FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting

Monday, November 18, 2024, 12:30 p.m.

Meeting Location: Broward Regional Health Planning Council Conference Room

Microsoft Teams Meeting Information:

Join on your computer, mobile app, or room device: Click here to join the meeting

Meeting ID: 246 265 146 626 Passcode: R9sBsa

Or call in (audio only): +1 561-437-3349 Phone Conference ID: 143 923 947#

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZmQ1MWYzODItNWQ0YS00ZmM0LWFlZTItM2I4ZDkxYzUyZjcz%40thread.v2/0?context=%7b%22Tid%22%3a%220dd42165-bf27-4e00-9f50-1f4dff8a73f8%22%2c%22Oid%22%3a%221bcbe6d6-8962-41e8-b7e5-3cd660df997c%22%7d

Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

This meeting is audio and video recorded.

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
    a. Meeting Ground Rules
    b. Statement of Sunshine
    c. Introductions & Abstentions
    d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for November 18, 2024
5. **ACTION:** Approval of Minutes from July 15, 2024 **(Handout A)**
6. Standard Committee Items:
    a. None.
7. Unfinished Business
    a. None.

8. New Business
    a. Needs Assessment Presentation: Debbie Cestaro-Seifer, RN, BRHPC Clinical Quality Management Consultant **(Handout B)**
    b. Quality Management Committee Workplan Review (Quarter two): PCS Staff **(Handout C)**
    c. Clinical Quality Management (Part A EMA) Workplan Review (Quarter two): Danielle Liao, CQM Health Planner **(Handout D)**
    d. QMC Meeting Evaluation Presentation: PCS Staff **(Handout E)**
9. Recipient's Report
10. Data Request
11. Public Comment
12. Agenda Items for Next Meeting
    a. Disparities Along the Care Continuum For LGBTQ+ and Heterosexual Populations: Data Presentation by Recipient Office
    b. Review and Approve FY 2025-2026 Workplans
    c. **Next Meeting Date: January 20, 2025, 12:30 p.m**. via Microsoft Teams Videoconference and at BRHPC
13. Announcements
14. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at: HIV Planning Council Website

Please complete the meeting evaluation.

Three Guiding Principles of the Broward County HIV Health Services Planning Council

• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high-quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

November 2024

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
					1 Medical Case Management (CQM) 2:30PM-3:45PM	2 CEC's Community Health Fair 11:00AM-2:00PM Location: Dorothy Mangurian Women's Center
3	4	5 Community Empowerment Committee Meeting (CEC 3:00PM– 5:00PM Location: BRHPC/MS Teams	6 Quality Network Meeting (CQM) 9:00AM-10:15AM	7 System of Care Committee Meeting 9:30AM – 11:30AM Location: BRHPC/MS Teams	8	9
10	11 VETERANS DAY	12	13	14	15	16
17	18 Quality Management Committee Meeting 12:30PM– 2:30PM Location: BRHPC/MS Teams	19	20	21 PSRA Committee Meeting 9:30AM-12:30PM Executive Committee-Meeting 12:45PM – 2:45PM	22	23
24 Start of AIDS Awareness Week Nov 24-30	25	26	27	28 Happy Thanksgiving	29	30 GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

November 2024

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét:
Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting
Monday, July 15, 2024- 12:30 PM
Meeting Location: Broward Regional Health Planning Council Conference Room and via Microsoft Teams

Microsoft Teams Meeting Information:
Join on your computer, mobile app, or room device: Click here to join the meeting
Meeting ID: 246 265 146 626 Passcode: R9sBsa
Or call in (audio only): +1 561-437-3349 Phone Conference ID 3 923 947#

MINUTES
Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

QMC Members Present: B. Fortune-Evans, V. Biggs, Z. Muneton, F. D'Amore, D. Shamer

QMC Members Absent: R. Jimenez, J. De La Nuez, K. Creary

Ryan White Part A Recipient Staff Present: T. Thompson, R. Pena

Ryan White Part B Recipient Staff Present: J. Rodriguez, S. Cook

Planning Council Support Staff Present: D. Liao, S Isidore, M. Lacroix, G. Berkeley-Martinez

Guest Present: S. Tinsley, B. Mester, A. Occelien, J. Stirley, J. Alexandre, P. Falco, B. Baker. D. Cestaro, J. Beal, L. Lewis

1. **Call to Order, Welcome & Public Record Requirements**

   The *QMC Chair* called the meeting to order at **12: 48 p.m.** The *QMC Chair* welcomed all meeting attendees who were present. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and the meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. The PCS staff led roll calls and introductions for the committee members, Recipient staff, PCS staff, and guests. Lastly, a moment of silence was observed.

