

# COBRA Quality Improvement Committee Meeting

5/14/2007 at AIDS Institute, 90 Church Street, NYC

**Present:**

**COBRA Providers:** Jacqueline Nieves-de la Paz (Harlem United), Lynn Wax (Montefiore), George A. Smith (NYCHHC Lincoln ), Jenny Polanco (Brownsville), Blakeley Lowry (Iris House), Juan Rojas (ACQC), Nathalie Georges (Brownsville), Susan Steinhardt (Options), Jennifer Carmona (NYCHHC Bellevue), Diane Anderson (St. John’s Riverside), Nancy Ross Rivera (LIAAC), Lynn Reno (ARCS), Michael Clarke (Housing Works), Deepak Sidhar (NYCHHC Bellevue), Erika Summers-Syll (Housing Works), Gale Nesmith (SI Health Action), Linda Kumah (Diaspora), Jaye Diaz , Tina Otisi (VOA), Stanley Capela (Heartshare)

**AIDS Institute:** Jay Freedman, Hope Plavin, Lisa Tackley, Tim Doherty

<u>TOPIC</u>	<u>DISCUSSION</u>	<u>ACTION</u>
<p><b>Welcome and Introductions</b></p>	<p>Group introduced themselves and briefly described their roles in QA at their agencies. Participants ranged between first time attendees to long term veterans of the two configurations of the Quality Improvement Committees that have been active since 1994.</p> <p>Participants described quality assurance activities that related to consumers, staff and allied service providers. Many were involved with QA or QI committees at their agencies.</p> <p>Jay advised group that this would be his last meeting as Director of the Bureau of Community Support Services, introduced Hope Plavin and advised group of her new role as Director of the Bureau of Community Support Services upon his departure.</p>	
<p><b>The QIC – Where we’ve been all these years</b></p>	<p>Our thanks to Jay for his leadership around issues associated with Quality Assurance.</p> <p>Review of QIC</p> <ul style="list-style-type: none"> <li>• Reviewed notes from the handouts.</li> <li>• Some of the tools developed in mid 90’s are still in use.</li> <li>• An evaluation of COBRA and grant funded case management was designed and completed by Union College. This compared various CM approaches. This study report is still available and if participants have in interest in seeing this – contact AI staff.</li> <li>• Outcomes work began in 1996. After a grass roots process to select client outcome indicators, COBRA agencies were reviewed by research assistants hired by Union College.</li> <li>• Indicators were modified or eliminated over time. For example the study originally considered indicators related to employment and permanency planning. The QAC determined that employment was not a high priority of COBRA clients and eliminated that indicator. They also found that 6 months in CM wasn’t long enough for many HIV+ parents who felt well to address permanency planning, and eliminated that indicator.</li> <li>• In 2002 it became clear that much information was being collected but people didn’t know what to do with the information. There was effort to change focus and teach agency leaders and staff about using outcomes data to make improvements in program processes using the philosophy and techniques known as Quality Improvement.</li> </ul>	<p><i>Participants interested in the study should contact their program manager or Lisa Tackley.</i></p> <p><i>Participants interested in a copy of the Field Notebook should contact their program manager or Lisa Tackley</i></p>

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	<ul style="list-style-type: none"> <li>• The Bureau of Community Support Services sees COBRA programs as somewhere on the continuum between Quality Assurance and Quality Improvement.</li> <li>• One outcome of the QI rapid cycle collaborative was the development of the “field notebooks” to help staff in the field capture progress notes. Samples are still available.</li> <li>• Lisa described our work with a management consultant (Sandra Houston). She did some program assessments and provided technical assistance to agencies. These reviews and the work with agencies informed the later Supervisory Institute that focused on managing COBRA programs.</li> </ul> <p>There was additional discussion that further described QIC history and participants acknowledged AI guidance. The process was described as meaningful and it was noted that it evolved “from the bottom up.”</p>	
<b>COBRA challenges for the future</b>	<p>Jay shared with the group his ideas about the challenges for the future. The program is about 17 years old and could be compared to a young adolescent program that is ready to go out on its own – ready to produce outcomes.</p> <ul style="list-style-type: none"> <li>• As the recent Ryan White reauthorization unfolded it has had an influence on case management. The CARE Act itself is now focused on medical adherence, engagement and retention in care. COBRA is a case management program that can still focus on psychosocial services in addition to medical care.</li> <li>• The new governor is making significant changes in Medicaid bureaucracy and is very interested in Medicaid reform. To that end his staff are taking an inventory and reviewing all Medicaid programs from A-Z.</li> <li>• There may be changes that could have an impact on Comprehensive Medicaid Case Management (the formal name for the COBRA Community Follow up Program).</li> <li>• Jay predicts that managed care will move forward, continue its growth and development but it is unclear how that will affect SNPs.</li> <li>• As state moves forward on managed care people living with AIDS may need to make choices about mainstream plans.</li> <li>• Current SNPs continue to rely on Community Follow-Up Programs for case management, and would likely support their continuation.</li> <li>• We will continue to accumulate data that demonstrates program success.</li> <li>• There may be some reorganization of case management for cost containment</li> <li>• The proposed change in the COBRA rate methodology was submitted. The proposed rate includes a “supportive” CM rate. It’s difficult to say how this whole package will be received.</li> </ul>	<i>No action required</i>
<b>COBRA Client Outcomes</b>	<ul style="list-style-type: none"> <li>• Lisa reviewed the last COBRA client outcomes aggregate report compiled by the Union Graduate College.</li> <li>• 26 COBRA agencies participated between November 2005 and February 2007, reviewing charts of 590 clients and submitting data to Union for analysis.</li> <li>• Clients accessing safe, adequate, stable housing showed greatest improvement moving from a low 46.7% at initial comprehensive assessment to 74.2% at one year reassessment. Attendance at primary care and gyn appointments, and adherence to ARVs showed modest improvement.</li> </ul>	<i>No action required</i>

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	Attendance at mental health and substance use appointments stayed low at initial comprehensive assessment and one year reassessment, and actually showed a slight decline over one year's time.	
<b>Future projects</b>	<ul style="list-style-type: none"> <li>• The QIC will no longer have Union College for technical assistance, but we still need to do outcome data collection and analysis.</li> <li>• We need a simple method to do this and would like to use AIRS (URS) to report.</li> <li>• Need to develop 5 or 6 indicators that can be tracked over time.</li> <li>• Discussed used of acuity scales (in handouts) as a concept for quantifying client acuity at intake, and noting changes in stability at reassessment or case closing.</li> </ul> <p>We ran out of time before we could complete the brainstorming activity. Lisa suggested we can secure information through a survey. We need to list our top concerns about quality (i.e., training, team building, external relationships). Once we determine areas of interest perhaps we can have a conference call. There will likely be different interests due to the mix of new providers and old timers. We can communicate our next steps by e-mail.</p>	<p><i>Lisa will develop a survey and distribute to providers within the next week.</i></p>