Broward County HIV Health Services Planning Council

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

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Quality Management Committee
Meeting Agenda
Michael Rajner, Chair
March 19, 2012 at 12:30 P.M

1. Call to Order	Michael Rajner
2. Moment of Silence	Michael Rajner
3. Welcome and Introductions	Michael Rajner
A. Review Meeting Ground Rules and Statement of Sunshine	
B. Review Public Comment (Please Sign-in at Front of Room)	
C. Committee Member Introductions	
D. Guest Introductions	
E. Excused Absences	
F. Approval of Today's Agenda	
G. Approval of 02/27/12 Meeting Minutes	
4. Public Comment	Members of the Public
5. Part A Grantee Report	Part A Grantee Staff
6. Work Plan Update (Handout A)	Committee Members
7. NQC In+Care Campaign Retention Rates (Handout B)	Committee Members
***8.* Review Client Level Outcomes/Indicators (WP 3A) (Handout C)**	
a. Outcomes and Indicators Status Update	
b. Pharmacy	
c. CIED	
9. Old Business/New Business	Committee Members
10. Resources and Announcements	Committee Members
11. Agenda Items for Next Meeting	Michael Rajner
12. Next Meeting Date: April 16th 2012 at 12:30 P.M.	Michael Rajner
13. Adjournment	Michael Rajner

IMPORTANT NOTICE

Please be aware this meeting and all information stated thereof is a matter of public record under FL's Government in the Sunshine Law (FL Statute, Chapter 119.01). Acknowledgement of HIV status is not required, and if disclosed becomes a part of the public record.

Quality Management Committee
Monday, February 27, 2012 at 12:30PM
Minutes

Attendance					
#	**Members**	**Present**	**Absent**	**Guests**	**Grantee Staff**
1	Michael Rajner, Chair	X		Bonnie Majcher	Shaundelyn Degraffenreidt
2	Claudette Grant	X		Brad Gammel	Kim Strong
3	H. Bradley Katz	X		Rita Volpitta	William Green
4	Khia Johnson	X			
5	Marcel Martin		X		**CQM Staff**
6	Mark Schweizer	X			Ariela Eshel
7	Marlinda Quintana-Jefferson	X			Gladria De Sa
Quorum = 5		**6**			Nekisha Smith

1. **Call to Order**
   The Chair called the meeting to order at 12:33 p.m.

2. **Moment of Silence**
   A moment of silence was observed.

3. **Welcome and Introductions**
   - **A.** Review Meeting Ground Rules and Statement of Sunshine
     The Chair welcomed everyone and attendees were notified of information regarding Government in the Sunshine Law and it was noted that a statement was added to the agenda on the Sunshine Law. Meeting reporting requirements, which include the recording of minutes, was also made known to attendees. In addition, they were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

   - **B.** Review Public Comment
     The Chair informed attendees of the Public Comment sign in sheet which was available for guests to fill out if they wished to comment during the meeting.

   - **C.** Committee Member Introductions
     Self-introductions of committee members were made.

   - **D.** Guest Introductions
     Self-introductions of guests were made.

   - **E.** Excused Absences
     There were no excused absence requests submitted.

   - **F.** Approval of 1/23/12 Meeting Minutes and 2/27/12 Agenda
     The 1/23/12 Meeting Minutes and 2/27/12 Agenda were approved via committee consensus.

     The Chair stated consent to approve both the Agendas and Meetings Minutes in one vote will be requested going forward in order to expedite the process.

4. **Public Comment (Up to 10 Minutes)**
   None.

5. **Part A Grantee Report**
   The Part A Grantee introduced a new staff member, Kim Strong, Healthcare Quality Assurance Support Specialist. It was reported that the Grant Award for FY 2012-2013 has not yet been received; however several other Eligible Metropolitan Areas (EMA's) have already received their grant award.

6. **Work Plan Update (Handout A)**
   The committee reviewed its work plan; no changes were made.

7. **Evaluation of Three Year QM Plan (Handout B) (WP 9D)**
   The committee reviewed its three-year (2011-2013) Work Plan focusing specifically on the status of the following: Performance measurement, capacity development, evaluation, annual QM Plan update, QI Networks activities, and services pending development of Service Delivery Models.

The plan includes the goal to conduct training throughout the three (3) years of the plan. Provide Enterprise (PE) training was recently held for those providers who signed up to participate. It was recommended that the committee consider what trainings should be provided in the upcoming year to both consumers and HIVPC members.

QI Networks are focused on creating clear and specific outcomes. Emphasis will be made on the development and implementation of the Quality Improvement Projects (QIP's) in the upcoming year.

Members expressed concern regarding the accuracy of data entered in PE and repercussions for providers who do not comply with data entry requirements. Grantee staff noted that providers are responsible for entering accurate data in PE; new initiatives that rely heavily on the data entered are helping to ensure data accuracy. A quarterly report including data updates from the QI Networks will be provided to the QM Committee.

CQM support staff summarized the January 19, 2012 Joint Executive Retreat and the February 23, 2012 HIV Planning Council Retreat *(Minutes on file).*

AETC will be conducting the Case Management Training in March and is planning to conduct Medical Case Management and Mental Health/ Substance Abuse chart reviews in FY2012-2013.