2. **Public Comment**

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County.

   No public comments were made.

3. **Meeting Approvals**

   The approval for the agenda of the July 15, 2024, Quality Management Committee meeting was proposed by **V. Biggs**. This was seconded by **F. D'Amore** and passed unanimously. The approval for the minutes of the **May 20, 2024** meeting was proposed by **V. Biggs,** seconded by **F. D'Amore** and passed unanimously.

   Motion #1: V. Biggs, on behalf of QMC, made a motion to approve the July 15, 2024 Quality Management Committee agenda and seconded by F. D'Amore. The motion was adopted unanimously.

   Motion #2: V. Biggs, on behalf of QMC, made a motion to approve the May 20, 2024, Quality Management Committee meeting minutes as presented and seconded by F. D'Amore. The motion was adopted unanimously.

4. **Standard Committee Items**

   None.

5. **Unfinished Business**

   None.

6. **New Business**

Action Item: Review the Universal Service Delivery Model: (Handout B1 and B2) During its June 6, 2024, meeting, the System of Care Committee approved the Universal SDM with

recommendations to be forwarded to the Quality Management Committee. However, due to the cancellation of the QMC meeting, the HIVPC General Body reviewed the Universal SDM on June 27, 2024, and suggested revisions for final review by the QMC.

QMC Work Plan Activity: 2.2 Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.

A representative from Broward County Ryan White Part A Office, R. Pena, reviewed the Universal Service Delivery Model (SDM). The committee briefly discussed the wording of "…clients enrolled in Private Care may benefit…" and the term "durably." Following the discussion, a motion was made to approve the SDM Model.

Motion #3: V. Biggs made a motion to move forward and approve the Universal Service Delivery Model. F. D'Amore seconded the motion. The motion was adopted unanimously.

b. Discussion: Review the FY2024-2025 Quality Management Committee Work Plan Activities from March 1 – June 30. (Handout C)

PCS staff reviewed the FY2024-2025 Quality Management Committee Work Plan Activities from March 1 – June 30. Committee members had no additional comments.

c. Discussion: Review the Broward EMA Ryan White Part A Health Outcomes Presentation (Handout D)

CQM staff presented the Broward EMA Ryan White Part A Health Outcomes presentation. **B. Fortune** and **V. Biggs** raised questions about the data on the "2022 Ryan White HIV/AIDS Program Clients, Retention and Viral Suppression Rates, Florida EMAs" slide, noting a discrepancy: while other slides showed 8,000 clients for Fort Lauderdale, this slide showed 12,000. CQM staff clarified that the data on this slide includes all funding sources (Parts B, C, D, and F), not just Part A. Following the presentation, a data request was made

Motion #4: V. Biggs made a data request regarding disparities along the Care Continuum for LGBTQ+ and heterosexual populations. F. D'Amore seconded the motion. The motion was adopted unanimously.

d. Discussion: Review the FY2024-2025 Clinical Quality Management Work Plan Activities from March 1 – June 30 (Handout E).

CQM staff reviewed the FY2024-2025 Clinical Quality Management Work Plan Activities from March 1 – June 30. Committee members had no additional comments.

7. **Recipient Report**
   None.
8. **Data Request**

V. Biggs: Request regarding disparities along the Care Continuum for LGBTQ+ and heterosexual populations.

9. **Public Comment**

   The Public Comment portion of the meeting is intended to allow the public to express opinions about items on the meeting agenda or to discuss other matters about HIV/AIDS services in Broward County**. No public comments were made.**

10. **Agenda Items/Tasks for Next Meeting**

    The next QMC meeting will be held on September 16, 2024, at 12:30PM

    Agenda to be determined.

