

Memphis TGA
Quality Management Committee
March 26, 2013
Community Foundation of Greater Memphis

Meeting was called to order at 11:30 a.m. Quorum was established.

MEMBERS PRESENT: Jackie Anderson, Tiffany Bridges, Lisa Brisendine, Amanda Chandler, Tonnette Henderson, Venus Jordan, Lisa Krull, Kenneth Lewis, Nancy Liebbe, Martha Montgomery, Kristen Morrell, Timkiya Taylor, Robert Wilkins, Melissa Wright, Dorcas Young

MEMBERS ABSENT: Nycole Alston, Nicole Becton-Odum, Donna Freeman, Dr. Aditya Gaur, Dottie Jones, Kenneth Robinson, Christine Sinnock, Del Vineyard

OTHERS PRESENT: Sylvia Hobbs, Lauren Ellis-Robinson, Christina Underhill

I. REVIEW MINUTES FROM 11/14/12 QM COMMITTEE MEETING

Minutes were approved. Forward all corrections to Lisa Krull.

II. REVIEW QM PAN

Lisa Krull discussed and distributed a hand out of the Quality Management (QM) Implementation Plan. Lisa explained to the group that the Implementation Plan is used by the committee and program/QM staff to ensure that the goals and objectives of the quality management plan are being met.

III. REVIEW FY 2012 3RD AND 4TH QUARTER PERFORMANCE AND OUTCOME MEASURES REPORT

Kristen Morrell discussed and distributed a hand out of the FY 2012 3rd and 4th Quarter Performance and Outcome Measures Report.

Below are the four core performance measures reports:

- **HAB01** – Four provider performance measures improved; 4 of 5 providers meeting required indicator of 75%.
- **HAB02** – One provider performance measure improved, three remained consistent and one provider dropped in this performance measure; 1 of 5 providers meeting required indicator of 85%.
- **HAB03** – Two provider performance measures improved, one dropped, and one did not report this measure (due to data entry issues) and one remained consistent; 1 of 5 providers meeting required indicator of 90%).

- **HAB04** – Three provider performance measures had great improvement and one remained consistent; 4 of 5 providers meeting required indicator of 95%.
- Program/QM staff is working with providers that are not meeting required indicators; primarily a data entry issue as review of patient clinic records indicates performance measures are being met.

IV. REVIEW NATIONAL QUALITY CENTER IN + CARE CAMPAIGN DATA SUBMISSION

Kristen Morrell discussed and distributed a hand out of the In+Campaign Measures (2/1/2013 data submission). Below are measures as of 11/30/12:

- **Retention Measure 1:** Gap Measure – percentage measure greatly improved (11%); National Benchmark of other Ryan White providers is 14.7%.
- **Retention Measure 2:** Medical Visit Frequency - percentage measure greatly improved (70.3%), National Benchmark of other Ryan White providers is 64.9%.
- **Retention Measure 3:** Patients Newly Enrolled in Medical Care – percentage measure also improved (63%); National Benchmark of other Ryan White providers is 57.5%.
- **Retention Measure 4:** Viral Load Suppression – percentage measure has not improved (63%) and is about 10 points below the National Benchmark of other Ryan White providers (72.5%).

V. RETENTION QUALITY IMPROVEMENT PROJECT AT CHRIST COMMUNITY HEALTH SERVICES

Amanda Chandler shared with the group the quality improvement projects that have been implemented at CCHS.

VI. CAREWARE UPDATE

- Phil Byrne, CAREWare consultant, will be working this grant year on a new contract funded by HRSA.
- We will be developing VPN connections for agencies that do not directly enter data into the County CAREWare server.
- We are developing plans to use the CAREWare attachment module.
- Some agencies may be able to set up interface with EMR and CAREWare. We will be providing technical assistance when possible.

- Martha Montgomery has developed reports for data quality and all agencies will be required to run their reports quarterly to ensure accurate and complete data throughout the year.

NEXT MEETING: July 23rd, location will be announced.