The annual Work Plan is due to be updated; however, a number of activities, including the role of the QM Committee in monitoring the Early Identification of Individuals with HIV/AIDS (EIIHA) activities, will be added once revisions are made to the Comprehensive Plan.

A Service Delivery Model will need to be developed for CIED and the Transportation service categories along with outcomes and indicators.

8. Summary of Consumer Survey (Handout C) (WP 7A and 7B)

A presentation comparing the findings from the 2010 and 2011 Consumer Surveys was provided *(Copy on File).* The QMC discussed the findings and next steps including potential changes to the Needs Assessment process that may be forthcoming as a result of the development of the 2012-2014 Comprehensive Plan.

Members requested additional research of some of the findings: 1) white women reported the highest rate of unmet need for specialty referrals however they were the most likely to use MCM services, 2) In 2011, the reported unmet need for Oral Health Care was much higher than in 2010; members surmised it may be related to the comprehensiveness of care provided at Nova which may cause a delay in getting appointments, 3) Worsened performance was noted in medical staff's notification of wait time upon check in for appointments and the ability to schedule appointments in the evenings or weekends.

9. NQC In+Care Campaign Retention Rates (Handout D)

The committee reviewed the NQC In+Care retention rates submitted on February 1, 2012. CQM Support Staff indicated that NQC will program a report that will allow a comparison between EMA's.

10. Old Business/New Business

None.

11. Resources and Announcements

None.

12. Agenda Items for Next Meeting:

- Review of Outcomes and Indicators for Medical Case Management, HICP, and CIED.

13. Next Meeting Dates: 3/19/12 at 12:30 P.M. at Ryan White Part A Program Office.

14. Adjournment

Consent Item #1	To "Adjourn at 2:18 P.M."
Action:	Passed unanimously.

NON-MEDICAL CASE MANAGEMENT

BROWARD

Medical Case Management	
Outcomes	**Indicators**
1. Improved ability to independently navigate and access needed services	1.1 100% of new clients receive information regarding available services and corresponding eligibility criteria 1.2 80% of clients achieve initial POC goals by designated target dates.
2. Increased access, retention and adherence to Outpatient/Ambulatory Medical Care	2.1 80% of clients self-report adherence with their prescribed medication regimen (data collection only). 2.2 80% of new clients have outpatient medical visit scheduled to occur within 2 weeks of intake 2.3 80% of clients remain enrolled in Outpatient/Ambulatory Medical Care at time of discharge or episodic status.

HARTFORD

Case Management (non-Medical)	
Outcomes	**Indicators**
60% of new clients will be retained in care.	The number of clients with two or more CD4 within a 12 month period.
100% of clients who are lost to care will be followed-up and 60% of these clients will be linked back to care.	The number of referrals completed and documented in the clients file.

HOUSTON

Community-based Non-medical Case Management (Service Linkage)	
Outcomes	**Indicators**
Increased or maintained utilization of primary care services	a. A minimum of 70% of clients will utilize Part A/B/C/D primary care two or more times at least three months apart after accessing community-based case management (service linkage)
	b. Percent of HIV positive clients linked to outpatient/ambulatory medical care

NY STATE DEPARTMENT OF HEALTH AIDS INSTITUTE

Community-based Non-medical Case Management (Service Linkage)	
Outcomes	**Indicators**
A comprehensive barrier assessment occurs at initial client contact (i.e., baseline) and at least every 4 months thereafter, with referrals made as necessary.	Components of the assessment include the need for the following services: • Mental health • Medication access • Social support • Substance use, including alcohol • Housing • Financial support • Literacy issues • Transportation

	Note: Performance for each of these components will be assessed separately and in combination, and will be reported separately for clients by clinical status (i.e., stable and unstable) Measure 5a: Proportion of clients who have barriers to adherence assessed within 30 days of initial contact. *(Eligibility: All clients admitted to the treatment adherence program during the review period.)* Measure 5b: Proportion of clients who have barriers to adherence reassessed at least every 4 months. *(Eligibility: All clients active in the treatment adherence program for at least 4 consecutive months during the 12-month review period)*

LAS VEGAS

Non-medical Case Management
• Percent of clients who receive case management services that access medical and/or supportive services. • Percent of total service utilization for clients in medical and/or support services in communities of color. • Percent of clients who have a case management care plan documented and updated at least every six months within the measurement period. • Percent of clients who have a client acuity documented and updated at least every six months within the measurement period. • Percent of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year and accessed case management services.