    - Data

11. **Announcements**
    - **Z. Muneton** notified the committee that July 15, 2024, will be her final meeting with CQM, as she will no longer be with Broward Health.
    - **S. Tinsley** delivered a summary of the SheEVOLVE event, expressing gratitude to all participants, committee members, and partners who attended.
12. **Adjournment**

    There being no further business, the meeting was adjourned at **2:22 p.m.**

QMC Attendance for CY 2024

Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
		Meeting Date	16	12	18	15	20	17	17						
0	1	Biggs, V.	X	X	X	X	X	C	X						
3	2	Casseus, J.	A	A	A	X					R				
0	3	D'Amore, F., V. Chair	X	X	X	X	X	C	X						
0	4	Fortune-Evans, B., Chair	X	X	X	X	X	C	X						
1	5	Jimenez, R.	X	X	X	A	X	C	E						
0	6	Muneton, Z.	X	X	X	X	X	C	X						
0	7	Shamer, David	X	X	X	X	X	C	X						
	8	Julio De La Nuez			N		X	C	E						
	9	Karen Creary			N			C	A						
		Quorum = 5	6	6	6	6	6	C	5						

Legend:	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
CX - canceled due to quorum	R - removal letter

Quality Management Committee Minutes – July 15, 2024 Minutes prepared by PCS Staff

HANDOUT B

BROWARD RW PART A EMA

NEEDS ASSESSMENT 2023-24 OVERVIEW

PRESENTER

DEBBIE CESTARO-SEIFER, MS, RN

NEEDS ASSESSMENT 2023-24* PRIMARY GOALS

1. CONDUCT SHORT INTERVIEWS WITH CLIENTS WHO USE BROWARD RW PART A SERVICES
2. DIALOG WITH/SURVEY MEDICAL CASE MANAGERS, (MSMS), PEER COUNSELORS AND PRESCRIPTIVE PROVIDERS TO BETTER UNDERSTAND THE BARRIERS TO CLIENTS BECOMING UNDETECTABLE/VIRALLY SUPPRESSED
3. DISCUSS 2022-23 DATA THAT PROVIDES INFORMATION ON THE NEEDS OF INDIVIDUALS WHO ARE NOT VIRALLY SUPPRESSED/UNDETECTABLE IN THE BROWARD RW PART A EMA
4. *NEEDS ASSESSMENT AUTHORSHIP INCLUDES DR. JEFFREY BEAL

HIGHLIGHTS FROM CLIENT INTERVIEWS

- Create “Central Access Line” to define client caller needs and designate best resource for meeting the need
- CIED and MCM should verify referrals made are completed
- MCM have too many patients to see and too much documentation which takes away from consumer experience
- MCM tend to repeatedly refer to one facility and do not offer Broward Community option for the service
- MCM/practitioners need client-focused hours of operation and locations near priority populations

HIGHLIGHTS FROM CLIENT INTERVIEWS – CONT.

- MCM do not have standardized new-client patient education protocols
- MCM turnover is too high
- Specialized MH/SA and recovery MCMs are needed
- Inconsistent community standard of care for OB/GYN and trans care
- Test and Treat is not “immediate access to care”
- Front desk staffs are not welcoming and can be disrespectful/abusive
- Agencies/clinics treat Blacks with less care, care time, and respect

HIGHLIGHTS FROM CLIENT INTERVIEWS – CONT.

- Need one statewide certification of RW eligibility
- Insurance cost/copay issues are not managed by one entity
- Part A Program decisions made in silos
- More peers needed
- Formalized research is needed as to why clients fall out of care and return to care needs to occur with less wait time

HIGHLIGHTS FROM MCM(DCM) INTERVIEWS/SURVEY

- Average caseload 30-50 clients with FTE range of 0.5-1.0
- Frustrated with lack of housing options – often inadequate/unsafe; high need for housing appropriate for women/trans youth
- Gaps in care associated with inability to reach client (no phone or inadequate minutes)
- Frustrated with Provide Enterprise (PE) MCM acuity levels
- Have the capacity to see more clients

HIGHLIGHTS FROM PEER COUNSELORS

- Not using protocols to receive new clients and orient them to navigating RW Part A and Community Services
- Not using established best practices to assist clients in navigating the journey to viral suppression and undetectable status
- Not addressing client perceived and experienced stigma to empower and build client capacity to adhere to HIV medication as prescribed
- MCMs and other support staff, including Peers and Community Health Workers (CHWs), need to work together on a coordinated approach to support person-centered care
- Peers want to lead client support groups in collaboration with MCMs; they request training and support to develop skills to facilitate group work with clients

