

# Boston EMA Ryan White Quality of Care Committee

## FY2025 End-Of-Year Evaluation

In accordance with the Quality of Care Committee Charter, CQM staff will work with the QOC members to evaluate the process and impact of the committee at the end of each fiscal year. Based on that evaluation, CQM staff will prepare an end-of-year evaluation report for the Quality of Care Committee.

Note: While FY25 began in March 2025, this evaluation will also cover our February 2025 Quality of Care meeting, where activities focused on preparing for FY25.

## Meetings & Attendance

In FY2025, the Quality of Care (QOC) Committee had five scheduled meetings. The April, June, August, and October meetings occurred as scheduled. The December meeting was rescheduled to January to avoid conflicts with holidays and to smooth the transition from even-month meetings to odd-month meetings in FY2026. The January meeting was cancelled because of lack of quorum.

The Committee had eight active members in FY2025. One member took a new job outside HIV services and left the committee after the August meeting. At the four meetings that occurred as scheduled, attendance was 61% (19/31), with 16% excused absences (5/31) and 23% (7/31) unexcused absences. Six members attended the February 2025 meeting, with one excused and one unexcused absence.

## QOC Goals in the FY2025 Clinical Quality Management (CQM) Annual Workplan

Goal 1: Strengthen mechanisms for engaging consumers in Quality Improvement and guiding QI based on consumer input.

- Objective 2: Increase engagement in the Quality-of-Care Committee from 6 regular attendees to 10 regular attendees by the end of FY27. [Status: In progress]
  - Action Step 1: Create onboarding materials (FAQ, etc.) for prospective QOC committee members, in consultation with current committee members. [Status: In Progress]
    - We held our first New Member Orientation in February, but not all planned onboarding materials have been developed.
  - Action Step 3: Conduct outreach to 10 agencies to recruit at least 5 new committee members, with a focus on reaching clients. [Status: Complete]
  - Action Step 4: Support at least two additional consumers to join the Quality-of-Care committee. [Status: In Progress]
    - FY25 recruitment efforts in this area were unsuccessful, so this action step is included in our FY26 Workplan.
  - Action Step 5: Consult with QOC committee members to identify training needs and develop at least one training in response to identified training needs. [Status: In Progress]
    - Committee members brainstormed training topics in our April 2025 meeting, some of which became part of the New Member Orientation curriculum (returning members also

attended NMO). No further trainings were developed or implemented, other than orientation.

- Action Step 7: Establish processes for updating the CQM plan and evaluating CQM program performance on an annual basis. [Status: Complete]

## Activities in FY2025

### Service Category QI Project

As mandated by HRSA, the CQM team reviewed data and collaborated with the QOC Committee to develop and implement a service category project in the EMA.

QOC Meeting	Activities and Updates
February	Presented demographics and outcomes data from four service categories: <ul style="list-style-type: none"> <li>• Medical Case Management (MCM), Non-Medical Case Management (NMCM), Housing, and Psychosocial Support (PSS).</li> </ul> Committee members voted to select Housing and PSS as the top two choices.
June	Shared updates on the PSS project, and committee members gave input. Discussed barriers to engagement in PSS and plans to measure project outcomes & success.
October	Provided a summary of project materials. The committee discussed the session content, activities, and measurement tools.

At the end of FY 25, the CQM team continued to receive HRSA TA to support the development of an EMA-wide Service Category project.

### Quality Improvement Culture Assessment (FY24)

QOC Meeting	Activities and Updates
April	Presented part 1 of the FY24 QI Culture Assessment results, including overall scores, and the Infrastructure and Improvement Capacity sections Discussed how to elicit leadership support for CQM, key concepts for introductory QI training
June	Presented part 2 of the FY24 QI Culture Assessment results, including the Performance Measures and Improvement Success sections Discussed topics to cover in patient/client experience surveys, and the need to more closely track subrecipients' CQM work, especially QI projects

For more details on our annual QI Culture Assessment, see [our website](#).

### Quality of Care Committee Infrastructure

QOC Meeting	Activities and Updates
February	Presented Boston EMA CQM Plan for FY25-27, including QOC-related goals (see above)
April	Brainstormed onboarding topics, materials for new members, and training topics of interest to current members
June	Presented proposed revisions to QOC Charter and structure Discussed changes to membership terms, recruitment, and revising the annual meeting cycle
August	Discussed recruitment and orientation of new QOC members Identified priority topics for orientation curriculum, including PCNs 15-02 & 16-02 and how they are implemented in the Boston EMA, Boston EMA CQM Plan goals, current projects, our Performance Measure portfolio, and Boston EMA client demographics
October	Presented the finalized charter, provided an update & asked for input on recruitment activities

January (Canceled)	Conduct a qualitative and quantitative evaluation of the FY25 committee year, via group discussion and a survey (after cancellation, the survey was adapted and sent to members)
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Infrastructure activities, especially recruitment and orientation, continued outside of committee meetings. In January 2026, we interviewed five applicants to join the Quality of Care Committee. In February, we held our first New Member Orientation for the committee, centered around the topics identified in our August meeting. Ten members attended, including five new members and five returning members. One returning member had an excused absence.

