Planning Council Meeting

Brian Holliday, Chair
Kathy Lituri, Chair-Elect
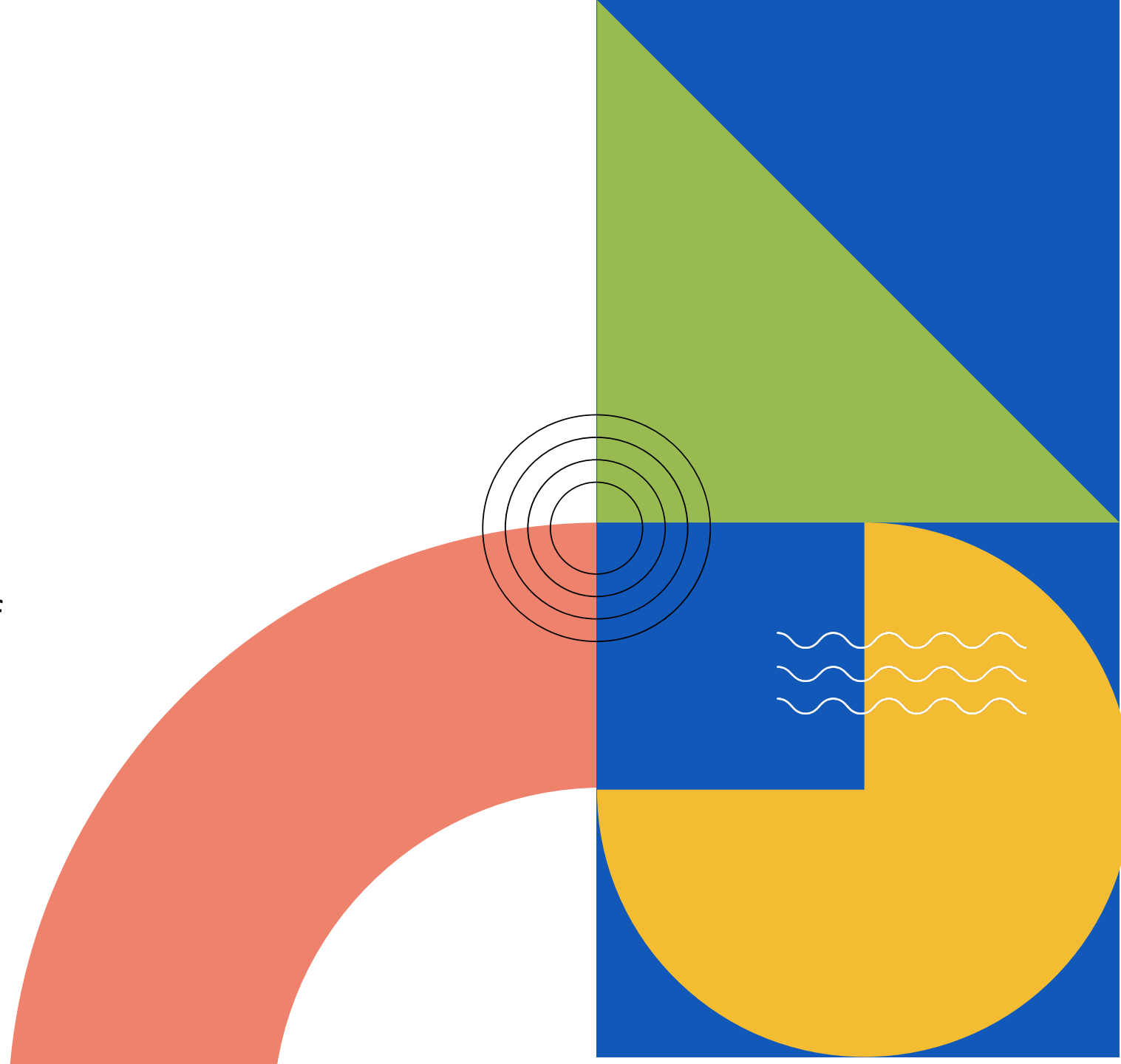
February 11, 2021

Moment of silence

At this moment, let's take a moment of silence in remembrance of those who came before
us, those who are present, and those who will come after us. before an audience.