HIGHLIGHTS FROM PRESCRIPTIVE MEDICAL PROVIDERS

Survey Version 1: 11/40 surveys completed; 27% return rate

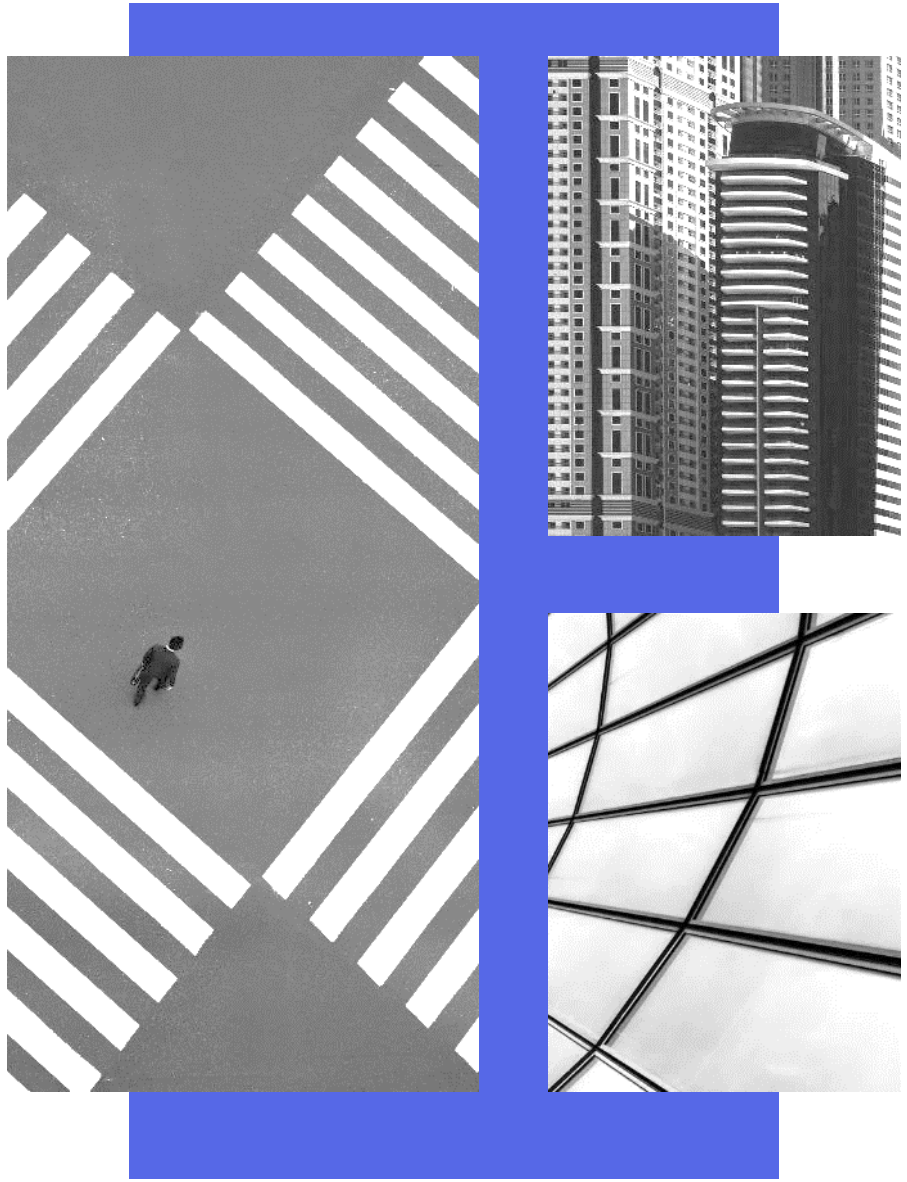
Providers value:

- #1MCM, #2 Mental Health, #3 CIED as critical support services enhancing patient ability to achieve UD VL status
- All provide telehealth services with 55% stating it helps maintain patients in care and is of value in helping patients achieve UD VL status
- 50/50 response that peers help improve health outcomes for their patients; 90% welcome/would welcome peers attending medical visits

2024-25 AREAS OF FOCUS

DATA DRIVEN CARE

- Analyze data in more detail to identify innovative opportunities to increase the number of clients who achieve sustainable viral suppression/undetectable status
- Set a goal for Medical Providers, MCMs and Peers to participate in Network meetings/surveys to partner on strategies to focus on meeting unaddressed needs to assist their patients to achieve sustainable viral suppression/undetectable status
- Establish a culture of quality improvement focusing on data that identifies disparities needing to be addressed through community partnerships and define goal-oriented action plans




THANK YOU!