Case Management (non-Medical)				
Standard	**Performance Measure / Method**	**Grantee Responsibility**	**Provider/Subgrantee Responsibility**	**Source Citation**
Support for Case Management (Non-medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services May include: • Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible • All types of case management encounters and communications (face-to-face, telephone contact, other) • Transitional case	Documentation that: o Scope of activity includes advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services o Where benefits/ entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services o Services cover all types of	Include in RFP, contracts, and scopes of work: o Clear statement of required and optional case management services and activities, including benefits/ entitlement counseling, o Full range of allowable types of encounters and communications • Require in contract that client charts document at least the following: o Date of each encounter o Type of encounter (e.g., face-to-face, telephone contact, etc.) o Duration of encounter o Key activities • Review client files and service documentation for compliance with contract	Maintain client charts that include the required elements as detailed by the grantee, including: o Date of encounter o Type of encounter o Duration of encounter o Key activities, including benefits/ entitlement counseling and referral services • Provide assurances that any transitional case management for incarcerated persons meets contract requirements	Parham letter 8/14/09 listing Support Services HAB Policy Notice 10-02: Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services

management for incarcerated persons as they prepare to exit the correctional system *Note:* Does not involve coordination and follow up of medical treatments	encounters and communications (e.g., face-to-face, telephone contact, other) • Where transitional case management for incarcerated persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period	requirements		

MENTAL HEALTH OUTCOMES AND INDICATORS (APPROVED BY QMC)

Original Outcomes	Original Indicators	Noted Limitations	QM Recommendations	MH/SA Network Discussion	Revised Outcomes	Revised Indicators
Improvement in client's symptoms associated with primary diagnosis.	60% of clients showed improvement in related clinical scale over baseline (quarterly until discharge or at the end of one year).	Reflects only clients who have had a related clinical scale done.	Indicators should be based on every client's improvement not only those who had a clinical scale done.	Approximately 5% of clients are administered clinical scales (which were previously predetermined by the Grantee). This is the reasoning for altering the indicator. Provide Enterprise (PE) will measure indicators based on achieved goals by a designated target date. Target dates will be identified by provider and client. If goal isn't due during a quarterly reporting period, it will not be captured. Treatment plans need to be sustainable, achievable and individually customized to gauge clients' progress based on services provided. Goals should be written to reflect the same.	Improvement in client's symptoms associated with primary mental health diagnosis.	85% of clients achieve Plan of Care goals by designated target date.

Outcomes and Indicators Revision

Original Outcomes	Original Indicators	Noted Limitations	QM Recommendations	MH/SA Network Discussion	Revised Outcomes	Revised Indicators
Increased retention and adherence to Outpatient/ Ambulatory Medical Care for clients who have not been in care or have been out of care for a period of 6 months or more.	Initial: 85% of clients referred to Outpatient/Ambulatory Medical Care kept their initial appointment. Long-Term: 85% of clients remain enrolled in Outpatient/Ambulatory Medical Care at time of discharge.	Reflects initial appointments only.	Develop indicator that captures retention beyond the initial appointment. Develop outcome that more accurately reflects improvement in retention Outcome should read: 'Increase and/or maintain retention in Outpatient/ Ambulatory Medical Care'.	The Network agreed with the recommendations and definition of retention suggested by the QM Committee.	Increase and/or maintain retention in Outpatient/Ambulatory Medical Care. *Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period.*	85% of clients remain enrolled in Outpatient/Ambulatory Medical Care.

SUBSTANCE ABUSE OUTCOMES AND INDICATORS (APPROVED BY QMC)

Original Outcomes	Original Indicators	Noted Limitations	Recommendations	MH/SA Network Discussion	Revised Outcomes	Revised Indicators
Improvement in client's symptoms associated with co-occurring diagnosis.	60% of clients showed improvement in related clinical scale (if applicable) over baseline.	Reflects only clients who have had a clinical scale done.	Indicators should be based on every client's improvement not only those who had a clinical scale done. Is the reference to a co-occurring diagnosis in the outcomes and indicators appropriate?	The Network decided the Substance Abuse Outcomes and Indicators should mirror the Mental Health Outcomes and Indicators. Reasoning: treatment plans for substance abuse will be based on a substance abuse diagnosis and co-occurring mental health diagnosis for the majority of clients. Action plans will be customized to clients' needs. The Network noted that Substance Abuse outcomes should reflect Substance Abuse services only.	Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.	85% of clients achieve Plan of Care goals by designated target date.
Increased Access, Retention and Adherence to Outpatient/Ambulatory Medical Care.	<u>Initial:</u> 60% of clients referred to Outpatient/Ambulatory Medical Care that kept their initial appointment. <u>Intermediate:</u> 85% of	Reflects only clients' initial appointments Captures clients referred to Outpatient/	Develop indicator that captures retention beyond the initial appointment. Develop outcome that more accurately reflects improvement	The Network agreed with the recommendations and definition of retention suggested by the QM Committee.	Increase and/or maintain retention in Outpatient/Ambulatory Medical Care. *Retention in care reflects an OAMC visit with a provider in the*	85% of clients remain enrolled in Outpatient/ Ambulatory Medical Care.