Attendance

P H O N E

State your name for the record

C O M P U T E R

L A P T O P

No need to state, it is recorded

Overview

___

- Approve January meeting minutes
- Subcommittee updates

Approving meeting minutes

January 14, 2021

Steps in approving minutes:

•Review minutes

•Make a first and second motion to approve

minutes

•Vote (Zoom poll)

•All in Favor: Yes, I approve the minutes

•Opposed: No, I do not approve the minutes

•Abstention: Decline to vote

Subcommittee updates

INFORMATION PERTAINING TO THE COUNCIL'S WORK

___

- Needs, Resources, and Allocations (NRAC)– Harry Shanmugam
- Membership and Nominations (MNC) – Robert Giannasca
- Service, Priorities, and Evaluation (SPEC) – Patrick Baum
- Consumer Committee - Tim Young
- Executive Committee – Brian Holliday
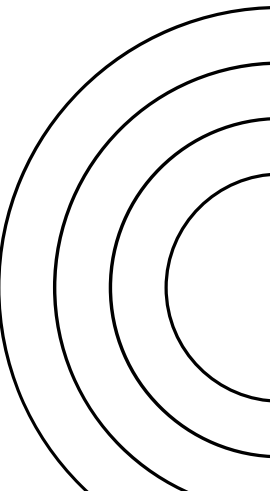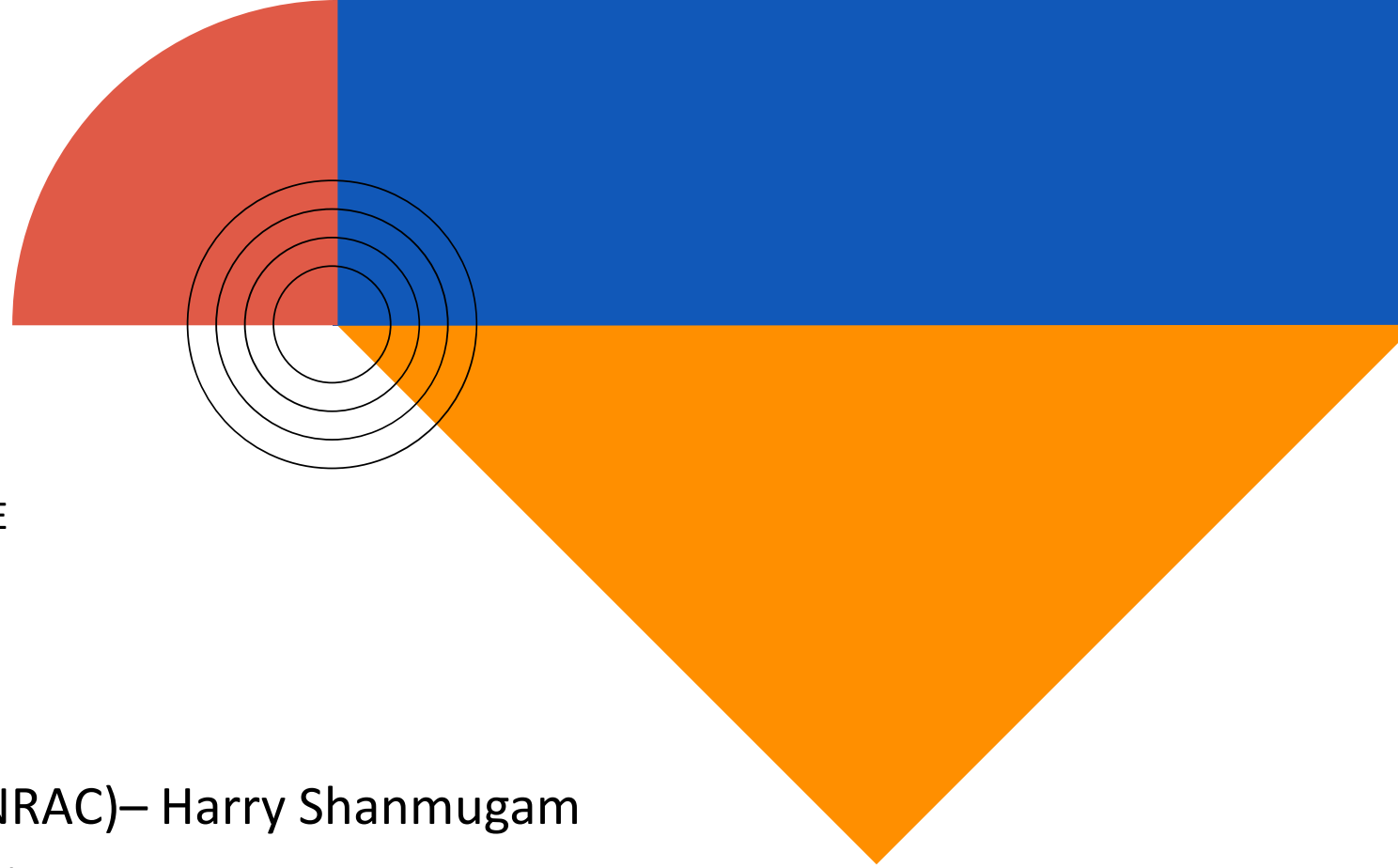
POLL

