



**Department  
of Health**

# **QAC/CAC Joint Meeting Report**

**April 3, 2018**

# Overview

- December 14, 2017
- Breakout discussion groups on three topics:
  - Addressing 'Open' Patients through Quality Improvement
  - Drug User Health
  - Measuring Patient Experience (PREMs/PROMs)

# Addressing Open Patients Through Quality Improvement

- Key Recommendations
  - Encourage collaboration
  - Incentivize ascertaining the care status of open patients
  - Ascertain the care status of patients in real-time
  - Tailor engagement strategies
  - Encourage the use of peers
  - Make better use of EMRs and other patient databases
  - Improve understanding of RHIOs
  - Align NYC and NYS expectations and databases



# Addressing Open Patients Through Quality Improvement Action Steps

1. Compile good examples of what organizations have done to identify open patients → disseminate via QAC
2. Consider how AI can encourage expanded use of peers → QAC/CAC members encourage PLWH to pursue AI peer certification
3. Develop and provide educational resources on RHIOs and the SHIN-NY, for providers and consumers
4. Discuss aligning NYS and NYC expectations
5. Return at QAC to question of how HIV providers can engage with EDs, inpatient units, and substance use and behavioral health programs to identify open patients

# Drug User Health

- Key Recommendations
  - Quality measures for people who use drugs
  - Improve access to care
  - Improve access to mental health treatment
  - Better communication between providers and consumers
  - Improve documentation of substance use in HIV visits
  - Address stigma towards people who use substances
  - Harm reduction in clinical settings
  - Bring people with lived experience to the table
  - Gather information on quality of care from other NYS offices

# Drug User Health Action Steps

1. Develop quality measures for PWUD for HIV primary care settings
2. Expand access to buprenorphine
3. Facilitate pain management training for HIV primary care providers
4. Facilitate harm reduction training for HIV primary care providers
5. Form Drug User Health Subcommittee on QAC
6. Include more people with lived experience with substance use on CAC
7. Encourage HIV primary care organizations to include consumers with lived experiences on consumer advisory bodies
8. Collaborate with OASAS through Interagency AIDS Task Force

# Measuring Patient Experience

- Key Recommendations
  - Begin to use PREMs for QI work
  - Collect PREMs at the site level annually
  - Share QI projects informed by PREMs with consumers
  - Ensure PREMs are accessible for all consumers
  - Include consumers in development and review of PREMs data

# Measuring Patient Experience Action Steps

1. Form joint QAC and CAC PREMs subcommittee
2. Continue education on value of PREMs in QI
3. Identify NYS organizations using PREMs in QI
4. Identify or develop PREMs to use in HIV quality programs
5. Identify methods to have unengaged patients complete PREMs