HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

BEHAVIORAL HEALTH NETWORK MEETING

Date: May 18th, 2018 @ 2:00PM
Location: Ryan White Part A Program Office
115 S. Andrews Ave., A-337
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

AGENDA

I. **Welcome/Introductions**

II. **Icebreaker**

III. **Presentation: CQM Program and Network Meeting Overview**

IV. **Survey**

V. **Questions/Suggestions**

VI. **Adjournment**

Next Meeting Date: August 17th, 2018

Please see staff for a Governmental Garage Parking Validation ticket

BROWARD COUNTY CLINICAL QUALITY MANAGEMENT PROGRAM

Overview of the Ryan White HIV/AIDS Program Part A system and services

RYAN WHITE PART A CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM

- Ryan White HIV/AIDS Program legislation requires all Ryan White Part A Recipients to establish Clinical Quality Management (CQM) programs to:
  - assess the extent to which HIV health services are consistent with the most recent **HHS Clinical Guidelines for the Treatment of HIV/AIDS and related opportunistic infections**, and
  - develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

- HAB has identified three necessary components of a comprehensive CQM program.
  1. Infrastructure
  2. Performance measurement, and
  3. Quality improvement.
  - Broward **Eligible Metropolitan Area (EMA)** CQM Program expectations are written in the CQM Plan

RYAN WHITE PART A
CLINICAL QUALITY MANAGEMENT (CQM) PLAN

Fort Lauderdale/Broward County EMA

The **mission** of the CQM program in the Fort Lauderdale/Broward County EMA is to ensure equitable access to a seamless system of high-quality comprehensive HIV services that improve health outcomes and eliminate health disparities for people living with HIV/AIDS in Broward County.

CQM PLAN: PROGRAM GOALS

1. Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.
2. Evaluate the CQM program, including the CQM Plan and service categories.
3. Implement continuous quality improvement to ensure core and support services are linked to increase access to care, retention in care, and viral load suppression.
4. Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.

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CQM PLAN: TEAM ROLES

Quality Assurance Team (Recipient Staff)

- Oversight of Implementation of CQM Plan and QI initiatives
- Monitor and analyze client- and system-level data
- Conduct monitoring activities

Quality Improvement Team (BRHPC Staff)

- Assist with implementation of CQM Plan
- Implement & plan QI initiatives for all Part A service providers (systemwide or service category-specific)
- Review client- and system-level data
- Planning and facilitation of QMC and Networks

Quality Management Committee

- Made up of HIV Planning Council members, consumers, and HIV service providers
- Ensure completion of the CQM Work Plan
- Review client and system level data
- Coordinate Networks activities

Networks (Agency Representatives)

- Made of up subrecipients from each service category
- Meet to discuss service delivery challenges and solutions
- Develop and implement QIPs
    1. Support Services (Non-MCM, CIED, Food, Legal)
    2. Oral Health
    3. Medical/DCM
    4. Behavioral Health
    5. Quality

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CQM PLAN: QUALITY ASSURANCE & QUALITY IMPROVEMENT

Quality **Assurance** ⟷ COMPLEMENTARY ⟷ Quality **Improvement**

- An effort to find and overcome problems with quality
- Measures compliance against certain necessary standards
- Focused on the outcome
- Based on standards

- A proactive approach to improve processes and systems
- Continual improvement
- Processes, not people, are the focus of improvement
- Based on facts, data, and specifications

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CQM PLAN: PROCESSES AND ACTIVITIES

Broward EMA CQM Annual Work Plan 2017 (March 1, 2018-Febuary 28, 2019)													
Goals and Objectives	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Responsible**
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													

CQM Annual Work Plan: Timeline of objectives to accomplish the CQM goals.

- All objectives are assigned to Recipient CQM Staff, HIVPC CQM Staff, the QMC, and/or the Quality Networks.