KNOWLEDGE CHECK

Liz Rios, Planning Council Support
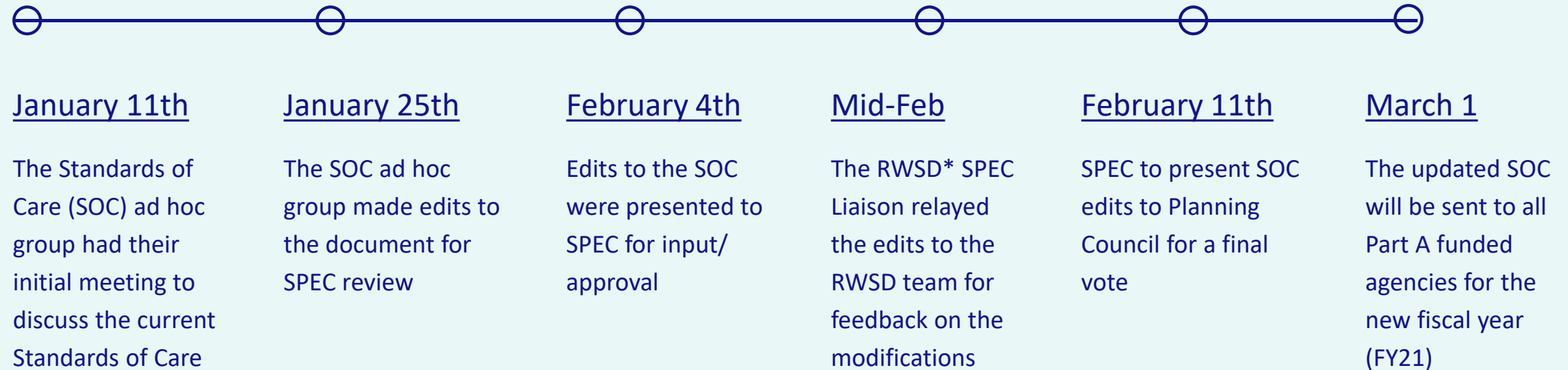
PRESENTATION

FY21 STANDARDS OF CARE

Patrick Baum, SPEC Vice Chair
Tim Mercier

Edits to the FY21 Standards of Care

On behalf of the

Services, Priorities and Evaluations

Committee

Patrick Baum & Tim Mercier

Standards of Care
Ad Hoc Timeline

January 11th

The Standards of Care (SOC) ad hoc group had their initial meeting to discuss the current Standards of Care

January 25th

The SOC ad hoc group made edits to the document for SPEC review

February 4th

Edits to the SOC were presented to SPEC for input/ approval

Mid-Feb

The RWSD* SPEC Liaison relayed the edits to the RWSD team for feedback on the modifications

February 11th

SPEC to present SOC edits to Planning Council for a final vote

March 1

The updated SOC will be sent to all Part A funded agencies for the new fiscal year (FY21)

*RWSD | Ryan White Services Division

Standards of Care Edits

- Proposed Edits
- RWSD Response to questions
- Vote

Proposed Edits

Please refer to the handout in Basecamp

Section I: Universal Standards

The standards are intended to help Ryan White Part A funded agencies meet the needs of their clients, and therefore need to be consumer-focused. Subrecipients should be encouraged to exceed these standards/minimum requirements and the objectives of the Universal Service Standards should ensure that subrecipients meet the following objectives. *The quality of service and materials given to a patient during telehealth encounters must be similar to in- person visits and must be culturally and linguistically appropriate.*

Section 2.1 - Intake

- Within 14 days of initial contact with a client, the agency must perform an intake. Intake includes the collection of identifying information and the completion of the intake Patient Rights and responsibilities, Consent to receive services, confidentiality policy and patient grievance procedures.

- Assess client language needs at intake and ensure client access to all services, materials, and communication in preferred language.

Section 2.1B Rights and Responsibilities and Grievance Policy

Agency works with client to determine mode of service delivery, based on client preference at the time of scheduling appointment. *If the agency does not offer in-person services in a given period due to an emergency, staff will work to support client access to services via alternative service modalities.*

Section 3.5 Service Delivery Space

Configures physical spaces and establishes protocols that ensure services provided are private, whether in in-office, mobile, or telehealth modalities.

