



LOS ANGELES COUNTY COMMISSION ON HIV



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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

June 4, 2019

Approved
7/2/2019

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Kevin Stalter, <i>Co-Chair</i>	Joseph Cadden, MD, <i>Co-Chair</i>	Jason Brown	Cheryl Barrit, MPIA
Erika Davies	Wendy Garland, MPH	Amy Croft, RN, BSN, CCM	Jane Nachazel
Felipe Gonzalez	David Lee, MSW, LCSW, MPH	Katja Nelson, MPP	Doris Reed
Bradley Land	Jazielle Newsome		Julie Tolentino, MPH
Justin Valero		DHSP STAFF	
		Becca Cohen, MD, MPH	
		Lisa Klein, RN, MSN, CPHQ	

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 6/4/2019
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 5/7/2019
- 3) **Table:** 2019 Work Plan, Standards & Best Practices, *Updated 4/4/2019*
- 4) **Code:** Code of Conduct, 4/11/2019
- 5) **Definitions:** Ryan White HIV/AIDS Program Parts, *October 2016*
- 6) **Definition:** Standards & Best Practices Committee, Standards of Care, *December 2015*
- 7) **Bill of Rights:** People With HIV/AIDS Bill of Rights and Responsibilities, *2018*
- 8) **PowerPoint:** Overview of DHSP HIV Clinical Quality Management Program, 6/4/2019
- 9) **Standards:** Universal Standards of Care, 6/4/2019
- 10) **Continuum:** Los Angeles County Commission on HIV, Comprehensive HIV Continuum Framework, *Revised 5/28/2019*
- 11) **Continuum:** Los Angeles County Commission on HIV, Comprehensive HIV Continuum Framework, *Revised 4/4/2019*

CALL TO ORDER, INTRODUCTIONS, CONFLICT OF INTEREST STATEMENTS: Mr. Stalter called the meeting to order at 10:05 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order, as presented (*Passed by Consensus*).
2. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 5/7/2019 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:** There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:** There were no comments.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT:**

- Ms. Barrit welcomed Justin Valero to the SBP. The newly appointed Commissioner occupies the Representative Board Office 4 seat for Supervisor Janice Hahn. At its 5/9/2019 meeting, the Commission approved an additional seven candidates to go forward to the Board of Supervisors (BOS) for appointment. That process was ongoing with several already appointed.
- Mr. Valero looks forward to work with SBP. He is faculty at California State University, San Bernardino and lives in Whittier.
- The composition of SBP will change by the July meeting. Meanwhile, new Commissioners have time to acclimate and explore possible Committee assignments. Ms. Barrit also works with Commission Co-Chairs Al Ballesteros, MBA, and Grissel Granados, MSW to ensure Committees reflect the HIV epidemic through Parity, Inclusion, and Representation (PAR).
- Some Commissioners have also requested secondary assignments including Ms. Nelson, Co-Chair, Public Policy Committee.
- Ms. Barrit noted SBP requested a reportback on the Patient Bill of Rights previously provided in an SBP packet on whether it had been updated and whether it was included in DHSP Request For Proposals (RFPs) packages. The iteration in this packet was, in fact, copied from an exhibit of the Oral Health RFP and is consistent with that in other recent RFPs.
- This iteration differs from that presented earlier. Language is simpler, and the Grievance Line phone number and hours are included. Contract language also requires it to be posted and reviewed with clients. It was initially developed by SBP and recommended to DHSP. It was revised while going through the Los Angeles County (LAC) legal review process because it was intended to become part of contracts. This iteration will be posted on the Commission's website.
- Mr. Stalter suggested reviewing the document to ensure it reflects current needs. Ms. Barrit encouraged everyone to review the document, but asked the Committee to be very clear in determining the purpose of any review. Further alignment may be useful, but wordsmithing alone should be evaluated for usefulness with DHSP. Mr. Land added the original document was put out for feedback across Service Planning Areas (SPAs) and to providers so was heavily vetted.
- Regarding languages, it was noted LAC clinics have the Language Line available for verbal translation, as needed.
- ➡ Agendize review of Bill of Rights. In preparation, SBP will review it, staff will develop guiding discussion questions, and Ms. Barrit will request the date of the last Bill of Rights revision and the Spanish language translation from DHSP.
- ➡ Request addition of line at bottom indicating information is also available in other languages.
- a. **Committee Work Plan 2019:** Ms. Barrit noted, if the day's discussion went well, the Universal Standards of Care (SOC) could go onto the website for a two-week public comment opportunity in preparation for a motion to approve at the July Commission Meeting. That would meet the Work Plan's goal for an approved iteration by August.
- b. **Standing Packet Materials:**
 - Ms. Barrit noted the copy of the recently revised Code of Conduct approved at the 4/11/2019 Commission Meeting. All meeting attendees are expected to adhere to the behaviors it reflects and Commissioners are asked to sign a copy to confirm receipt and acknowledgement. At full meetings, Co-Chairs will remind attendees of the Code and it will be projected on the screen. It will also be in packets and an updated poster board was on order for the Conference Room.
 - ➡ Commissioners who have not yet signed the Code were requested to do so and submit the copy to staff.