Original Outcomes	Original Indicators	Noted Limitations	Recommendations	MH/SA Network Discussion	Revised Outcomes	Revised Indicators
	clients remain enrolled in Outpatient/ Ambulatory Medical Care at time of discharge.	Ambulatory Medical Care through the Ryan White system only	in retention Outcome should read: 'Increase and/or maintain retention in Outpatient/ Ambulatory Medical Care'.		*first 6 months and the last 6 months of a 12 month measurement period.*	
Decreased substance use.	60% of all clients will achieve at least 30 days clean/sober at time of discharge (data collection only).	Depends on accurate data entry	Network should consider harm reduction and adherence to treatment plan. Network to research mechanism in PE that reflects decrease in substance use.	The indicator does not consider lapses and relapses. Length of time in treatment is an indicator of success.	Outcome Removed	Indicator Removed

LEGAL SERVICES OUTCOMES AND INDICATORS (APPROVED BY QMC)

Original Outcomes	Indicators	Noted Limitations	Recommendations	Network Discussion	Revised Outcomes	Revised Indicators
Increased access to benefits for which the client is eligible.	70% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability. 60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of benefits or will have their case remanded for a hearing before an Administrative Law Judge.	None noted	To consider at a later date an indicator that better reflects the services provided (e.g., permanency planning)	Indicator 1.1 was increased based on Legal Services' history of surpassing the original benchmark. Indicator 1.2 remained the same with the justification that if the case is lost at the hearing level (measured in indicator 1.1), it is very unlikely it will be reversed (as measured in indicator 1.2).	No changes made	80% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability. (No changes made) 60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of benefits or will have their case remanded for a hearing before an Administrative Law Judge.

AIDS PHARMACEUTICAL ASSISTANCE OUTCOMES AND INDICATORS (NETWORK RECOMMENDATION)

Original Outcomes	Indicators	Noted Limitations	Recommendation	Network Discussion	Revised Outcomes	Revised Indicators
Clients provided an opportunity to improve medication adherence.	100% of clients accepts or rejects counseling as indicated by Patient's signature.	Data not entered in PE Signature does not indicate the content of adherence needs of the client Adherence to ARV's is not measured through Part A pharmacy services since clients generally receive ARV's from other sources.	Develop outcome that more accurately reflects improvement in adherence. Must be programmed in PE.		Improve access to medication.	80% of new prescriptions filled and available within 24 hours or refills filled and available within 48 hours. Justification: Data collection purposes only.
Improve access to medication.	80% of new prescriptions filled and available within 24 hours or refills filled and available within 48 hours.	Data not entered in PE Access to ARV's is not measured through Part A pharmacy services since clients generally receive ARV's	Develop outcome that more accurately reflects improvement in adherence and retention. Must be programmed in PE.		Clients provided an opportunity to improve medication adherence.	100% of clients who do not pick up medications within 14 days of filling the prescription will be contacted. 100% of those clients that were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence

Original Outcomes	Indicators	Noted Limitations	Recommendation	Network Discussion	Revised Outcomes	Revised Indicators
						Program) Justification: Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence.

MEDICAL CASE MANAGEMENT OUTCOMES AND INDICATORS (NETWORK RECOMMENDATION / PENDING)

Original Outcomes	Indicators	Noted Limitations	Recommendation	Network Discussion	Revised Outcomes	Revised Indicators
Improved ability to independently navigate and access needed services	Initial: 100% of new clients receive information regarding available services and corresponding eligibility criteria Intermediate: 80% of clients achieve initial POC goals by designated target date	Mainly a CIED function Measures initial POC goals only	Develop an outcome that reflects MCM impact on independently navigating needed services Achievement of POC goals should be measured continuously Continue discussion about Indicator 1.1 at 1.23.12 QMC meeting	1.1 80% of clients achieve POC goals by designated target dates	MCM ad-Hoc Revisions: ~~Improved ability to independently navigate and access needed services~~	Justification for removal: Outcome more reflective of CIED function.
Increased access, retention and adherence to Outpatient/ Ambulatory Medical Care	80% of clients self-report adherence with their prescribed medication regimen (data collection only) Initial: 80% of new clients have outpatient medical visit scheduled to occur within 2 weeks of intake Intermediate: 80% of clients remain enrolled in OAMC at time of discharge or episodic status	Self-reported information Mainly a CIED function This should measure overall retention in care	Develop indicator that does not rely on self-reported information Develop CIED indicators Develop outcome that more accurately reflects improvement in retention measuring CD4 and viral load Increase and/or maintain, retention* to OAMC	2.1 85% of clients remain enrolled in Outpatient/Ambulatory Medical Care** QMC Motion: To "set Medical Case Management Indicator 2.1 at 80%" Develop MCM ad-Hoc Network	Increased access, retention and adherence to Outpatient/ Ambulatory Medical Care	2.1 80% of clients achieve <u>POC goals related to Outpatient/ Ambulatory Medical Care</u> services by designated target dates 2.2 80% of clients remain enrolled in Outpatient/ Ambulatory Medical Care

* Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period.
** The justification for mirroring the 85% rate agreed upon by MH/SA for Indicator 2.1 is that a higher rate may be difficult to achieve since in addition to MH/SA issues, MCM clients may also experience additional complexities such as homelessness, cognitive issues, and incarceration.

OUTREACH OUTCOMES AND INDICATORS (NETWORK RECOMMENDATION / PENDING)

Original Outcomes	Indicators	Noted Limitations	Recommendation	Network Discussion	Revised Outcomes	Revised Indicators
Facilitate client access to outpatient/ambulatory medical care and/or medical case management.	1.1 80% of new clients will have an outpatient/ambulatory medical care and/or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder). 1.2 25% of lost to care clients that are contacted will have an outpatient/ambulatory medical care and/or medical case management visit to occur within 2 weeks of establishing eligibility (Ryan White, Medicaid, Medicare or other 3rd party funder).		The QM committee considered creating separate indicators for new clients and returning clients. The Committee will continue discussion about this service category during its next meeting.			