Section 6.1 File Security

The Ryan White Part A funded agency must meet all mandatory file maintenance and data security requirements and standards. These requirements include the documentation of engagements between the client and provider, policies pertaining to electronic and paper file security, telehealth policies, quality assurance activities related to the maintenance of files and the archiving of files.

Any additional feedback?

VOTE

Motion to Approve the Standards of Care as Modified

Summary of Motion
Vote to approve the modified Standards of Care as initially edited by the ad hoc group and finalized by SPEC, RWSD and Planning Council for FY21

Yes I agree with the motion

No   I do not agree with the motion

Abstain I wish not to vote

PRESENTATION

FY22 FUNDING PRINCIPLES

Catherine Weerts, NRAC

Needs, Resources & Allocations Committee

FY22 Funding Principles

February 11, 2021
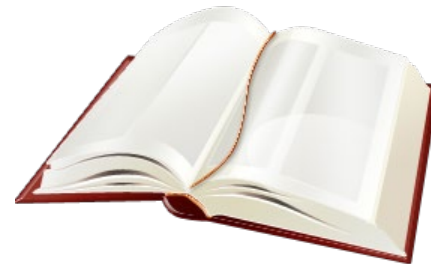
What are the Funding Principles?

- Overall <u>directives guiding</u> the work of the Needs, Resources and Allocations Committee (NRAC), allocation process, recommendations, and implementation of the Council's funding scenarios.

- The funding principles have evolved over the past 20+ years to better reflect the values of the Council, respond to changes in the epidemic and guide the council's processes for the allocation of Ryan White Part A Funds.

Where Do the Funding Principles Fit In?

1. Needs Assessment

(October-March)

2. Priority Setting

(March-April)

3. Resource Allocation

(April-June)

4. Grant Preparation

(June-October)

Other Processes:

- Evaluation of service delivery system **(ongoing)**

- Procurement of services

- Program and contract monitoring **(ongoing)**
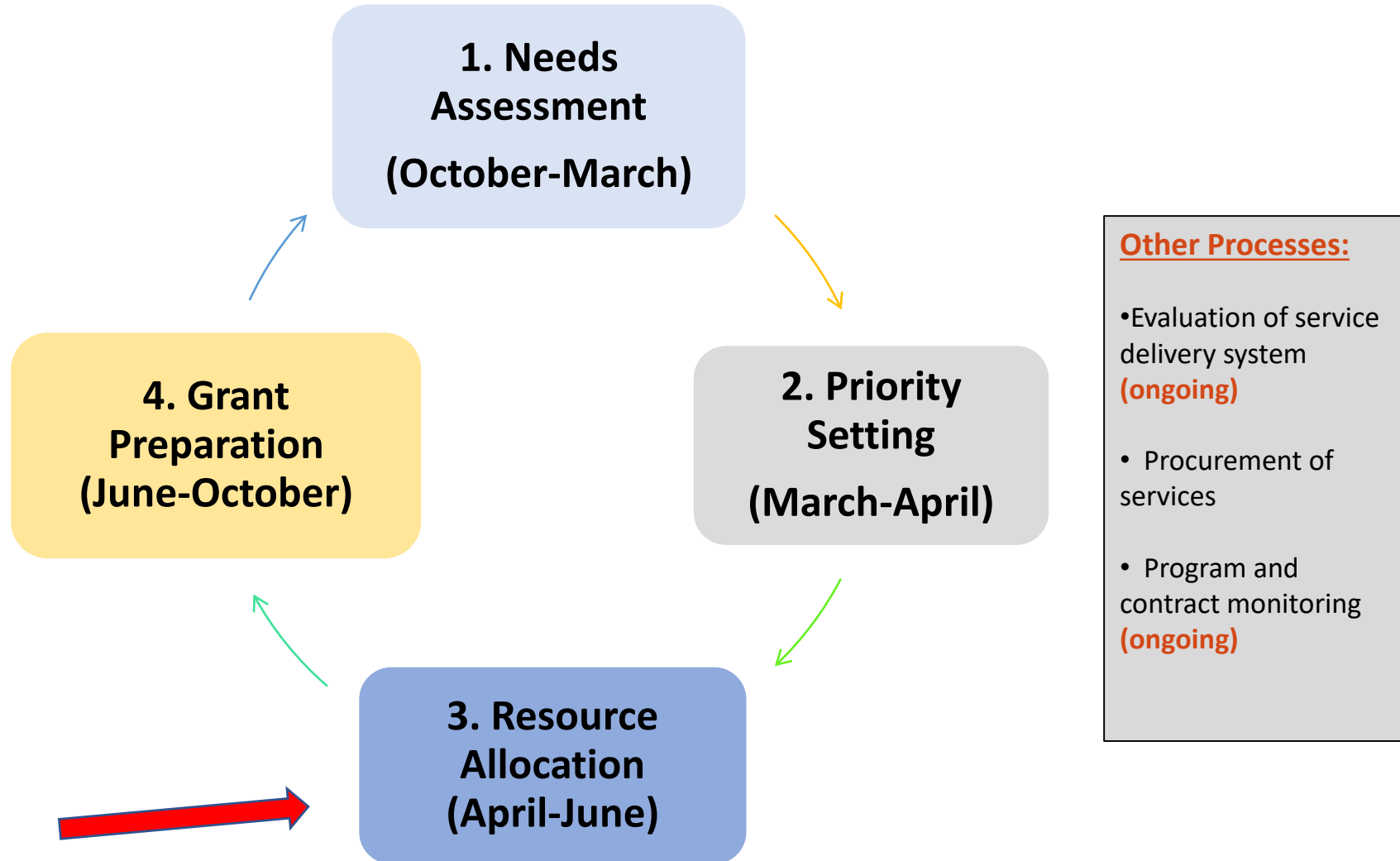
Who Uses the Funding Principles?

