Santa Cruz County Health Services Agency
Quality Management Draft Minutes
4/14/21

Topic	Discussion/Recommendations	Action	Person	FU Date
Welcome and Intro.	Eliko convened the meeting of the Quality Management Committee by welcoming attendees.			
Attendees:	**Eliko Bridgewater, Marion Jordan, Kyhiera Miller, Serena Mohammad, Elaine Nast, Raquel Ruiz, and Dr. Michele Violich**			
Guests:				
Agenda Items				
HIV Program Updates				
Discussion with Dr Michele Violich, Medical Director of South County Clinics **Quarter 1 Indicator review**	Eliko opens meeting, presenting Quarter 1 indicators for 2021. She notes info was recorded April 2020-March 2021, thus reflects period of pandemic and fires. Total average of patient counts = 162. Eliko notes she thought it was higher. Elaine suggests 150 average: Roughly 100 at Emeline and 50 at Watsonville. Marion confirms this is what she recalls--high 150s, low 160s. Eliko reflects that this is roughly the same number of clients accessing clinics as in years past. No indication that clients have gone without care in last 12 months. Elaine is impressed that numbers aren't more skewed with pandemic; we stayed relatively close in all measures as in previous periods. Marion notes a discrepancy between CD4 and viral load testing – 91 versus 65%; she says VL should be higher as it's sometimes run separately. She thinks there may be a problem in how VL info is collected. Eliko points out that in looking at the numerator for VL; it's indicated there are 2 VL tests in 12 months, whereas there is just one CD4 test in that time period. She states this may explain the discrepancy. Marion agrees this makes sense and that she forgot that they had agreed to set this up in this way. Elaine notes that substance screening and mental health screening numbers are very low; no surprise with video visits. She is impressed that continuity visits and testing is doing well. Marion says lots of people like the telemedicine visits and Elaine			

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Cascade 4/ARV	agrees and adds it seems like those should continue in some form. Eliko points out **Cascade 4/ARV** Prescribed measurements being pretty consistently at 100% about *prescribing* ARVs—and notes that might not reflect how many people are *taking* ARVs. She suggests we may need to consider what it is we are actually trying to capture and how we might able to measure correctly. Marion reflects that that number isn't truly 100%--that we have not prescribed to 100% of clients. She reflects on some newer-diagnosed women who aren't in included, where they have not been prescribed. Michele suggests they may not be in the denominator and asks what gets them there. Would it be 1 visit in last year or in last 3 yrs? Elaine says it's one visit in the review period. She suggests that it would be interesting to look at what would change if we increase the denominator to cover anyone having visit in last two years. That would start to capture people who showed up then disappeared. Eliko is curious about this and asks Serena for input, noting the denominator is currently all patients on the HIV roster. Does this include folks seen in last 12 or 24 months, or just folks who are assigned to the clinic, period? Michele thinks patients seen in the last three years would be an important list to review. If they haven't been seen in last year, she notes, they probably aren't going to have records of testing for many of these areas. They would pull down numbers since they aren't active patients. Serena says the denominator is all patients who visited in reporting period--4/1/20 through 3/21.			
Adherence Assessment	Elaine indicates the adherence assessment reflects that an assessment was just done; she wonders if there is a way to extract info from that area. Marion thinks this would be possible			