FOOD BANK OUTCOMES AND INDICATORS (PENDING)

Original Outcomes	Indicators	Noted Limitations	Recommendation	Network Discussion	Revised Outcomes	Revised Indicators
Improve and/or maintain a client's adherence to medication when food is required.	80% of clients report an improved ability to take medications when food is required.				Improve and/or maintain a client's BMI (Body Mass Index)	100% of clients will have a BMI at X interval. 100% of clients medical providers will be notified of an abnormal BMI.
Improve client's knowledge of food handling.	Initial: 100% of clients will receive food handling information as indicated by clients signature.				Increase and/or maintain retention in Outpatient/Ambulatory Medical Care.	X % of clients remain enrolled in Outpatient/Ambulatory Medical Care.

CIED OUTCOMES AND INDICATORS (PENDING)

Original Outcomes	Original Indicators	Noted Limitations	Recommendations	Network Discussion	Revised Outcomes	Revised Indicators

HICP OUTCOMES AND INDICATORS (PENDING)

Original Outcomes	Original Indicators	Noted Limitations	Recommendations	Network Discussion	Revised Outcomes	Revised Indicators

TRANSPORTATION OUTCOMES AND INDICATORS (PENDING)

Original Outcomes	Indicators	Noted Limitations	Recommendation	Network Discussion	Revised Outcomes	Revised Indicators
Provide access to primary medical care appointments via van transportation.	95% of all clients receiving medical transportation arrive on time for their medical appointment.					
Support adherence to primary medical care appointments via van transportation	100% of medical appointment 'no-shows' will be reported to their medical case manager					

In+Care Campaign Retention Measures

Gap Measure
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 6 months of the measurement year.
Medical Visit Frequency
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
Patients Newly Enrolled in Medical Care
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who were newly enrolled with a medical provider with prescribing privileges who had a medical visit in each of the 4-month periods in the measurement year.
Viral Load Suppression
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load less than 200 copies/mL at last viral load test during the measurement year.