NRAC

- Uses as a guide for the funding scenarios for all funding recommendations NRAC presents to the Planning Council

BPHC (the recipient)

- Uses when contracting for services

- Embeds in the language of any Request For Proposals (RFP)

- Embeds in the grant application to HRSA

- Uses in the agency monitoring process

Funding Principles Background

- There are 13 Funding Principles

- Not presented in any order of importance

- Each has equal weight

FY22 Proposed Funding Principles

- Services funded by Part A should provide for fair, equitable and just access for all persons with HIV/AIDS throughout the EMA.

- Services should meet essential needs of consumers as defined by credible and timely data/needs assessments.

- Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.

FY22 Proposed Funding Principles

- Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.

- Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.

- Providers should be required to demonstrate optimal collaborations.

FY22 Proposed Funding Principles

- Providers should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Part A.

- Providers must demonstrate a willingness to provide services to all affected populations and an ability to provide appropriate services to the populations they target.

- Providers should encourage and support self-advocacy among consumers.

FY22 Proposed Funding Principles

- Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills, from being employed in service delivery.

- Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.

- To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

FY22 Proposed Funding Principles

Staff funded by Part A may not solicit or accept personal gifts, travel, meals, or entertainment with a value in excess of $50, from any pharmaceutical company or any person or entity that provides or is seeking to provide goods or services to Part A funded agencies, or that does business with, or is seeking to do business with, a Part A funded agency. Faculty, clinicians, or staff funded by Part A who are expected to participate in meetings of professional societies as part of their continuing professional education should be aware of the potential influence, both direct and indirect, of pharmaceutical companies on these meetings and should use discretion in evaluating whether and how to attend or participate in these educational events, lectures, legitimate conferences and meetings.

Questions?

VOTE – Motion to Approve FY22 Funding Principles

Summary of Motion:

Vote to approve the FY22 Funding Principles document as written, and reviewed by the Needs, Resources & Allocations Committee.

YES -   You agree with NRAC's recommendation

NO -   You do not agree with NRAC's recommendation

ABSTAIN - You wish not to vote on the motion

PRESENTATION

CLINICAL QUALITY MANAGEMENT (CQM) UPDATE

Sarah Kuruvilla, BPHC

Clinical Quality Management Program Update
Boston EMA Planning Council

RYAN WHITE SERVICES DIVISION, INFECTIOUS DISEASE BUREAU

BOSTON PUBLIC HEALTH COMMISSION

FEBRUARY 11, 2021

BOSTON PUBLIC HEALTH COMMISSION

Purpose & Objectives

- Anchor the Planning Council in the basics of Ryan White Clinical Quality Management Program (CQM)

- Communicate updates to the Planning Council on CQM accomplishments and challenges of FY 2020

- Share future directions of the Ryan White CQM Program with the Planning Council

BOSTON PUBLIC HEALTH COMMISSION

What is Clinical Quality Management?