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BROWARD'S PART A SERVICES

- Available services

PART A SERVICES: CORE MEDICAL

- **Integrated Primary Care & Behavioral Health (OAMC):** Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
- **Oral Health Care:** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.
- **Mental Health:** The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services by psychiatrists, psychologists, and licensed clinical social workers.
- **Substance Abuse:** The provision of outpatient services for the treatment of drug or alcohol use disorders.
- **Disease (Medical) Case Management:** The provision of a range of client-centered activities, including all types of case management encounters, focused on improving health outcomes in support of the HIV care continuum.
- **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.
- **AIDS Pharmaceutical Assistance:** Local Pharmaceutical Assistance Programs (LPAP) are operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

PART A SERVICES: SUPPORT

- **Emergency Financial Assistance:** Provides limited one-time or short-term payments (direct payment to an agency or through a voucher program) to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication.
- **Food Bank:** The provision of actual food items, hot meals, or a voucher program to purchase food.
- **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease.
- **Non-Medical Case Management:** Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.
  - **Centralized Intake & Eligibility Determination (CIED):** A single entry point for eligible Broward County residents to determine eligibility and access to Ryan White Part A services and/or other benefits provided by third party payers including private, federal, state and local funding programs.
  - **Benefits Support Services (BSS):** delivers information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes.

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PART A SERVICES: RESOURCES

- Access to Care Schedule
  - Comprehensive list of all Broward Part A service providers **exclusive to service providers**
    - Created by the Recipient
    - Disseminated by Staff to all Providers
  - Contact information
    - Phone
    - E-mail
    - Address
    - Hours of Operation

Ryan White Part A Program Office
Access To Care Schedule
February 2018

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes
AIDS Health Care Foundation	Medical	NPH	George Butchko	(954) 772-2411 Ext. 3617	(954) 761-2231			1st Clinical Encounter 45 minutes minimum intake appt with goal of being seen within 3 days of contact	
	Medical	AHF Ft. Lauderdale Downtown	Dan Sheridan	(954) 767-0887					
	Medical	OPK	Barbara Santamaria	(954) 561-6900					
	Medical		Patrick Nuss	(954) 767-0887 Ext. 2558				16 to 30 min appt and seen the same day or next day. Triaged by Nurse and sees the medical provider as applicable.	Emergency (Non ER Contact)
	Dental	700 SE 3rd Ave Ste. 206	Dr. Deborah Davis	(954) 761-2230 deborah.davis@aidshealth.org		Email	English, Spanish	1-2 Months for an Initial; Same day for an Emergency	M-F 8:00AM-5:00PM; Leave a Voice Message.
	Integrated Behavioral Health	701 SE 3rd Ave 4th Floor	Dr. Robert Wilson	(954) 522-3152 (Office) (954) 423-9439 (Cell) drwilson@aidshealth.org		Phone/Email			Tues. Fri- 8AM-12PM
	Integrated Behavioral Health	702 SE 3rd Ave Ste. 301 Floor	Damon Jones	(954) 767-0887 Ext. 2251 damon.jones@aidshealth.org		Phone/Email			M,T,TH,F-8AM-5PM W- 11AM-7PM
	Integrated Behavioral Health	6405 N. Federal Highway Ste 205	Christopher "David" Shelton LMHC	(954) 767-2411 Ext. 3625 Davidshelton@aidshealth.org		Phone/Email			M,T,TH,F-8AM-5PM W- 11AM-7PM
	Integrated Behavioral Health	1164 E. Oakland Park Blvd. 3rd Floor	Rafis Nlin LCSW	(954) 561-6900 Ext. 2657 rafis.nlin@aidshealth.org		Phone/Email			M-F 8am-5pm
	Disease Case Management	NPH	Usyani Machado	(954) 540-3435					
	Disease Case Management	AHF Ft. Lauderdale Downtown	Carlos Pina	(954) 767-0887					
	Case Management	AHF Ft. Lauderdale Downtown	Richard Ortiz	(954) 767-0887 richard.ortiz@aidshealth.org					
	Case Management	1164 E. Oakland Park Blvd. 3rd Floor	**Patrick Saint Fleur**	(954) 488-0441 patrick.saintfleur@aidshealth.org		Phone/Email			
	Disease Case Management	1164 E. Oakland Park Blvd. 3rd Floor	Paulo dos Santos	(954) 561-6900					M-F
	Case Management	NPH	Greg Beltran Karen Haughey	(954) 772-3638 (727) 409-0759				Existing clients seen on same day/New clients within 1 week	
Broward Addiction Recovery Center	Substance Abuse	900 NW 31st Ave., Suite 2000 Fort Lauderdale, FL 33311	Polly Cacurak	**(954) 357-5093 pcacurak@broward.org**	(954) 564-5058			Detoxification Provided 24 Hours/7 Days a week	Admissions: M,T,Th,F: 7-5/ W: 7-7 Detox Unit: M,W,Th,F: 7-5/ T: 7-7