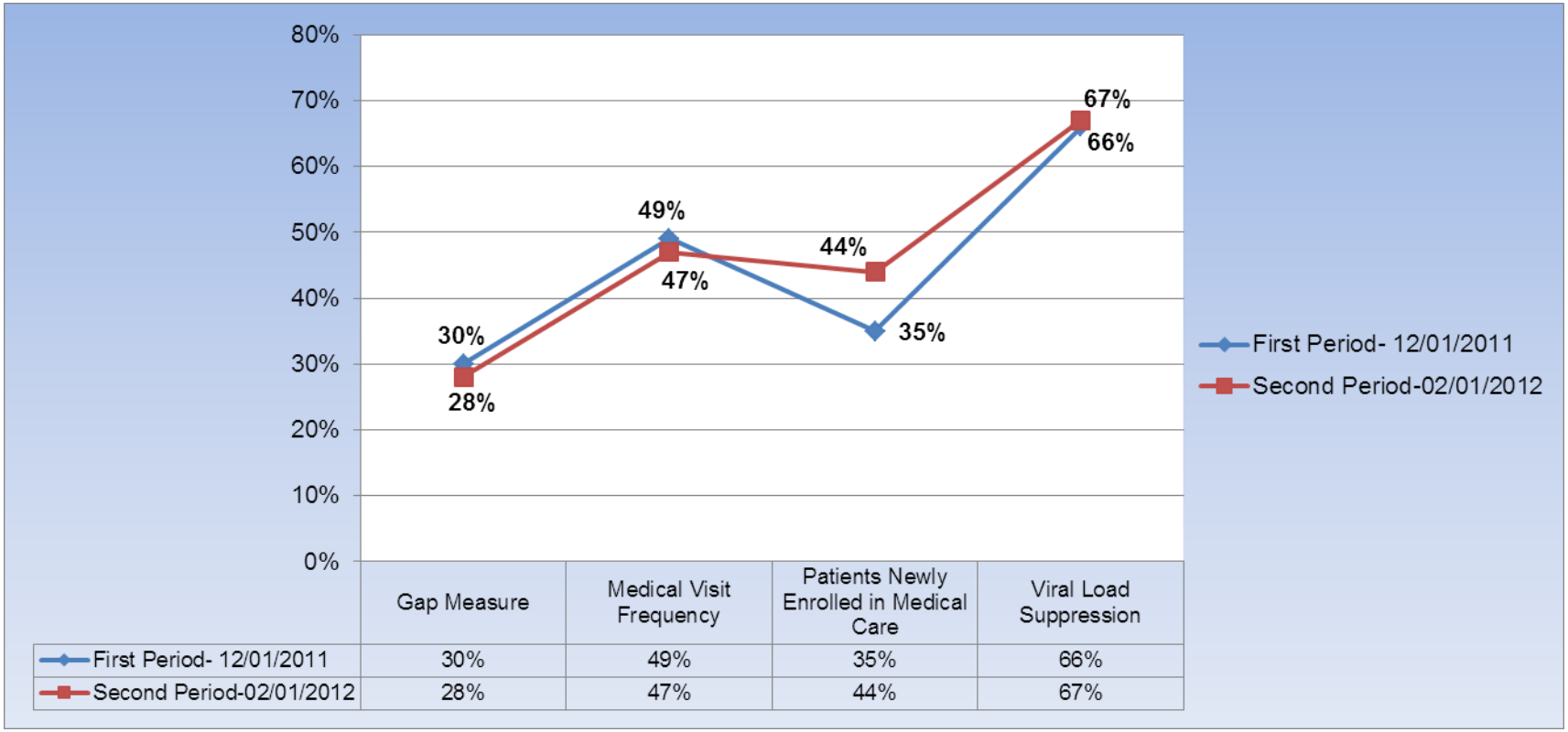
Data Submission Dates

Submission Due Date	Measurement Year*	24 Month Measurement Period**
12/01/2011	10/01/2010 - 09/30/2011	10/01/2009 - 09/30/2011
02/01/2012	12/01/2010 - 11/30/2011	12/01/2009 - 11/30/2011
04/02/2012	02/01/2011 - 01/31/2012	02/01/2010 - 01/31/2012
06/01/2012	04/01/2011 - 03/31/2012	04/01/2010 - 03/31/2012
08/01/2012	06/01/2011 - 05/31/2012	06/01/2010 - 05/31/2012
10/01/2012	08/01/2011 - 07/31/2012	08/01/2010 - 07/31/2012
12/03/2012	10/01/2011 - 09/30/2012	10/01/2010 - 09/30/2012

*applies to the following measures: Gap Measure, Patients Newly Enrolled in Medical Care, and Viral Load Suppression

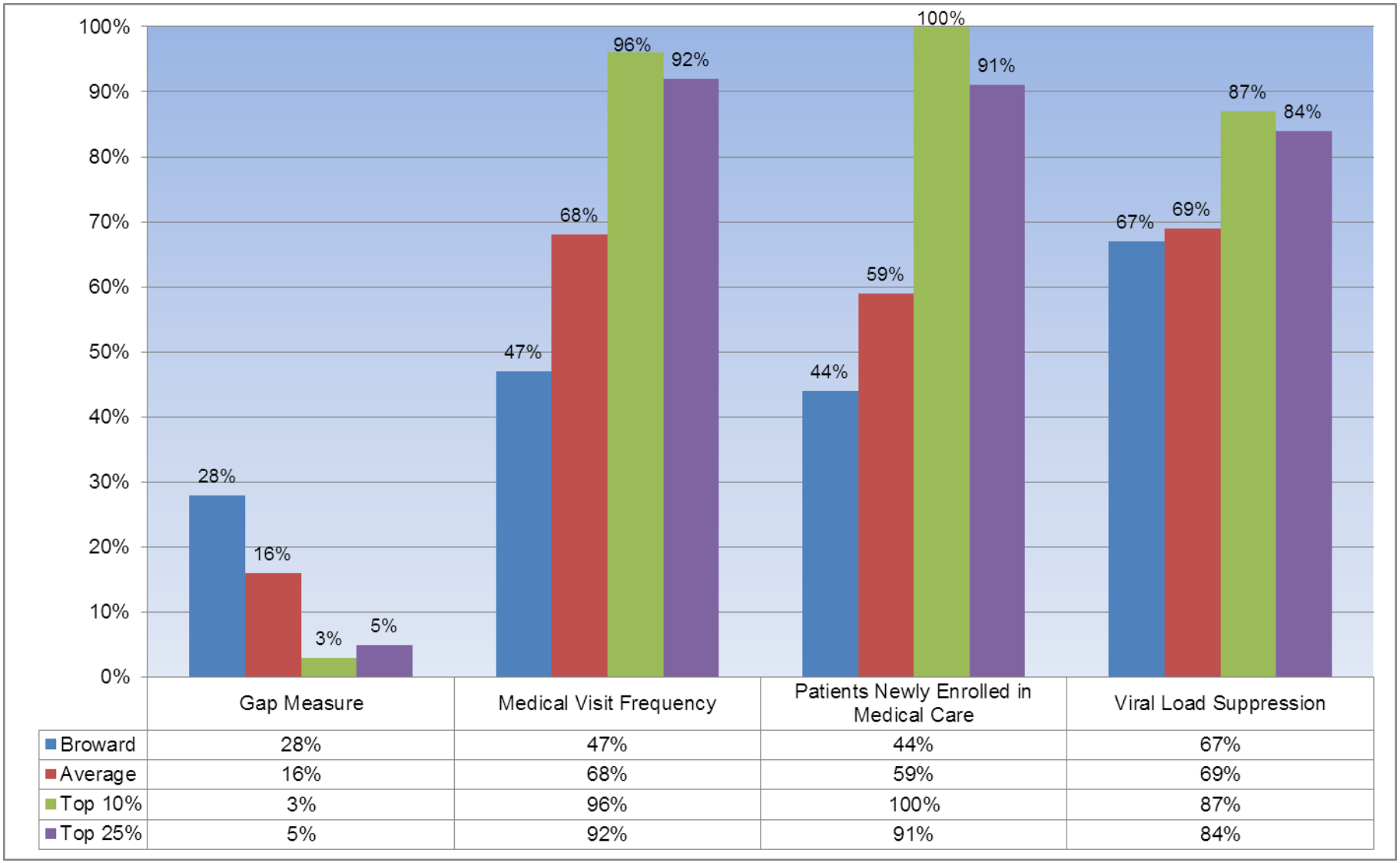
** applies to the Medical Visit Frequency measure