Quality

EFFICIENCY – Eliminate waste of time and effort

EFFECTIVENESS – Accomplish the intended purpose

EQUITY – Ensure that opportunities for health are accessible to all

SATISFACTION – As measured by the consumer

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Clinical Quality Management (CQM)

Quality Assurance	A broad spectrum of activities aimed at ensuring compliance with minimum quality standards
Quality Improvement	A deliberate process to continuously improve efficiency, effectiveness, equity, and satisfaction in the current system
Clinical Quality Management	The coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction among PLWH/A

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Ryan White CQM Program
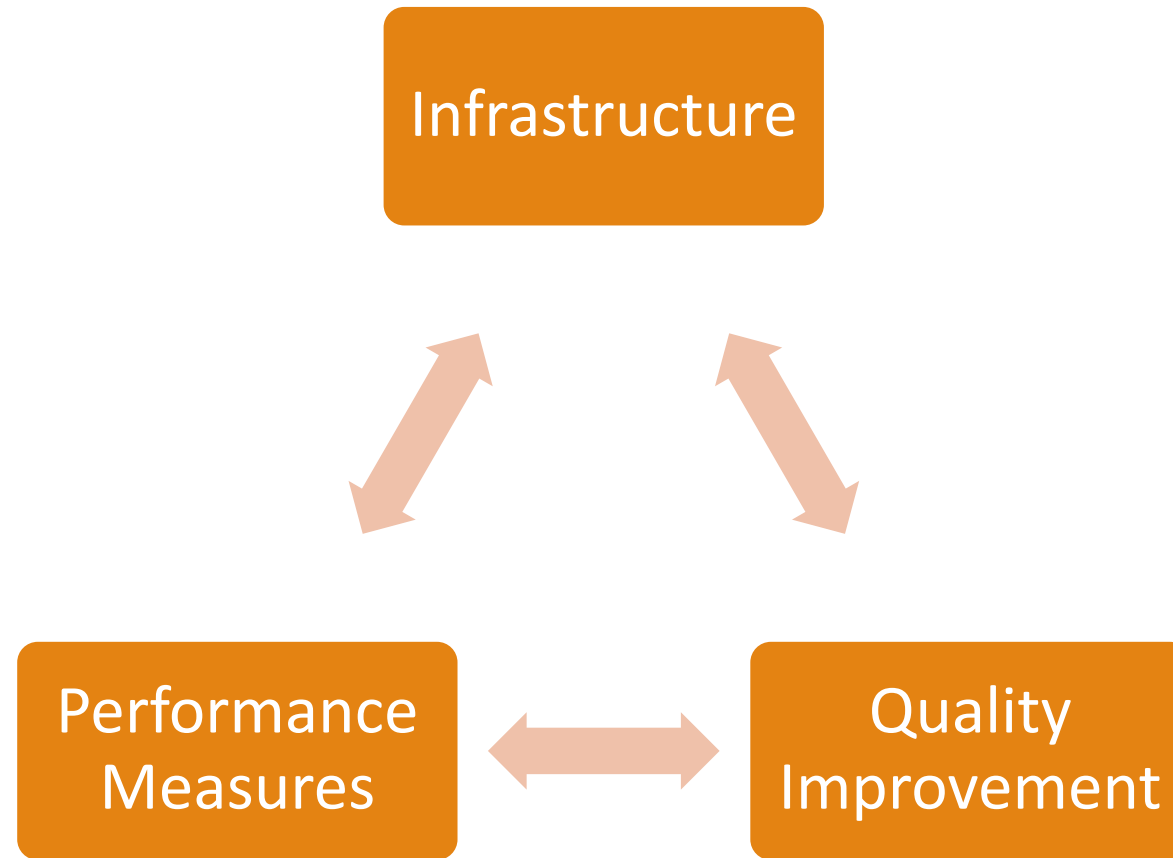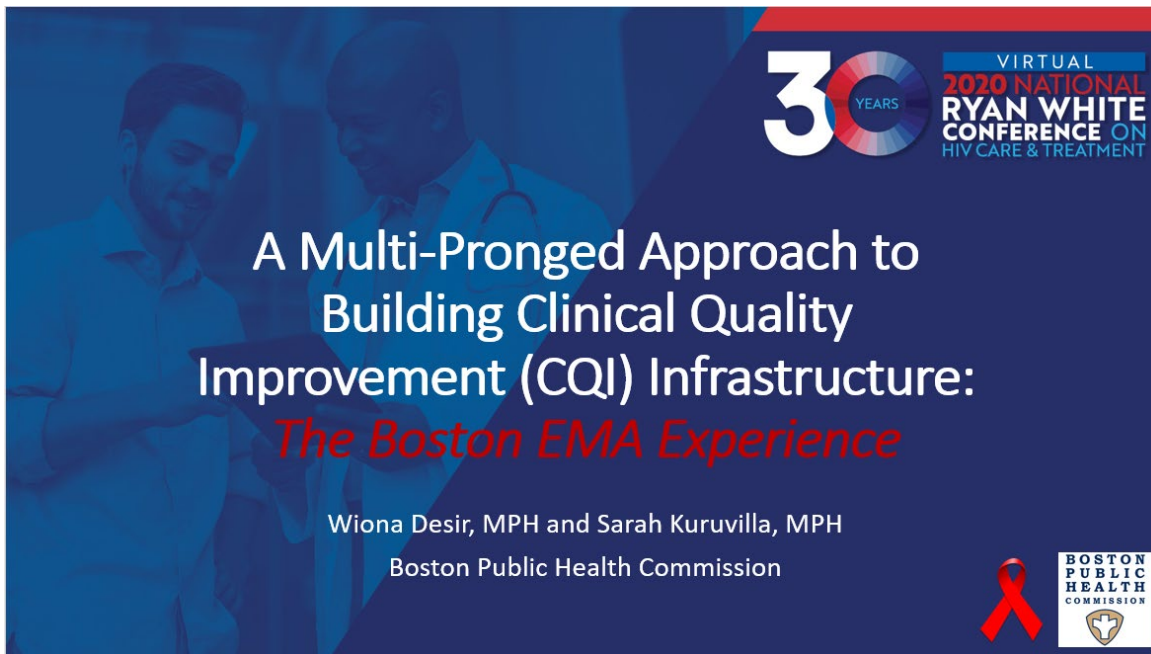
FY20 CQM Program Updates

