting Location:	1080 Emeline HSA Conference Room
Leader/Facilitator:	Robin Stone	Transcriber:	Robin
Attending:			
Guest(s):	Elaine Nast, PHN; Tyler Evans, MD, Sharon Polak, IT, Amy Peeler		

Proposed Agenda	
Approval of Minutes from April 17, 2019 and March 20, 2019	
Announcements:	
Follow up on Action Items from 3/20/19 Meeting (5 min)	<ol style="list-style-type: none"> 1. Have we clarified where in EPIC the CARE Team is entering the primary case manager? 2. Need to reconvene a meeting with sub team to work on data gaps and definition changes. Outstanding issues identified in 3/20 meeting are: Status of the HIV Annual Screening Panel, cervical pap smear guidelines and definition, dental care, Hep C definition, Hep B vaccine definition, Hep A vaccine definition, accuracy of PCP prophylaxis data

Topic	Discussion	Data/Trends Reviewed	Action/Decision	Who	Date Due
Follow up on Site Review as it relates to QM: (20 min)	<ul style="list-style-type: none"> -Assuring representation from CARE Team and leadership -Discrepancies in # of patients seen in different reports. How do we verify that we are capturing an accurate # of clients? Who are we counting? Who is entering data? Where are we entering data? How is data being extracted? -Concern re declining #s of new patients -Need to improve data on transmission risk, GC/Chlam screening, adherence counseling, chem panel. Can change lab panels and charting tools to include measures where data gaps are noted. -Keeping clinicians and CARE Team on same page with documentation. Need someone with authority to enforce. -Per HRSA requested measures, Retention to Care rate is 74 % (which conflicts with Retention to Care PDSA). Per HRSA, retention to Care rate should be at least 80 %. -Consumer input-see below 				
HIV system of care (10 min)	<ul style="list-style-type: none"> -Jen will provide an update regarding HIV Stakeholder meeting 				
Data: (15 min)	<ul style="list-style-type: none"> -Clinic QM Measures 4/1/18-3/31/19 -QM Measures requested by HRSA 				
Consumer Input: (15 min)	<ul style="list-style-type: none"> -Consumer Meeting from 4/17 -Consumer panel at HRSA site visit highlighted the following: Watsonville site does not have enough provider coverage medications-change in mail order pharmacy has been problematic, transportation issues, access to appts if missed or need to be re-scheduled. Should a different contact other than the front desk be provided to help get patients in sooner? 				
PDSA: (25 min)	<ul style="list-style-type: none"> -We discussed a PDSA to see if annual screening panel will improve outcomes of lipid panel and u/a. In HRSA chart review, other identified frequent gaps were HIV transmission counseling, annual GC/Chlam screening, oral exams, dental visits (adherence assessment (should be every visit). Are these on the annual panel? Should we include these measures when doing our PDSA? -Retention to Care PDSA 4-19 follow up report 				

Next Meeting: Wednesday, July 17, 2019 from 1:30-3:00 1080 Emeline HSA Admin Conference Room