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	and notes the dropdown where (you) select the percentage clients have taken in last month. Elaine notes drilling down in this area might help collect data on what clients report rather than just whether an assessment was done or not. Marion agrees. Michele asks whether we're sending report to all HIV providers; Eliko thanks her for the reminder and she will do so today. Michele thinks it would be helpful.	Send report to HIV providers	Eliko	
	Michele notes discrepancy between WHC and Emeline and asks, 'How do we work on that?' She says this is an indicator, meaning that if someone can do it, it is possible. She wonders if we are not capturing it? She refers to adherence and asks whether we can we talk to Alliance, noting the majority of clients are Alliance patients. She says they look at adherence as 'filled medications' and suggests that maybe looking to Alliance would help with figuring out how to report on filling medications. Eliko agrees this is a great idea. Marion says these are carve outs, so maybe Alliance wouldn't have that info. Elaine agrees. Michele concedes it's not a perfect solution but Elaine says it might provide something to learn from.			
	Michele asks about data for pap smears. Marion notes she does a manual audit, once per year in July. She says the recommendation is annually until client receives 3 negative results, then this changes to every three years. This is hard for Serena to run. Michele says it would be good care if HIV providers update health maintenance yearly. She says the main thing is health maintenance serves to remind people to do things (so 3 year isn't helpful in 'reminding'). They discuss making this standard; maybe ask MAs to make switch to yearly. She and Marion reflect that there are not that many female patients. They note that then they			

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	could just run health maintenance, up to date report. Marion says she will update her patients and change it to yearly. Marion says she was slow to embrace it, but really likes the health maintenance feature now. Michele agrees the health maintenance feature really works. Patients see it; it's how all QI reports are generated. Marion suggests an email be sent to HIV providers advising this is how we will now collect pap info--she will send email. Michele says initially if we don't change to yearly, reports will look 'better' than they really are. Michele brings up dental visits and 2% increase at Watsonville. She asks whether this is recording whether we are using the doc phrase or whether we the client actually had a dental visit. Elaine asks if we need to redo the question. Marion notes we are trying to record whether patients actually had the visits. Michele says she knows Maria Rubalcaba, Wendy's MA, says she is doing it on every patients. She hopes to see an improvement. Michele brings up Marcio Mello, a nurse practitioner who is interested in training to be HIV provider. She says Wendy doesn't want to take on training but is willing to be shadowed. She asks Marion for feedback and notes Marcio is in Santa Cruz. Marion says Judy is willing, too, to have him shadow. They review that Marcio has done the HIV conference with new clinician track that covers what Wendy put together, so Marion doesn't think he needs basics training and can just start. Michele suggests they start him shadowing for a two-week pilot period and then report on what might be needed and whether it will work. There is some discussion on days and times that would work best. They review a possible start date of May 4th, with Tuesdays (mornings) being the best day. Michele will talk to Marcio and Marion says she will get	Update health maintenance feature; change it to yearly. Email HIV providers advising of new protocol in collecting data. Discuss shadowing with Marcio	Marion Marion Michele	

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	back to Michele with at least two dates in May that will work best. Michele says that after that they will schedule days with Wendy as well.	Provide Michele with at least two dates in May for training Marcio	Marion	
TB Screening	Eliko notes previous discussion that TB screenings percentages were not quite at 100%. She reminds the group that all patients are supposed to be screened for TB, so they were trying to locate the discrepancy. Serena sent a list of clients not screened for TB to Marion. The list had 11 names. Marion says five were screened. One was by PPD. Marion asks if we are we checking on PPD—there is an affirmative answer. She notes this should have been caught. She adds that three clients had Quantiferon screened, one in December, one in February, one in March. She's not sure why they weren't picked up. One client was screened at PAMF, so she acknowledges it makes sense this one wasn't picked up. There are six clients she notes were not screened. Eliko reads details of screenings. She questions whether clients were screened prior or after HIV diagnosis. Marion says PPD may have been prior to diagnosis, but thinks the three Quantiferon should have showed up and asks Serena to consider discrepancy reasons. Serena reviews procedure code for Quantiferon TB gold plus and after some discussion, she locates it as LS513. Marion says she will email chart numbers of the three clients who had Quantiferon to Serena for review for any code discrepancy. Marion says we are doing well and notes that it is easier to do audits to clean things up since we're close—only 11 clients to review rather than 50. Eliko brings attention to dental visits and notes Dientes was closed for large part of the year. There is discussion around	Email chart numbers of three clients who had Quantiferon to Serena Review for any code discrepancy	Marion Serena	