ACCOMPLISHMENTS OF THIS FISCAL YEAR

2020 National Ryan White Conference

2021 QI* Culture Assessment

- 28 respondents out of 33 funded subrecipients = 85% response rate

- 2021 Median Overall Score = 14
  - 2018 Median Overall Score = 14

- 2021 Average Overall Score = 14.3
  - 2018 Average Overall Score = 12.6

*Quality Improvement

Section I: Infrastructure

Measure	Yes	No	N/A/Unknown
A. The organization has a current, written CQM or QI Plan. *RD: If yes, please attach RW-funded program QI plan or organization-wide QI plan.*	☐	☐	☐
B. Senior leaders actively participate in RW-program QI discussions. *'Senior leaders' refers to staff responsible for the success of the RW-program.*	☐	☐	☐
C. A Clinical Leader actively participates in RW-program QI discussions.	☐	☐	☐
D. Clients actively participate in RW- program QI discussions. *This may include participating in meetings, surveys, focus groups, etc.*	☐	☐	☐
E. The RW program has an active QI team or actively participates in the organization QI team. *This may include but is not limited to participating in meetings, planning or executing QI projects, etc.*	☐	☐	☐

Section IV: Improvement Success

Measure	Yes	No	N/A/Unknown
A. The team shares RW-program data/results with external stakeholders. *Stakeholders may include but are not limited to: other programs within your organization, your funding agency, partner organizations, newsletters to clients, etc.*	☐	☐	☐
B. The team has made substantial (at least 10% from baseline) improvements in RW process measures within the past 12 months. *For example, the percentage of people receiving preventative services.*	☐	☐	☐
C. The team has made substantial improvements (at least 10% from baseline) in RW client health outcomes (defined in the Boston EMA CQM plan). *For example, the percentage of patients who achieve viral suppression.*	☐	☐	☐
D. Successful changes have been adopted across the organization/department. *RD: If yes, please attach written documentation of adoption. This may include but is not limited to, updated policies, protocols, procedures, etc.*	☐	☐	☐
E. Improvement activities and results have been shared with other Boston EMA Part A funded agencies.	☐	☐	☐

Section II: Performance Measures

Measure	Yes	No	N/A/Unknown
A. The improvement of HIV clinical outcomes is aligned with the organizational strategic priorities/plan.	☐	☐	☐
B. The organization routinely collect consumer/client satisfaction surveys. *This may refer to your organization overall if the surveys include responses from the RW population, or the RW-program.*	☐	☐	☐
C. The organization acts on consumer/client satisfaction survey results. *RD: If yes, please attach meeting minutes/improvement storyboard or other relevant document that demonstrates this measure in the last twelve months.*	☐	☐	☐
D. The RW-funded program monitors/tracks internal process, as well as outcome measures, aligned with the Boston EMA CQM Plan.	☐	☐	☐
E. The RW-program shares performance measures with program staff.	☐	☐	☐

Section III: Improvement Capacity

Measure	Yes	No	NA/Unknown
A. At least 50% of RW-funded program staff have been introduced to QI concepts and/or methodology.	☐	☐	☐
B. At least one RW staff member is proficient at analyzing data and identifying trends.	☐	☐	☐
C. At least two RW-based quality improvement projects have been completed in the last 12 months. *RD: Please attach any (and all) completed PDSA forms/improvement storyboard/other relevant documents that demonstrate this measure.*	☐	☐	☐
D. QI expectations are incorporated in the job description of all RW-funded staff.	☐	☐	☐