Handout C

Quality Management Committee (QMC) Work Plan FY2024-2025

The work plan is intended to help guide the work of the committee and to assist the Quality Management Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: By February 2024, systematically monitor, evaluate, and continuously recommend improvements to the quality of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.	**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**	

Objective 1:Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.	CQM Staff, QMC, Quality Network	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.												
1.2 Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC and PSRA Committee.	CQM Staff, QMC, Quality Network	Increase access to care and improve health outcomes	Idenitify underserved populations and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities					X							

Objective 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care.	QMC,SOC, PCS, and CQM Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)												
2.2 Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.	CQM Staff, QMC, Networks	Increase access to care and improve health outcomes	Perform annual review and make modifications when indicated on the following SDMs: a. Universal Standards b. Legal Services c. Health Insurance Premium & Cost Shairng Assistance - HICP d. Disease Case Management - DCM e. Integrated Primary Care & Behavioral Health - IPCBH f. Non-Medical Case Management g. Food Bank h. Substance Abuse (Outpatient) i. Mental Health Services j. Centralized Intake Eligibility Determination - CIED k. Emergency Financial Assistance - EFA l. AIDS Pharmaceutical Assistance (Local Pharmacy)	X	X	X		X							
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among RW Part A service providers.	QMC and SOC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding QIPs and if required, make recommendations to improve health outcomes for RWPA clients.	X											
2.4 Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals.	QMC	Completed annual QMC Workplan	Recommend improvement to QMC activities.												
2.5 Conduct quarterly reviews of the QMC Annual Workplan.	QMC	Track Progress of the QMC in completed activities	Assess progress on completing QMC activities.	X				X							

Objective 3: Routinely evaluate the CQM Program and identify areas for improvement.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
3.1 Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	QMC and CQM team	Identify goals and objectives for upcoming year	Review CQM Workplan every quarter and provide reccomendations to achieve Workplan goals	X				X							

LEGEND: "**X**" =Action Completed; **Blue** = Planned

HANDOUT D

Broward EMA CQM Annual Work Plan FY 2024-2025

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment/Outcomes
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.														
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X			X			X			X		X	CQM Staff, QMC, Quality Network	
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.				X			X			X			CQM Staff, QMC, Quality Network	
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X			X			X			X		X	CQM Staff, QMC, Networks	
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.														
1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.												X	CQM Staff, QMC, Networks	
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.										X	X		CQM Staff, QMC	
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff, QMC	
4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year.		X	X	X				X	X		X	X	CQM Staff, Quality Network	
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.			X			X		X			X		CQM Staff	
6. Provide technical assistance to providers as needed.	X	X	X	X	X	X	X	X	X	X	X	X	CQM Staff	
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.														
1. Distribute the annual CQM Program Report.		X											CQM Staff	
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff	
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.	X			X			X			X			CQM Staff	
4. Provide routine CQM Program updates to the HIVPC.	X			X			X			X			CQM Staff	
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.											X		CQM Staff	
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.														
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X			X			X			X		X	CQM Staff, QMC	
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.				X			X			X		X	CQM Staff, QMC, Networks	
3. Conduct surveys of all meetings and make suggested improvements.				X			X			X		X	CQM Staff	
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.	X			X									CQM Staff	
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff	
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.														
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.	X			X			X			X		X	CQM Staff, Recipient Staff	Patient Satisfaction is being reassessed for FY 24-25 based on HRSA recommendations.
2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA.	X											X	CQM Staff, Recipient Staff	The Part A Office will provide the patient satisfaction survey results to CQM staff from provider reports.
Goal 6: Develop a CQM Quality Improvement Project														
1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff	
2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates.		X		X		X		X		X		X	CQM Staff, Recipient Staff	
3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP				X			X			X		X	CQM Staff	
4. Analyze FY 23-24 data from CQM QIP and report findings to Recipient staff and QMC				X			X			X		X	CQM Staff, Recipient Staff, QMC	

X = goal for objective completion

= in progress

= completed

= planned

HANDOUT E

Quality Management Committee Meeting Evaluation Report

Quarter 1 and Quarter 2: March 1, 2024-August 31, 2024

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners

Presented as of November 18,2024

Purpose

- The Planning Council Meeting Evaluation Form is utilized for all meetings of the Broward County HIV Health Services Planning Council (Planning Council) and its committees to provide ongoing feedback to the Planning Council and its committees as to the quality and effectiveness of its meetings.
- The HIVPC and its committees will utilize this tool to identify strengths and challenges and/or deficiencies and potential Council Development/Training needs.