6. **CO-CHAIR REPORT:** There was no report.

V. DISCUSSION ITEMS

7. **CLINICAL QUALITY IMPROVEMENT:**

- Ms. Klein, Quality Improvement and Privacy Officer, Clinical Quality Management Unit, DHSP, presented on the Overview of DHSP HIV Clinical Quality Management (CQM) Program PowerPoint in the packet.
- The Health Resources and Services Administration (HRSA) released its updated Policy Clarification Notice (PCN) 15-02 on 11/30/2018. SBP previously reviewed the PCN which clarifies CQM expectations for Ryan White Parts A, B, C, and D. It states that recipients such as DHSP and stakeholders such as the Commission must work with sub-recipients (providers) to provide direction, and implement, monitor, and exchange data for performance measurement and/or quality activities.

- A table on Slide 9 provides examples distinguishing examples of Quality Assurance (QA) versus CQM. QA generally refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards such as site visits and chart reviews as reflected in the "Grant Administration" column. QA overall is part of a larger grant administrative function. By themselves, QA activities do not constitute a CQM Program, but do inform one, i.e., data collected as part of QA processes should feed back into the CQM Program to ensure improvement in patient care, health outcomes, and satisfaction.
- HRSA's Ryan White Program (RWP) Part A 2/12-15/2018 site visit reflected positive overall program and fiscal management feedback, but there were also several findings related to the CQM Program.
- Insufficient infrastructure was cited as: the committee did not meet regularly, the plan did not have all required elements, sub-recipient and consumer involvement was lacking, and no formal evaluation of the CQM Program had occurred.
- Insufficient performance measurement standards for frequency, focus, and utilization versus outcomes in annual programmatic monitoring of contracted agencies. No evaluation of data was occurring.
- Lack of formal Quality Improvement (QI) process with no established QI methodology or documentation of QI activity in the plan, and failure to integrate or coordinate QI activities with sub-recipient programs.
- An improvement option, not official finding, calls for better differentiating CQM and administrative costs.
- HRSA is increasing efforts nationwide to enhance CQM. Other site visits over the past two years have had similar findings.
- DHSP's Clinical and Quality Management Unit is led by Medical Director Sonali Kulkarni, MD, MPH. The CQM Unit has three sub-units: Quality Improvement and Program Support (QIPS), overseen by Dr. Cohen and led by Ms. Klein; Provider Support and Quality Assurance (PSQA); and, Clinical Guidance and Nursing (CGN). QIPS is primarily responsible for implementing the CQM program. QIPS has seven staff, including Ms. Klein, with three RNs, two CPAs, and two administrative support staff.
- QIPS roles and responsibilities include: infrastructure development, lead QI projects/tasks, facilitation of CQM Program development, provision of QI capacity building, and coordination/support of Los Angeles Regional Quality Group (RQG).
- RQG started in 2007 with Parts C and D recipient representatives led by a National Quality Center (NQC) coach. DHSP joined in 2010, began hosting in 2011, and now hosts, coordinates, and chairs. DHSP requires all its RWP-funded providers send a representative at least twice per year. RQG updates are reported to the CQM Committee which provides feedback.
- Consumers are not directly engaged in the RQG now, but increasing involvement will be discussed for the next few meetings. Meanwhile, consumers are reflected at the agency level.
- The CQM Program has expanded dedicated staff with Dr. Cohen, its Committee meets monthly, the 2019 Plan is finalized, and evaluation was completed in March 2019. It is currently developing sub-recipient and consumer involvement plans.
- Service categories chosen for quarterly review based on PCN 15-02 utilization rates are: Ambulatory Outpatient Medical (AOM), Medical Care Coordination (MCC), Oral Health (OH), and Benefits Specialty. Performance measures are: engagement in care, retention in care, Viral Load (VL) suppression, and durable VL. Initial plans include dissemination of quarterly data dashboards to sub-recipients, consumers, and stakeholders by July 2019. Data will be presented first by service category; then agency; and ultimately race, gender, and other factors to identify disparities and prioritize QI efforts.