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FY 2020 QI* Mini-Grant Program

• 7 agencies funded for 8 QI projects

• Funding Period: November 1, 2020 – February 28, 2021

• Awards range from $4,000 to $20,000

• Subrecipients' proposals underwent rigorous internal and peer review by the BPHC CQM team and CQM Committee peers, respectively

• Projects focused on increasing client engagement, retention, and satisfaction; reducing gaps in medical visits; streamlining referral processes; expansion of telehealth capacity to improve quality of care in COVID-19 pandemic

*quality improvement

BOSTON PUBLIC HEALTH COMMISSION

Ryan White CQM Committee

- 12 members

- Representatives from MDPH and NHDHHS

- Comprised of providers, consumers, other stakeholders

- Met 5 times this year, virtually

- Provided input and feedback on:
  - FY 21-23 CQM Plan
  - Performance Measures and Data Displays
  - QI Culture Assessment
  - QI Training
  - FY 20 Mini-Grants

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QI* Training Workshops

- 3 trainings in FY20
- 35 participants in Introduction to Quality Improvement trainings
- Process Mapping for QI training coming up on February 17th!
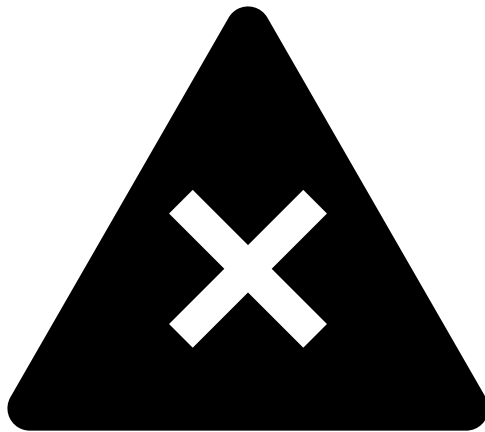
*quality improvement

Other Accomplishments of FY20

Provided technical assistance

Attended 2020 IHI Open Forum Conference

Began planning changes to e2Boston database

BOSTON PUBLIC HEALTH COMMISSION

FY20 CQM Challenges & Future Directions

Challenges

- Some CQM activities on hold, April through August due to COVID-19 pandemic

- Limited program capacity
  - Staff turnover
  - Hiring
  - Accelerated project timelines and limited staff capacity

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Future Directions

- A new CQM Plan for FY 2021-23!

- Quality Improvement learning collaboratives

- FY 2021 Quality Improvement Mini-Grants

- CQM capacity building on subrecipient and system-wide level

- Provider-level quality improvement work + System-wide quality improvement work

Future Directions

- TA Office hours

- Optimizing the use of data displays

- Restructuring of CQM Committee meetings in response to evaluations

- Relaunching the CQM EMA Newsletter

- Increasing consumer involvement in CQM

- Centering health equity

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Thank You!

QUESTIONS??

Agency Updates

MAYOR'S OFFICE OF HEALTH AND HUMAN SERVICES

Melissa Hector

MA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF HIV/AIDS

Barry Callis

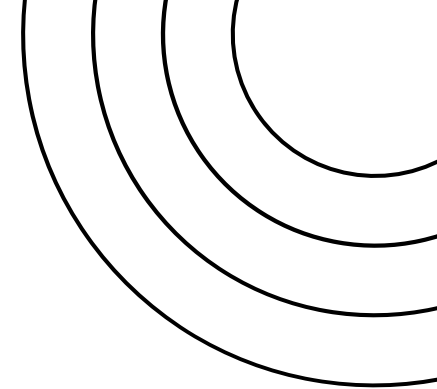NH DEPARTMENT OF HEALTH AND HUMAN SERVICES, NH CARE PROGRAM

Cindi Bell

MA OFFICE OF MEDICAID

Alison Kirchagasser

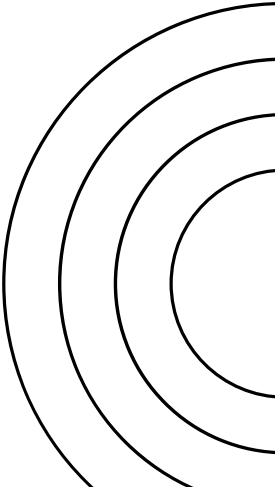BOSTON PUBLIC HEALTH COMMISSION

Katie Keating

Announcements

SHARE WITH THE COUNCIL

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This is your chance to spread the word about community events, research studies, or other resources that are related to the Planning Council's work.

Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!!!!