Process

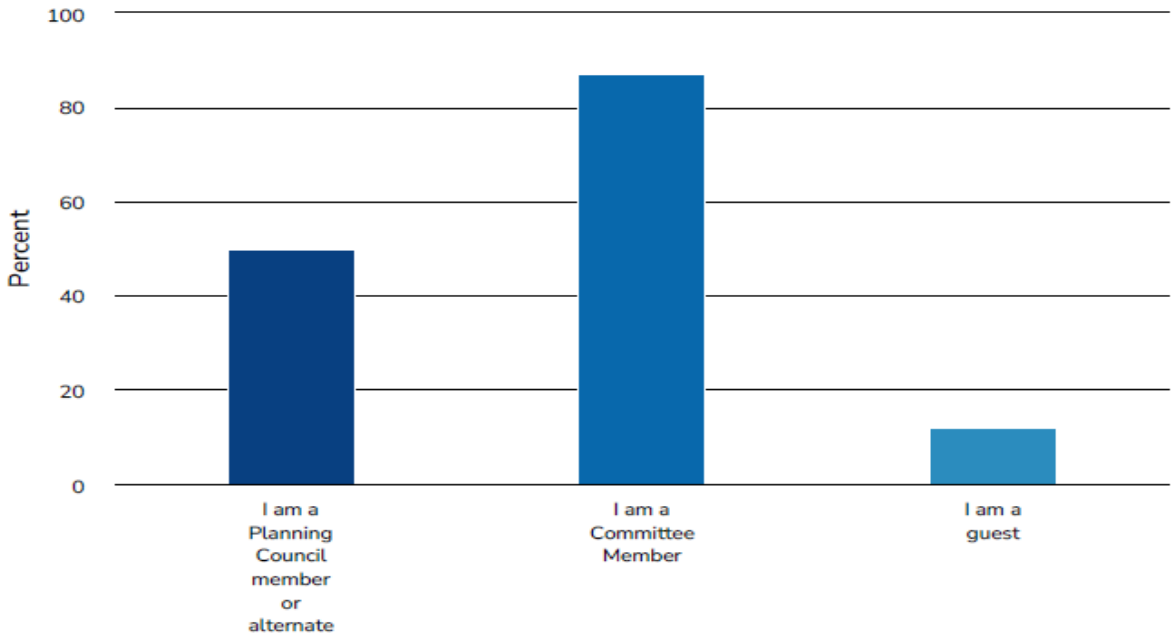
1. The Planning Council Meeting Evaluation Form will be shared with members and interested parties after the adjournment of all meetings of the Planning Council and its committees.
2. At this time completed Evaluation forms will be collected electronically on a rolling basis.
3. Council Support staff will aggregate the results of each meeting's evaluation forms and provide this data to the respective committee chairs and vice-chairs at the end of each quarter.
4. Council Support staff will provide aggregate totals of each meeting to all members at the Committee meetings at the end of each quarter.
5. "Meeting Evaluation" will be a standing item on the Committee agenda.
6. The Committees will discuss meeting evaluation findings to identify areas for improvement and suggest possible solutions to Planning Council/Committee Chairs.
7. The Committees will recommend training activities to the Membership/Council Development Committee, as necessary.

HIVPC
Broward County HIV Health Services Planning Council

Completion Rate

- 16 meeting evaluations were received
- There was a 100% completion rate observed for the evaluations that were received.

Affiliation



Value	Percent	Responses
I am a Planning Council member or alternate	50.0%	8
I am a Committee Member	87.5%	14
I am a guest	12.5%	2

Logistics

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses
The location was convenient for me. Count Row %	0 0.0%	0 0.0%	0 0.0%	1 6.3%	15 93.8%	16
The meeting time was convenient for me. Count Row %	0 0.0%	0 0.0%	0 0.0%	4 25.0%	12 75.0%	16
The meeting space was comfortable, accessible, and appropriate for my needs. Count Row %	0 0.0%	0 0.0%	0 0.0%	3 18.8%	13 81.3%	16

HIVPC
Broward County HIV Health Services Planning Council

Meeting Content

- Most respondents agreed that the purpose and objectives of meetings are clearly outlined.
- Similarly, most respondents agreed that not only are meeting material informative and useful, but materials align well with workplan goals and activities to advance the work of the planning council in a meaningful way.
- In terms of the workshop sessions being diverse and well-balanced, 93.8% agreed while 6.3% were neutral.

