

**Memphis TGA**  
**Quality Management Committee**  
**May 08, 2014**  
**COMMUNITY FOUNDATION, 1900 Union Avenue**

Meeting was called to order at 11:40 a.m.

**MEMBERS PRESENT:** Sulaiman Aizezi, Becky Bayless, Venus Jordan, Kenneth Lewis, Steve Overman, Maria Sutton, Jennifer Pepper, Mardrey Wade, Dorcas Young

**MEMBERS ABSENT:** Nycole Alston, Jackie Anderson, Nicole Becton-Odum, Tiffany Bridges, Lisa Brisendine, Amanda Chandler, Donna Freeman, Dr. Aditya Gaur, Tonnette Henderson, Dottie Jones, Nancy Liebke, Kenneth Robinson, Christine Sinnock, Del Vineyard, Robert Wilkins, Melissa Wright

**OTHERS PRESENT:** Sylvia Hobbs

**I. WELCOME AND INTRODUCTIONS**

Jennifer Pepper welcomed everyone to the meeting and everyone participated in introductions.

**I. REVIEW MINUTES FROM 02/06/2014 QM COMMITTEE MEETING**

Minutes were reviewed and accepted with no corrections needed. Forward all corrections to Jennifer.

**II. UPDATE FROM GRANTEE SITE VISIT Re: QM – Jennifer Pepper**

HRSA viewed all of Memphis TGA programming, fiscal and comprehensive site visits. They were pleased with QM structure, activities, plan and the new performance measures that HAB released. HRSA encouraged Program to display Memphis TGA agency names when providing data measurements on the HAB report.

**III. UPDATE ON PART B QM - MARIA SUTTON**

The QM plan has been completed. Anyone needing a copy can request copies from Maria, via email. Maria is in the process of scheduling site visits. Jennifer will coordinate a “Go To Meeting” to map out visits so there will not be any overlapping of visits.

**IV. UPDATE ON PART D QM – Karen Connelly**

No update, Karen was out of town for a conference.

**V. UPDATE ON CURRENT SURVEYS – JENNIFER PEPPER**

Patient Satisfaction Survey

There were few updates to the survey, due to staff transitioning; however the Grantee's office has a student intern helping with the data presentations and analyzing the patient satisfaction surveys. RW Program staff hopes to have the surveys completed soon.

Out of Care

EIS service is continuing to implement the out of care surveys. RW Program staff will be collecting the surveys soon for primary analyses.

**VI. REVIEW PERFORMANCE MEASURES**

HAB1: Providers are being consistent in their measures

HAB2: Most of the Providers are consistent in their measures except for:

- Provider 1 percentage is down. RW Program staff will be looking at their measures closely.
- Provider 4 percentage is down due to data entry problems. The problems have been corrected.

HAB3: Providers are doing relatively well

HAB4: Providers are doing relatively well

In+Care Campaign

Retention Measure 1: Percentage up 2% from National percentage, perhaps due to time of year (holidays). Providers should try to keep this measure low.

Retention Measure 2: Percentage below National percentage. Providers should try to keep this measure high.

Retention Measure 3: Percentage below National percentage. Percentage continues to fluctuate.

RW Program staff will use these measures for the quality improvement project.

Mayor Luttrell

People Served - Core Medical Services: Data submitted is good

People Served - Support Services: Providers have a few issues with data: 1) what constitutes a service and 2) units of service. The RW Program staff will be working on resolving these issues.

Percent of PLWHA in TGA Receiving RW Care: Data is consistent

**VII. REVIEW 2014-15 QM PLAN Progress**

Jennifer will email a written review of the 2014-15 QM Plan progress to the committee and will ask for volunteers to continue with the implementation actions.

## **VIII. IMPLEMENTATION OF NEW PERFORMANCE MEASURES – Steve Overman**

### Core Measures

The new core measure “Waiting time for initial access to outpatient/ambulatory medical care” is for newly diagnosed patients. This measure is not in CAREWare; however, Steve will be contacting providers at the end of May to obtain the next three appointment dates available on their calendar. The goal is that the next three available appointments be within fifteen days from the date of the call. Only the date of the third-most available appointment is logged. Each provider should contact Steve to give him a point person to contact.

### System Level Measures

Steve will be tracking the following five measures in CAREWare:

- 1) HIV viral load suppression
- 2) Prescription of HIV antiretroviral therapy
- 3) Medical visit frequency
- 4) Gap in HIV medical visits
- 5) PCP prophylaxis

Steve will be providing instructions on entering data for these measurements. If you have any questions, contact Steve at 222-8288 or [steve.overman@shelbycountyttn.gov](mailto:steve.overman@shelbycountyttn.gov).

## **IX. 2014 MEETINGS SCHEDULE**

- August 21, 2014 (Q2 of FY2014)
- November 6, 2014 (Q3 of FY 2014)

**NEXT MEETING:** August 21<sup>st</sup>, Community Foundation, 11:30am