## Performance Measurement (PM)

QOC Meeting	Activities and Updates
February	Presented Boston EMA CQM Plan for FY25-27, and discussed planned PM goals around viral suppression and linkage to care, and how our EMA can better support virally-suppressed clients
April	Shared proposed changes to quarterly data displays Discussed PCN 15-02, and how we will improve our approach to sharing PM data in FY25
October	Conducted an annual review of our current PM portfolio Discussed existing PMs and proposed new PMs for the Oral Health service
January (cancelled)	Discuss further revisions to PMs, announce upcoming DICE (Data-Identified Cohorts of the EMA) info session (materials were instead shared with committee members by email)

## Member Evaluations

### Meeting Evaluations

- **February 2025**
  - Evaluation via online form, 6 responses/6 members in attendance (100%)
  - This meeting was rated less engaging/interesting than previous & subsequent QOC meetings.
  - Members commented that the [service category] data was interesting, but there needed to be more discussion and engagement.
- **April 2025**
  - Evaluation via online form, 4 responses/5 members in attendance (80%)
  - This meeting was given generally high ratings.
  - Members expressed appreciation for the level of detail in the [QI Culture Assessment] data.
- **June 2025**
  - Evaluation via online form, 2 responses/4 members in attendance (50%)
  - This meeting was given generally high ratings, but the response rate was low.
- **August 2025**
  - New evaluation approach: a group discussion using the plus-delta format
  - 5 members in attendance
  - Members felt that the meeting was structured well, and they were glad that QOC would soon have a New Member Orientation, with a curriculum based on their input.
  - Members noted a need for more participation during meetings, as well as a need to bring a wider range of perspectives to the committee.
- **October 2025**
  - Evaluation via a group discussion, 5 members in attendance

- Members liked that the meeting included so much good information and expressed appreciation for each other's insightful feedback.
- Members identified that the agenda did not allow enough time for all of the content, and the rush to squeeze so much into 90 minutes made it hard to grasp the content and engage in discussion. One member suggested extending meetings, to have enough time for all the content.

## End of Year Evaluation

We received a total of three responses to the End of Year Evaluation form. We had planned to conduct this evaluation during our January meeting, as we consistently get better participation that way, but since we did not reach quorum at that meeting, we had to pivot to an online form.

### Quantitative Results

- Members indicated how much they agreed or disagreed with the following five statements. The statements are listed in order from highest level of agreement to lowest.
  - I feel good about what the QOC Committee accomplished in FY25. (2/3 strongly agree, 1/3 agree)
  - CQM staff take the committee's input seriously and do their best to implement it whenever possible. (2/3 strongly agree, 1/3 agree)
  - I have the support I need (e.g. sufficient information, accessibility support, etc.) to participate fully in QOC meetings. (2/3 strongly agree, 1/3 agree)
  - Quality of Care Committee meetings are a good use of my time. (1/3 strongly agree, 2/3 agree)
  - The Quality-of-Care Committee has a meaningful role in guiding the CQM program in the Boston EMA. (2/3 strongly agree, 1/3 neither agree nor disagree)

### Qualitative Results

- Members identified the following as highlights of their experience on the committee in FY25:
  - Clear presentations from CQM staff on areas of focus for the program, what staff members have learned from trainings and experience
  - Opportunities to share ideas and give input on the QI project
  - Data presentations, discussions of what is working for clients from various populations, and what goals the committee and the program are trying to achieve using the data
- Members identified the following as challenges and problems the committee faced in FY25:
  - Low attendance, a larger committee would be better
  - Need for a more balanced mix of perspectives – CQM is supposed to center on consumer experiences and outcomes, but it's hard for consumers to feel heard when there are so many providers sharing their experiences and so few consumers sharing theirs
  - Too much content for limited meeting time
- Members identified the following as areas for the committee to improve or changes to make in FY26:
  - Change the recruitment strategy for new members – the approach in FY25 wasn't working to recruit consumers, so in FY26 we need to be more creative
    - In particular, go to in-person events and meetings (when possible), send representatives of CQM who reflect the communities they'll be meeting with, build trust over time – don't just show up and ask for stuff immediately
  - Consider increasing meeting length or frequency to ensure all content is covered
  - More attention to providers' admin burden and how that affects quality of services & client experiences

# CQM Team Response

## Preparation for Committee Meetings and Follow-Up

- In updating the Committee structure, the CQM team outlined cyclical activities that QOC members participate in. With that, the team outlined facilitators and materials to send for review prior to meetings and decided which meetings are intended for voting, prioritizing meeting time for discussions where committee members can provide meaningful input on CQM activities.
- For future data-heavy meetings, the planned procedure is to send data in advance for review with the intent to allow more bountiful discussion on the material within the meeting.
- Additional “Office Hour” spaces were proposed for off-months to allow committee members opportunities to support with reviewing data & documents in preparation for upcoming meetings.
- Track attendance and send notifications to any members who have had an unexcused absence, reminding them of the attendance policy in the charter.

## Committee Recruitment

- In FY26, CQM staff aim to request invitations to subrecipient events (including CAB meetings and possibly support groups) and attend in-person to discuss CQM and share information about the QOC committee.
- The team will continue to work with subrecipients to recruit more direct-service staff, with an emphasis on staff who are PLWH or who have other relevant forms of lived experience.
- If needed, offer potential new members the opportunity to join the committee during the committee year, and offer a second round of New Member Orientation to these members and any existing members who missed the first Orientation or would like a refresher.