HIVPC
Broward County HIV Health Services Planning Council

Preparation

- Respondents agreed that pre-meeting materials were well put together and useful and delivered sufficiently in advance of the meeting date.
- Most of the respondent agreed that the committee was well prepared to facilitate meetings. This includes themselves as well as other meeting participants.

HIVPC
Broward County HIV Health Services Planning Council

Process/Team-Work

- 100% of the respondents agreed that all attendees were encouraged to participate in meeting discourse.
- 100% of the respondents agreed that all attendees were encouraged to a healthy debate and were respectful of different views which led to shared decision-making at this meeting
- 100% of the respondents also agreed that the meeting time was used effectively.

Meeting Efficiency

- 87.5% of respondents agree that meetings are being run efficiently.
  - 6.3% of respondents do not agree that the meetings are being run efficiently.
- Most respondents believe that the meetings were a good use of their time and would recommend them to prospective members, funders and other guests.

HIVPC
Broward County HIV Health Services Planning Council

Strengths

- Communication
- Presentations: Service Delivery Model, CQM Materials, and ACA
- Valuable Information

Suggestions for Improvement

- Communication
- Consumer Involvement
- Attendance
- Addressing Questions more effectively
- A follow-up meeting to review SDMs

HIVPC
Broward County HIV Health Services Planning Council

QUESTIONS?

DISCUSSION

HIVPC

Broward County HIV Health Services Planning Council

HIV HEALTH SERVICES PLANNING COUNCIL
MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV
RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

Health Insurance Premium Assistance Program

Affordable Care Act (ACA)Health Insurance
Open Enrollment
November 1st – December 15th

Step #1: Enroll in an APPROVED Health Insurance Plan (required)

For assistance with enrolling in Insurance: call 1-844-441-4422 or visit: https://enroll.brhpc.org

Step #2: Enroll in the Premium Payment Assistance Program (required)

IMPORTANT NEW RULE – PLEASE READ CAREFULLY!

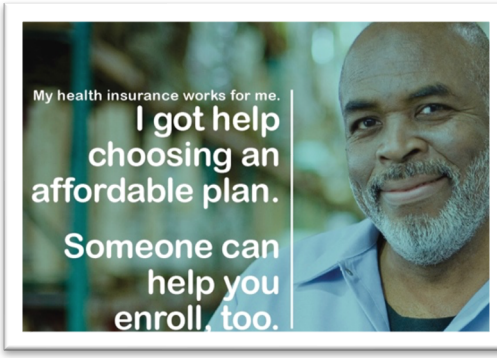
Clients ***MUST*** actively enroll in the premium assistance program **every year** at **https://enroll.brhpc.org** or by calling **1-844-441-4422.** Anyone who does not directly enroll, will be disenrolled for 2025 and NO future payments will be made.

Step #3: Use *CVS Copay Card When You Fill A Prescription (required)*

For medication copayment assistance, call your local county health department.

Step #4: *Recertify Eligibility Annually & Don't Let It Expire (required)*

If your eligibility expires, your premium payments will no longer be made by the program.
For State of Florida Drug Assistance Program eligibility assistance, call 1-844-381-2327.



For more information, contact Broward Regional Health Planning Council or our health insurance enrollment partner, American Exchange at 1-844-441-4422.

BRHPC

Programa Asistencia De Pago Para Primas De Seguro Médico

Affordable Care Act (ACA) Inscripción Abierta Para Seguro Médico

1 de Noviembre al 15 de Diciembre

Paso #1: Inscríbase en un Plan de Seguro Médico APROBADO (necesario)

Para ayuda con la inscripción de Seguro: llame al 1-844-441-4422 o visite: https://enroll.brhpc.org

Paso #2: Inscríbase En El Programa De Asistencia Para El Pago De Primas (necesario)

NUEVA REGLA IMPORTANTE: ¡LEA ATENTAMENTE!

Los clientes DEBEN inscribirse activamente en el programa de asistencia para el pago de primas todos los años en https://enroll.brhpc.org o llamando al 1-844-441-4422. Cualquier persona que no se inscriba directamente será cancelada para el año 2025 y NO se realizarán pagos futuros.

Paso #3: Use La Tarjeta De Copago De CVS Cuando Surtir Receta *(necesario)*

Para ayuda con el copago de medicamentos, llame al departamento de salud de su condado local.