- Other QI activities include: retention in OH, customer satisfaction surveys, DHSP and sub-recipient CQM plans, collaboration with sub-recipients for support and capacity building, CQM contract language updates and program guidelines.
- The Customer Satisfaction Initiative is a Public Health Accreditation Board requirement and LAC Strategic Plan goal. The Department of Public Health (DPH) Quality Improvement and Accreditation Program created a customer satisfaction toolkit. All DPH programs, including DHSP, have been required to use the toolkit since last year.
- DHSP surveyed training participants. It will be expected to expand to survey additional customer groups each year. Overall responses were good. Some comments suggested improvements to registration which are being used to inform revisions.
- DHSP's Grievance Management Program seeks to resolve quality of care issues at DHSP-funded agencies. Most are received via the Grievance Warmline, but all reports are accepted. The goal is to resolve grievances within 60 days at the latest, but most are resolved more quickly and urgent matters are prioritized. There were 50 grievances in 2018 with delays in service the most common issue and AOM the most common service category reported. That pattern remains the same for the 16 grievances reported in the first quarter of 2019. Data reflects original reports regardless of subsequent information.
- Ms. Barrit noted DHSP contracts require agencies to conduct a customer service satisfaction process and asked if DHSP recommended a standardized tool. Dr. Cohen replied there was no tool, but the issue has been discussed. Many larger agencies have contracts with the Centers for Medicare and Medicaid Services (CMS) that require use of its CMS Consumer Assessment of Healthcare Providers and Systems (CAHPS). Questions are predetermined so that data can be compared.
- DHSP is reluctant to require agencies to complete a second customer satisfaction process. At the same time, smaller agencies with perhaps two staff may have nothing in place. It may be helpful to offer the formatted DPH survey with some generic questions and room to add some questions pertinent to the service.

- Mr. Gonzalez noted the nurse handed him a survey at his clinic and said she would be back to pick it up. Even though he did not sign it, he did not feel it was truly confidential. Mr. Stalter said that exemplifies a situation that can manipulate data, especially in light of stigma. Both DHSP and the agency should be interested in ensuring a true picture of the quality of care.
- He noted asking participants in a prior STI testing secret shopper effort whether questions were the same across sites, had a purpose, and whether responses were judgmental. All participants answered no to all three questions.
- Mr. Gonzalez felt it critical to have consumers at all levels of service to help their peers understand services.
- Mr. Land suggested Consumer Advisory Boards (CABs) mandated in contracts provide an annual QI report on gaps to DHSP. CABs often feel a lack of purpose so that could function as a focus while providing DHSP with feedback.
- Ms. Klein noted many agencies struggle with the new CQM requirements and what to do with CABs. DHSP has required CABs for years, but they are just one of several mechanisms used to meet the federal requirement for consumer feedback.
- Mr. Valero raised the issue of disparate distribution of services, e.g., the public health agency in Whittier is only open 12:00 noon to 3:00 pm on Mondays and Wednesdays by appointment. Many in the area do not know where to get tested and youth covered by their parents' insurance may want a more confidential option. Mr. Land cited a need for more service promotion, a Commission responsibility, e.g., people may be unaware of HIV Connect or options like Kaiser and AltaMed.
- ➡ Agendize standing DHSP update to include the CQM Program, as pertinent.