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Covid Vaccinations	reopening dates and general hesitancy around resuming visits due to Covid. Patients may be waiting until they are fully vaccinated. Elaine asks whether there has been a push for information on how many patients of their patients have been vaccinated for Covid. There is some discussion around this. Raquel says that even if clients received vaccinations elsewhere we should still be able to pull that information. Marion thinks it will be available if clients received vaccinations through a pharmacy but maybe not if they were vaccinated at the fairgrounds. Raquel believes information accessibility may be more streamlined that we are using MyTurn. Marion says they are manually entering info that patients report. Raquel thinks we should still be able to capture a good percentage of vaccinations given. Others agree a report of this nature would be helpful. They review the last page of clinical indicators and discuss influenza vaccination numbers, which went down. Elaine notes people are not physically coming into clinics--so we're not capturing for flu shots. Raquel asks Serena if we are able to capture whether flu vaccine was received elsewhere. Serena says no, unless it's entered into EPIC. Raquel suggests Serena check with Jessica to see if we can pull from outside interface. Elaine notes that not many of our clients get their flu vaccine elsewhere. Eliko brings up some other proposals for how we might collect data on whether clients have received their Covid vaccinations. Elaine thinks we should proceed. Marion asks if we should start running a report. They all agree. Elaine brings up whether we will be able to capture whether they have received first dose only and/or first and second doses. Raquel advises Jessica is reviewing that data now. Serena will check in with Jessica to see if she can	Check in with Jessica to see if she can access Covid vaccinations for HIV patients	Serena	

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	access info for HIV patients.			
Approval of Minutes from 3/18/2021	Marion motioned to approve and Elaine seconded. Minutes were approved by the committee.			
QM Plan	Eliko leads review of aggregate data comparison. She provides visuals of the most recent 2019 RSR data that was available and notes that last year we reviewed viral load suppression and retention to CARe. She presents that there was a lot of discussion regarding using data that is from two years ago but also says there didn't seem to be any comments whether this is inappropriate or not, so Eliko suggests we continue in the same way. Marion asks for a tutorial regarding what RSR data is. Eliko explains that the RSR report—she doesn't have explanation for acronym—but says they get a report from our clinic with all HIV positive clients' data. This would include labs and the last times clients have seen any provider. Info is entered into Aries system (state database system for JUST HIV info). Report is run and submitted to HRSA. So it gathers info from clinics and then it's manually entered into Aries. She explains that it's an imperfect system—but that the state wants us to use this Aries system to create the RSR report. Elaine says smart clinics have their data fed in directly from EMR to Aries. Eliko says she and Serena attempted this--gathering lab values from EPIC to generate directly into Aries--but indicates there were tech issues (creates duplicates). Since staff were pulled due to Covid-response, they haven't had support available to figure it out—but it would help pull lab values for CD4 and viral load. RSR also collects office visits. Serena reiterates that they started Aries at beginning of last year but then ran into Covid--so hopefully re-			

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	start this project. Eliko asks if there are any objections to using data as done in prior years; there is no objection. Eliko says she will take the lead on that and will share info next meeting.	Aggregate data comparison	Eliko	
Staff Satisfaction Survey	Eliko suggests using the same staff satisfaction survey as last year (2020) and asks if there are any objections. There is discussion regarding whether to send it out via surveymonkey or in another manner. Eliko believes she still has access. Raquel says Microsoft also has a survey tool via Office 365. There are no objections to using this same course of action for sending out survey; Eliko will follow-up and will touch base with Raquel if need be.	Review for current surveymonkey access	Eliko	
Client Satisfaction Survey	For the client satisfaction survey, Eliko notes that in past this was distributed in clinic settings and MAs worked to provide support. There is discussion surrounding other options for disseminating surveys. Raquel confirms Clinics used a five-question survey (maximum--for quality management) that went out in November via text message. She explains that campaigns are set up for a certain timeframe; text messages are sent and responses are returned. They can generate surveys thematically, ie: based on treatment, inequities, etcetera. treatment, inequities, etc. There is agreement among the group that this seems like an easy, adaptable solution. The group then considers types of questions to ask. Elaine suggests topics like Covid changes, televisits, getting feedback on what works or doesn't work. Marion asks Raquel how clinics generated questions. Raquel says 'top five' were gathered from earlier surveys. They used 'validated questions' – from a community assessment project.			