Paso #4: Vuelva A Certificar Su Elegibilidad Anualmente Y No La Deje Vencer *(necesario)*

Si su elegibilidad vence, el programa ya no realizará los pagos de su prima. Para State of Florida Drug Assistance Program asistencia de elegibilidad, llamando al 1-844-381-2327.

Para más información, contacte Broward Regional Health Planning Council o nuestro socio de inscripción de seguro médico, American Exchange, al 1-844-441-4422.

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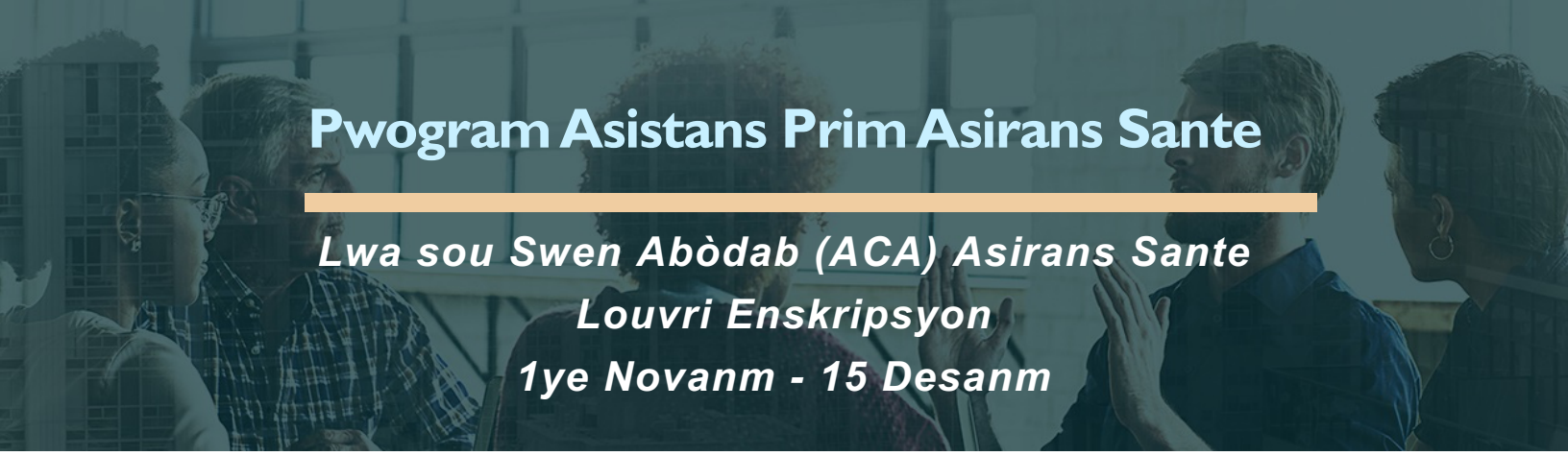

Pwogram Asistans Prim Asirans Sante

Lwa sou Swen Abòdab (ACA) Asirans Sante

Louvri Enskripsyon

1ye Novanm - 15 Desanm

Etap #1: Enskri nan yon Plan Asirans Sante APROUVE (obligatwa)

Pou asistans ak enskripsyon nan Asirans: rele 1-844-441-4422 oswa vizite: https://enroll.brhpc.org

Etap #2: Enskri nan Pwogram Asistans Peman Prim (obligatwa)

NOUVO RÈG ENPÒTAN – TANPRI LI AK ATANSYON!

Kliyan yo DWE enskri aktivman nan pwogram asistans prim lan chak ane nan https://enroll.brhpc.org oswa lè yo rele 1-844-441-4422. Nenpòt moun ki pa enskri dirèkteman, yo pral retire enskripsyon an pou 2025 epi yo PA fè okenn peman nan lavni.

Etap #3: Sèvi Ak CVS Copay Card Lè W Ranpli Yon Preskripsyon (obligatwa)

Pou asistans pou kopeman medikaman, rele depatman sante lokal ou a.

Etap #4: Re-Sètifye Elijibilite Chak Ane Epi Pa Kite L Ekspire (obligatwa)

Si kalifikasyon ou ekspire, pwogram nan p ap fè peman prim ou ankò. Pou asistans pou kalifikasyon Pwogram Asistans Medikaman Eta Florid, rele 1-844-381-2327.

Pou plis enfòmasyon, kontakte Broward Regional Health Planning Council oswa patnè enskripsyon asirans sante nou an, American Exchange nan 1-844-441-4422.

BRHPC