FOR PROVIDER USE ONLY
The following table is information supplied by each provider on a monthly basis. Be sure to inform clients of providers that have the shortest wait time for an appointment so that they can make an informed decision.

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NETWORK MEETING OVERVIEW

MEETING OVERVIEW: NETWORK MEETINGS

Quality Network

From all 13 Part A Agencies:

- Quality Managers
- Designated Quality Contacts

Service Category Networks

Support Services, Non-MCM, CIED, Food, Legal

- Oral Health
- Medical/DCM
- Behavioral Health

MEETING OVERVIEW: SERVICE CATEGORY NETWORK MEETING

Network meetings are a vessel for improving Part A services by eliciting feedback from providers to better **understand** and **improve** the client experience.

- Outcome
  - Turning network meeting time into sustained results
    - Streamlined processes
    - Improved communication between and among service providers
      - All parties as stakeholders
    - Improved **client health outcomes**
    - Improved performance measures
- Organization
  - Optimization of meetings to benefit all system members: providers, staff, and clients
    - Logistics
    - Agenda/Meeting Prep

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MEETING OVERVIEW: LOGISTICS

- Meeting Packet
  - Includes all documents and presentations associated with the meeting
  - Disseminated to meeting attendees **two days** prior to the meeting date
- Meeting Minutes
  - Last meeting minutes will be provided in the meeting packet dissemination
  - Meeting minutes will be disseminated to attendees within **three days** of the meeting occurrence
- Meeting Notice/Reminder
  - Staff will e-mail all necessary parties the Meeting Notice **two weeks** prior to the meeting date and the Meeting Reminder **two days** prior
    - agenda and meeting materials
- Parking Lot
  - Method of tracking emerging topics to return to as a group in upcoming meetings
  - Action Items
    - Unfinished business to be followed up on at the next meeting
    - Noted in meeting minutes

All Network meeting packets and CQM program resources can be found on our website!
http://www.brhpc.org/programs/hiv-planning-council/

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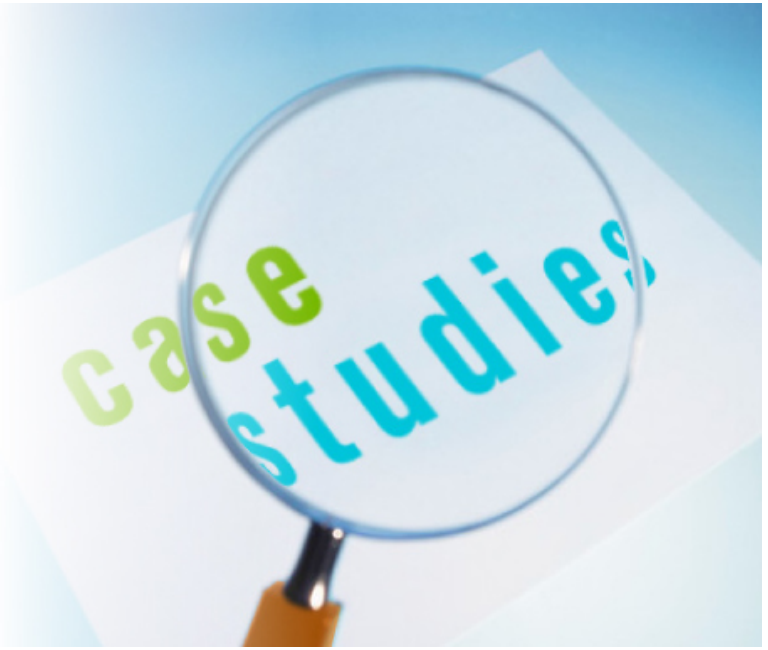
MEETING OVERVIEW: AGENDA ITEMS