Broward County Rates



	Gap Measure	Medical Visit Frequency	Patients Newly Enrolled in Medical Care	Viral Load Suppression
First Period- 12/01/2011	30%	49%	35%	66%
Second Period-02/01/2012	28%	47%	44%	67%

Broward County Rates Compared to National



	Gap Measure	Medical Visit Frequency	Patients Newly Enrolled in Medical Care	Viral Load Suppression
Broward	28%	47%	44%	67%
Average	16%	68%	59%	69%
Top 10%	3%	96%	100%	87%
Top 25%	5%	92%	91%	84%

1. Develop 3-Year QM Plan						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and make recommendations for changes to 3 Year QM Plan	Grantee Staff, CQM Support Staff & QMC	Complete Review of 3 Year QM Plan	02/2011	03/2011	**COMPLETED**
B.	Update 3 Year QM Plan & Annual QM Work Plan	Grantee Staff , CQM Support Staff & QMC	Update 3 Year QM Plan	02/2011	03/2011	**COMPLETED**
C.	Approve updated 3 Year QM Plan	QMC	Approve 3 Year QM Plan	02/2011	03/2011	**COMPLETED:** 3/21/11 – QMC Approved 3/24/11 – HIVPC Approved
2. Review & Analyze Annual Measures and Chart Review Data						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Select annual measures and data for tracking and evaluation	CQM Support Staff & QMC	Measures to develop Quality Improvement Projects (QIP)	03/2011	03/2011	**COMPLETED:** HAB Core Clinical Performance Measures
B.	Review and analyze annual measures and data	QMC, CQM Support Staff, Grantee Staff, QI Networks	Data analysis to determine QIP	04/2011	05/2011	**COMPLETED:** 2/28/11 - Reviewed medical chart review results. 3/21/11 - Reviewed HAB Core Clinical Performance Measures.
C.	Review and analyze core category assessment chart review results	QMC, CQM Support Staff, Grantee Staff, QI Network	Data analysis to determine QIP	11/2011	March 2012	Core Category is Oral Health
D.	Identify service delivery deficiency and assess whether QIPs are necessary based on the measures evaluated and assessment results	QMC, QI Networks, Grantee Staff, CQM Support Staff	QIP recommendation	09/2011	Ongoing	Two QIP's are in the Plan stage: - OAMC: Improvement in Cervical Screening Rates - MH/SA: Improvement in Retention Rates
E.	Develop a plan to improve system-wide service delivery deficiency (PLAN)	QMC, Grantee Staff, CQM Support Staff	Task List to complete plan	TBD	Ongoing	- OAMC: Review of Client Level Cervical Screening Data - MH/SA: Review of reasons for discharge

						from MH/SA
			Predict desired plan results	TBD	Ongoing	
2. Review & Analyze Annual Measures and Chart Review Data (Continued)						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
F.	Implement system-wide QIP (DO)	QI Network Members	QIP Results	TBD	Ongoing	
G.	Evaluate QIP results (STUDY)	QMC, QI Networks, Grantee Staff, CQM Support Staff	Analysis of QIP results to prediction	TBD	Ongoing	
H.	Repeat another PDSA Cycle if QIP results do not meet prediction (ACT)	QMC, Grantee Staff, CQM Support Staff	See Work Plan Objectives B, C and D above.	TBD	Ongoing	
I.	Implement system-wide service delivery change if QIP results meet predication	QMC, QI Networks, Grantee Staff, CQM Support Staff	Updated Service Delivery Model	TBD	Ongoing	
3. Review & Assess Client-Level Data						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Review HAB Performance Measures and Outcomes/Indicators	QMC, CQM Support Staff, Grantee Staff	Identify possible QIPs	9/2011	Pending completion of client level outcomes and indicators review	**HAB Performance Measures:** Reviewed Core Clinical 2/28/11 **Outcomes/Indicators: In progress**
B.	Analyze HAB and Outcome/Indicator Findings	QMC, CQM Support Staff, Grantee Staff	Identify possible QIPs	Quarterly	Quarterly	**HAB Performance Measures:** Analyzed Core Clinical 2/28/11
C.	Develop mechanism to share data, findings and methodologies with Part B, C, D, and HOPWA Grantees	QMC, CQM Support Staff, Grantee Staff	Data shared among EMA Grantees	09/2011	Ongoing	**Recommended Data:** • Client medication info • Part D wraparound info • AICP Data • Housing Info • Client contact info