8. UNIVERSAL STANDARDS OF CARE (SOC) REVIEW:

- Ms. Tolentino identified revisions made and/or activities based on discussion at the last meeting:
 - ↳ Page 3, added Grievance Line reference and number;
 - ↳ Page 4, information on Americans with Disability Act (ADA) criteria was emailed to SBP for review;
 - ↳ Page 6, clarified that required staff licenses must be current;
 - ↳ Page 7-table, addition of staff training appropriate to job description and program, and documentation thereof;
 - ↳ Page 7-11, Item 4, Cultural and Linguistic Competence, major revision of cultural competence and implicit bias definitions, integrated pertinent aspects of National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and other relevant references;
 - ↳ Page 11, Item 5, Intake and Eligibility, minor revisions on contacting clients and eligibility.
- Per Ms. Garland's recommendation, the assessment section was removed from the Universal SOC because assessments are different for each service category. Instead, the SOC for each service category will have its own, distinct assessment section.
- Ms. Klein noted the documentation column requires monitoring, with some items more difficult to monitor and audit than others. For example, 4.1 calls for staff demographics to reflect client demographics, but does not provide guidelines.
- Ms. Barrit replied staff do consider monitoring during SOC development. Regarding 4.1, there has been consistent feedback about the importance of providers reflecting the communities they serve. It is more of an internal look to support reflectiveness. Documentation may be staff demographics and perhaps an impact statement on inclusive hiring efforts.
- ➡ Release for public comment with the following additional revisions: Page 3, add link to online Grievance Line form to both Universal SOC and Bill of Rights; Page 8, 4.1, revise documentation column to, "Documentation of how staff demographics reflect the demographics of clients served."
- ➡ Ms. Tolentino will forward to SBP for review the National CLAS Standards; Cultural Competency in HIV/AIDS Care, HRSA; Achieving Health Equity, Institute for Health Care Improvement; Cultural Competence Accreditation Board Standards, DPH.

9. HIV CONTINUUM FRAMEWORK REVIEW:

- Ms. Tolentino noted revisions to the 4/4/2019 from the last meeting were reflected in the 5/28/2019 iteration. In particular, Social Determinants of Health (SDH) are collapsed into prevention in a center bar applying to Care and Treatment, and Prevention leading towards Sustained Health and Wellness.
- ➡ Agendize for July final review with additional revisions: Final Care and Treatment box, delete "acquire or"; Final Prevention box, delete "or transmit"; replace white lettering with a more readable color, not to include red.

VI. NEXT STEPS

10. **TASK/ASSIGNMENTS RECAP:** There were no additional items.

11. **AGENDA DEVELOPMENT FOR NEXT MEETING:** There were no additional items.

VII. ANNOUNCEMENTS

- 12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** Ms. Nelson reported the Los Angeles Homeless Services Authority was just then releasing the 2019 Homeless Count at the BOS meeting. People experiencing homelessness increased by 12% in LAC and 16% in the City of Los Angeles. Of those experiencing homelessness for the first time, 53% cited economic reasons. Increased programs are housing an average 130 people each day, but 147 are becoming homeless daily.

VIII. ADJOURNMENT

- 13. ADJOURNMENT:** The meeting adjourned at 11:50 am.