New Agenda Items

- Topics of Interest (ex. Community resources, client communication/follow-up, etc.)
  - May include input from: Staff, Ryan White Providers, outside experts
  - Providers will complete the Topics of Interest survey form
- Data Presentation
  - Abbreviated systemwide data presentation
    - Quarterly
- Evaluations
  - Completed at the end of every meeting
  - Short format

MEETING OVERVIEW: CASE STUDIES

- Case Studies: Method of **obtaining feedback** on barriers to client care, resource sharing, and improving communication among providers
  - Two assigned agency presentations per meeting
  - Assigned Agency Representatives will complete the Case Study worksheet with all relevant information to share with the network
    - Completed worksheets shall be e-mailed to Staff for inclusion in the meeting packets **two weeks** prior to the assigned meeting date



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RULES OF ENGAGEMENT

In the interest of helping clients achieve the best possible health outcomes and **quality** of life, as a group, we agree:

- To arrive prepared to meetings, including but not limited to: confirming meeting attendance, being familiar with agenda topics, completing any previously assigned tasks, etc.
- To openly communicate & participate fully
- All meeting parties/attendees are equal
- To acknowledge individual responsibility in group outcomes
- Network meetings are a safe place to consult with colleagues and peers to find workable solutions to identified issues

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FEEDBACK
QUESTIONS
SUGGESTIONS
RECOMMENDATIONS

Meeting Facilitators: CQM Staff

Contact Information: Business Cards for Staff located at the sign-in table

E-mail: quality@brhpc.org

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Broward EMA CQM Annual Work Plan FY 2018 (March 1, 2018-Febuary 28, 2019)

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													
1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.						X						X	All CQM Staff
2. Disseminate data dashboards quarterly and publish annual quality report.	X			X			X			X			All CQM Staff
3. Provide quarterly CQM program updates to the HIVPC.	X			X			X			X			All CQM Staff
4. Disseminate CQM program information quarterly to community stakeholders through media campaigns and social media outlets.				X				X				X	All CQM Staff
5. Conduct annual QMC retreat.												X	All CQM Staff
6. Hold annual "All Networks Retreat" among Networks and celebrate accomplishments.	X												All CQM Staff

"X" indicates completed objectives
indicates in progress/on target

Meeting Topics Survey

In order to facilitate more productive meetings geared toward Quality Improvement initiatives, please list at least two topics, discussion points, or issues related to Quality Improvement you would like to see explored this year.

1. Topic #1

2. Topic #2

3. Additional Topics

Case Study

Viral Load:	
History of Viral Load:	
Mode of Transportation:	
Housing Status:	
Insurance Status:	
Length of Time in Care:	
Other Medical Conditions:	
Support System (Family, Friends, etc.):	
Other Barriers to Care:	

Client History:

Client Treatment Plan:

Client Issues:

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BEHAVIORAL HEALTH NETWORK MEETING
Friday, May 18, 2018 at 2:00 P.M.
Ryan White Part A Program Office, A-337
115 S. Andrews Ave., Ft. Lauderdale 33301

Minutes

PROVIDERS PRESENT
C. David Shelton (AHF)
Damon Jones (AHF)
Elizabeth Johnson (SBHD)
Gary S. Hensley (Sunserve)
Katy Yankie (Sunserve)
Stephanie Miller (Broward House)
Jamie Powers (Broward House)
Hugo Rocchia (Care Resource)

PROVIDERS ABSENT
BCFHC

GUEST
None

PART A RECIPIENT STAFF
Leonard Jones
Edith Garcia
Neil Walker

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Kelsey Holloman
Charnelle Bacchus-Powers
Linda Anyaduba

I. Welcome/Introductions

CQM Staff welcomed everyone and individual introductions were made.