						• Data presented at SFAN
D.	Review and modify Outcomes/Indicators as submitted by QI Networks	QMC, QI Network, CQM Support Staff	Updated Outcomes & Indicators	07/2011	Ongoing	**Medical QI:** 3/21/11 – Approved update to outcome indicator 1.1. 3/2010 – Revised MCM Standard 13 to reflect HHS guidelines
4. Provide Quality Assurance and Quality Improvement Training to All Stakeholders						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Identify and recommend trainings	QMC, CQM Support Staff, Grantee Staff	A list of prioritized trainings	Ongoing	Ongoing	Recommended PE training after reviewing medical chart review results.
B.	Conduct QI/QA Principles trainings	Grantee Staff, CQM Support Staff	QMC & consumers will refresh and obtain new QA/QI knowledge	TBD	Ongoing	Survey other HIVPC Committees to determine topic of training and interested audience.
5. Review and Implement QM Committee Policies and Procedures						
	Objectives	**Accountability**	**Outcome**	**Start Date**	**Due Date**	**Status**
A.	Review QMC purpose and mission statement	QMC	Updated QMC purpose and mission statement	05/2011	06/2011	**COMPLETED** 6/20/11 – Committee reviewed; there were no changes.
B.	Review and update policies and procedures to conform to updated QMC purpose and mission statement	QMC, CQM Support Staff	Updated QMC policies and procedures	05/2011	06/2011	**COMPLETED** 6/20/11 – Revisions made to reflect revised annual plan and committee no longer has a grantee co-chair.
C.	Approve QMC policies and procedures	QMC	Improved administration of QM Program policies and procedures	05/2011	06/2011	**COMPLETED** 6/20/11 – Approved the revised policies and procedure and forwarded to HIVPC for approval.

6. Approve Service Delivery Model Modifications						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and approve modified service delivery models as submitted by QI Networks (See CQM Monthly Update for more details)	QMC, QI Networks, Grantee Staff, CQM Support Staff, HIVPC	Updated Service Delivery Model	As Needed	As Needed	3/21/11 – Approved Outreach SDM 4/16/11 – Approved MCM SDM **COMPLETED** – Outpatient Ambulatory Medical Care SDM Approved by HIVPC on 10.27.11
7. Evaluate Client Survey from Needs Assessment						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Evaluate and assess 2011 survey results	QMC, QI Networks, CQM Support Staff, Grantee staff	Data analysis to determine QIP	10/2011	2/2012	**COMPLETED** - 2010-2011 survey results compared.
B.	Identify service delivery deficiency and assess whether QIPs are necessary	QMC, QI Networks, CQM Support Staff, Grantee Staff	Identify possible QIPs	10/2011	Ongoing	
8. Apply QM methods to identify areas of improvement and modify processes to support EIIHA Strategy						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and assess whether QIPs are necessary for rapid Linkage To Care (LTC) activities undertaken by Part A-funded outreach in collaboration with public health and health care provider HIV testing sites	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction
B.	Review and assess whether QIPs are necessary for the time from initial HIV+ test to the first OAMC visit with a physician	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction
C.	Review and assess whether QIPs are necessary for engagement and retention in OAMC in the first year following initial HIV testing	QMC, QI Networks, CQM Support Staff, Grantee Staff	QIP recommendation	TBD	TBD	Pending Further Instruction
D.	Review and assess whether QIPs are necessary for linkage and retention	QMC, QI Networks, CQM	QIP recommendation	TBD	TBD	Pending Further Instruction

	methods tailored to the unique needs of racial, ethnic, and sexual minority men and racial and ethnic minority women	Support Staff, Grantee Staff				
E.	Inform Outreach QI Network of QIP recommendations	QMC, QI Networks, CQM Support Staff, Grantee Staff	Improved service delivery	TBD	TBD	Pending Further Instruction

9. Conduct Annual QM Plan Evaluation						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Describe QM Committee Annual Accomplishments (HRSA Conditions of Award)	QMC	Submit to Grantee for inclusion in RW Progress Report HRSA COA	08/2011 (HRSA)	11/2011 (HRSA)	*Dates contingent upon release of grant guidance from HRSA Will be discussed on 11/11
B.	Define QM Committee challenges (HRSA Conditions of Award)	QMC	Submit to Grantee for inclusion in RW Progress Report HRSA COA	08/2011 (HRSA)	11/2011 (HRSA)	*Dates contingent upon release of grant guidance from HRSA Will be discussed on 11/11
C.	Review Grantee Annual Contract/Program Evaluation Findings	Grantee	Develop potential QIP	TBD	02/2012	**COMPLETED**
D.	Review 3-Year QM Plan progress	QMC	Update 'rolling' 3-Year QM Plan	12/2011	02/2012	**COMPLETED**

10. Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application						
	Objectives	**Accountability**	**Outcomes**	**Start Date**	**Due Date**	**Status**
A.	Review and compare Annual Work Plan to criterion for QM section of Ryan White Grant Application.	QMC, CQM Support Staff, Grantee Staff	Integration of QM Committee input into QM Section of grant application	09/2011	11/2011	
B.	Provide data and information to the Joint Priorities Committee to assist in the PSRA process.	QMC, CQM Support Staff, Grantee Staff	Data summary report	12/2011	02/2012	