Tarrant County Quarterly Quality Management Meeting

Tuesday, May 10, 2022

Presenters: Kaitlin Lopez, Melissa Rodrigo, and Michael Koran

Attendees:

AA: Lisa Muttiah, Kaitlin Lopez, Kaitlyn Malec, Brandon Bright

Tim Emanzi, CQM, CAN

Tilena Connor- Program Director, PMC

Michael Koran, Collaborative Research

Carla Storey, Director, SAM

Melissa Rodrigo, Deputy Director, Collaborative Research

****- PC Liaison and Community Advocate

Michelle Pantaleo, Director of Client Services, AOC

Sandra Najuna, CQM, AHF

Heather Vaughn, CAN

I. **Welcome and Intros** – started at 11:03 AM

II. **2022 QM/ QI Expectations**

III. Collaborative Research- Linkage and Retention Presentation

- Melissa from Collaborative Research (CR) explained this study was a comprehensive way to look at all the clients in care with a focus on newly diagnosed clients
- Focused on 100 newly diagnosed clients in 2021 that were put in the Provide Enterprise database. CR provided a few percentages of the clients below:
    i. 75% males
    ii. 44% 25-35
    iii. 49% black
- CR followed the clients throughout the course of 2021, data observation between clients varied as clients came on at different points through the year
- CR looked for common factors: referral for services, disparities, viral load, and potential indicators
- During the study, 55% of the newly diagnosed clients stayed in care and 45% were lost to care
    i. 8 out of 10 of the newly diagnosed rural clients were lost to care
    ii. MSM had the highest percentage that was lost to care
- Lisa Muttiah said that some of the losses to care clients might be due to a lack of documentation for the client that should have occurred. Lisa stated that this shows how it is important it is to document consistently and properly
- *** Liaison asked if 100 sample size was a good representation of newly diagnosed for the area
- Melissa from CR said yes, as this sample was 100 of the 184 newly diagnosed that were added into the Fort Worth Provide Enterprise system so it represented more than half of the newly diagnosed population for 2021
- Good news: 74% of clients were virally suppressed within the first three months of being linked to care
- 51% of the clients completed their six-month recertification

- CR summarized that there was limited documentation on referral to care in every single service category for each client
- Out of the 100, 21 Clients only received OAHS
    - **i.** 16 of those clients were lost to care
- CR stated that the lack of the referrals for OAHS was an indicator
- CR noted that there is a trend in data that once clients become virally suppressed, they become lost to care
    - **i.** CR suggested that clients that are newly diagnosed need to have more education and awareness to help reduce the loss to care once the clients reached their viral suppression
- Lisa Muttiah Asked: Do we have a profile of who those clients are to see if there is a population that is being overlooked
    - **i.** Melissa from CR responded that she would provide that data to the AA
- Referrals and other data are not being placed into Provide
- There is a lack of consistent at agencies entering services within Provide
    - **i.** CR and the AA stated that for every service provided, there should be a referral to the service
- CR recommends that the AA create a Technical Assistance over Provide Enterprise to help increase consistent notes
- CR highlighted that there were not many referrals to other Ryan White agencies
    - **i.** Kaitlin Lopez clarified that Outside agencies mean agencies within the Ryan White System outside of the internal agency itself
- Lisa stated in chat that the AA will be releasing a new referral policy within the next 2-3 weeks.
- TIM Manzi states that in his experience he is seeing that clients are worried about prescriptions but are not worried about seeing medical providers
- ***** Liaison suggested that maybe the clients who have been newly diagnosed have different priorities than just taking their medication
- CR stated that the turnover in employees is a major part of the lack of follow-up with clients. Clients were only being reached out when they were assigned a new case manager
- CR suggested adding a procedure for contacting clients when there is a staff turnover and that there should be more than just a message about the change in staff
- ***** Liaison stated that newly diagnosed should be checked on more, but everyone should be cautious about playing telephone tag
- CR stated that they did not see many EIS services documented
    - **i.** Telina Connor asked what does EIS mean?
        - **1.** CR responded that it stands for Early Intervention Services
- CR mentioned that this presentation will be made into a report and that if there are any recommendations to reach out to the AA

IV. QI Project/ Performance Measures Goal Updates

- Kaitlin Discussed the CQII collaborative status and that the AA decided to continue to e collaborate past June to help achieve the action items each agency stated at the start of the collaborative
- Kaitlin provided updated data based on the current collaborative
- Kaitlin asked if there was anything that agencies needed to help meet the goal as the data has not been improving
- Heather from CAN mentioned that they are targeting specific zip codes to get the crucial data and that they have a trans support group that they are networking with
- Carla from SAM stated that they have been meeting with additional clinics to have conversations specifically on clients that are being lost to care
- Michelle from AOC is trying to understand the collaboration as she is new but knows that there is a strong focus on black women and PMC is creating new programming to address the gaps in services for that population
- Telina from PMC will follow up at a later date
- Kaitlin reminded everyone that each agency completed a five-step action plan and to review it for the collaborative
- Kaitlin mentioned that if anyone needs technical assistance that the AA is happy to help
- Kaitlin asked if there were any questions,
    - No one had any questions

V. Action Plan – OA's

- Kaitlin provided a visual example of Organizational Assessment
- Kaitlin informed everyone that every agency needs to fill out the document by May 20th at 4 pm
- Kaitlin discussed that there is also a telehealth form attached that needs to be filled out and to not forget it
- Kaitlin stated that every agency will receive an email with these documents after this meeting
- Kaitlin stated that if anyone needs technical assistance to reach out to her

Open discussion-

- Carla Storey from SAM stated that they do not note internal referrals. They only create notes for referrals outside of the agency
- Heather Vaughn stated that some of the CAN staff listed referrals within the progress notes on the medical visit instead of within the referral notes
- Lisa Muttiah asked everyone: what are the Medical Staffs' initials thoughts on those that are not returning to care?
    i. Telina Conor from PMC stated: By being new she is seeing a lot of what Carla stated, there are pieces of the puzzle missing and one of them is the documentation of referrals. Telina thinks that a lot of this is due to turnover in staff and due to COVID causing issues within the system itself. She stated that a lot of patients had a lack of education. That clients believe that once

they reach viral suppression, they are done. Tilena said that PMC is now using the front desk staff to begin reaching out to clients that they have not had contact with since their original medical visit. Tilena also stated that sometimes there needs to be more than just medical case management, for instance, if someone misses multiple appointments, bring someone outside of the medical management team to reach out and find out the barrier that is preventing that client from going into care