II. Icebreaker

Staff introduced an icebreaker, chain stories. The Network was separated into three groups. The goal of the icebreaker was to have the Providers learn more about each other and their similarities by telling short stories about themselves. Staff concluded by noting the goal of chain stories was to highlight we are all more alike than different. Staff also mentioned that providers, Staff, and the Recipient might be from different agencies, but we are working towards the same goals and share solutions to similar issues.

III. Presentation: CQM Program and Network Meeting Overview

CQM staff provided an overview of the CQM Program. The presentation went over the CQM Plan and program goals, the roles of the Quality Assurance and Quality Improvement teams, and the Quality Management Committee and Networks. The presentation went on to discuss the difference between quality assurance and quality improvement, the CQM work plan, and the core medical and support

services. The Access to Care schedule is created by the Recipient staff and disseminated by the CQM staff to all providers. The presentation also reviewed the structure and logistics of the Network meetings.

Staff noted case studies serve as a way for feedback to be provided and can be modified to serve as a useful tool for behavioral health providers. Staff asked Providers for suggestions to improve the template for the Network. A provider inquired about the purpose of focusing on viral loads. Staff responded to the provider by noting viral load is always a focus for clients in the Part A system as viral load impacts all aspects of patient health and care. The recipient noted the focus is to consistently make sure Ryan White Part A clients' viral load is suppressed. A member added, a client who is not engaged in mental health, might need the encouragement of seeing viral load progression. The member also stated they encourage their staff to have the conversation about viral load because they might not be well versed about the details. It's important to look at the medical component to check in to see how they are doing with their health. The recipient clarified the goal of the case study is to identify barriers, challenges, success stories, system failure and share resources within the network. There are a number of agencies that clients will interact with on the way to recovery, and there is an opportunity to address and ensure viral load suppression at each Part A service provider. Ultimately, the Network provided multiple suggestions to include in the Case Study template including: diagnoses, symptoms, history, medications, interactions with psychiatrists, how long presenting problem has been going on, and compliance to instructions/advice given to clients by their therapists. Staff will make these amendments and distribute the Case Study to the Network. AHF and Broward House volunteered to present a Case Study at the next Network meeting on 8.17.18.

IV. Survey

Providers completed a survey about the topics they would like to see discussed at upcoming meetings throughout the year.

V. Questions/Suggestions

A provider requested handouts with images/tables be set as landscape for easy reading. In discussing issues with Provide Enterprise (PE), a provider mentioned their agency can only see initial client viral load information, but cannot see updated viral loads. The provider noted this issue might be an issue with PE account user settings as they are only providing mental health services in the Ryan White Part A system. The Recipient suggested the issue may be able to be remedied by addressing it with PE staff who will be in Broward next week. The recipient encouraged all providers to confer with their agencies to schedule a agency-specific training block with PE staff next week. Broward County and Staff sent e-mails to providers on the subject with information. Providers will need to contact Susan Malek in the Recipient's office to schedule the training. The training will be held at the Recipient's office and will be address and all provider/agency-related PE issues.

A provider suggested the Network discuss moving the Behavioral Health Network meeting date/time to an alternate day of the week; however, after a vote it was determined there was a split on a date/time which worked best for the majority of providers. Staff agreed to distribute a poll to providers with flexible date/time options that may work best for the network. Staff concluded all meeting parties are open to the network meeting date/time.

VI. Adjournment

The meeting was adjourned at 3:29pm.

Next Meeting Date: 8/17/18

Parking Lot

- None.

Action Items

- Case Study: Broward House and AHF will complete the Case Study template and return to Staff at quality@brhpc.org by August 3rd, 2018.
- Staff will distribute a poll to providers with alternative dates and times for the Behavioral Health Network to meet.