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	They voted—and ultimately broke the rule and chose six questions. There is some discussion around what 'validated' questions are and Raquel explains that they can't lead the participant towards answers the surveying party would want—she also notes that this isn't a requirement. Again, the group agreed that borrowing existing questions and adapting them would be simplest course. Elaine asks whether responses are tied to demographic data. Raquel says it is NOT an anonymous process, and that is a flaw they need to consider. There isn't any demographic data like ethnicity or gender unless that is discreetly asked, which would take up one of the (suggested max of five) questions. Raquel shares survey samples. She notes that Clinics decided they would do various campaigns when they wanted specific data and indicated there are minimal steps to doing this. Marion asked if Raquel had information on response rate of the surveys Clinics sent and Raquel says she will retrieve that info. The group reviewed a Clinics survey and a survey from IBH. She advised the questions were not validated, but that a HRSA officer approved them. They also consider an ability to pay survey, but Eliko says they already have a Ryan White payment survey so that one isn't relevant. Several persons indicate an existing telehealth question as one they would like to include. They also take a look at a current HIV services survey. Discussion and review of two survey forms – they also review current HIV services survey. A new survey form is adapted, by Clinic – one for Emeline and one for WHC. They review that clinic-based case management hasn't been routine since Covid, so many of the CM questions don't seem relevant for this survey. Elaine says it seems we should try and capture info from clients about			

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	the experience over the past year. They review current questions adapted from initial two surveys – to adapt for care received over past year. They also discuss a change wording for Q4 from 'the clinician' to 'your clinician' and whether 'clinician' should be used rather than 'case manager'. Eliko says she likes to have a case management question due to Ryan White Part C parameters. She adds that case managers have additional time to be present, provide support, and listen to patients that a clinician might not have. Raquel isn't sure this is the best wording right now. Elaine reminds the group that everything is in flux so many patients are being managed by other case managers. Raquel asks whether patients would understand the roles designated by varied titles. Elaine simplifies that what she wants to know is whether patients felt like they had support or could get support from providers in 2020, which was such a hard year. How supported did clients feel during this horrible year? She wants to see more than just whether providers listened—but did the patients actually feel 'supported'? Eliko points to #5 on the IBH survey and asks whether re-wording this question would work. Elaine feels this would be closer to surveying for info they really want. They re-word this question indicating 'CARe team case manager.' The question is brought up whether this is for just 2020 or part of 2021. Raquel notes it's by calendar year. Eliko says that is how they have done it in the past. Marion suggests it may be hard to ask clients to think 'back to 2020'. Raquel agrees and suggests they are asked to reflect no more than six months back. Eliko says 'since the shutdown' is probably what clients will naturally reflect on. Marion notes the last survey was sent late – so 2019 reflection wasn't really captured (the survey was sent in summer 2020, well			

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	into pandemic shutdown). Eliko is alright with reviewing last six months and calling it a 2020 survey. Raquel notes that it's already April, so we're already four months into 2021. Eliko says, for technical reasons, they should call it a 12-month review. She thinks in future they can consider sending quarterly surveys. Five questions are established and Raquel has the finalized form. They discuss sending it to all patients who had a visit in last 12 months, which should be almost all patients. Raquel asks whether we pull from EPIC. If so, she will need more info from Jessica or Serena on how to do this. She adds it will be in both English and Spanish—it cannot be based on primary language. She reviews that in Well App, English and Spanish translations are combined, but notes that it isn't too clunky. Raquel will merge Spanish translation to the questions the group decided upon. She asks to pull list for Well App patients. Serena is unfamiliar with Well App, so Raquel will ask Jessica for a list and get back to Eliko.	Add Spanish translation on new client satisfaction survey and obtain client list of Well App patients	Raquel	

Date Minutes Accepted: _____

NEXT MEETING: