Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

COMMITTEE: Quality Management Committee
MEETING AGENDA
Date/Time: Monday, May 20, 2013 at 12:30 p.m.
Location: Governmental Center Annex, A335
Claudette Grant, **Chair**

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*

2. **APPROVALS:** 5/20/13 Agendas and 04/15/13 Meeting Minutes

3. **STANDARD COMMITTEE ITEMS**
   a. New Business
   b. Request for Information/Directives
   c. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
   d. Next Meeting Date: July 15, 2013

4. **UNFINISHED BUSINESS**

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Action Items*
Review 3-Year QM Work Plan *(W.P. item 2.3)*	**ACTION ITEM:** Update on revisions to 3-year work plan.
Review Policies and Procedures *(W.P. item 2.2)*	**ACTION ITEM:** Update on revisions to Policies and Procedures.
Review Findings from Client Needs Assessment and JPC Identified Barriers *(W.P. 3.2)*	**ACTION ITEM**: Review findings from Needs Assessment Survey, identify areas for improvement and develop QIP.
Quarterly Data Review *(W.P. 1.1)*	**ACTION ITEM**: Review data and identify areas for improvement in retention.

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party for Completing Task*	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Quarterly Network Update *(W.P. 3.1)*	QMC, Staff, Grantee	
Item #2 Identify Service Category for Annual Review *(W.P. 4.1e)*	QMC, Staff, Grantee	
Item #3Review Performance Measures and Other Data Sources to Assess Linkage to Care *(W.P. 5.1)*	QMC, Staff, Grantee	
Item #4 Quarterly Data Review *(W.P. 1.1)*	QMC, Staff, Grantee	

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

Quality Management Committee
Monday, April 15, 2013 at 12:30 P.M.
Minutes

Attendance					
#	**Members**	**Present**	**Absent**	**Guests**	**Grantee Staff**
1	Grant, C., Chair	X			Degraffenreidt, S.
2	Ettinger, R.	X			Strong, K.
3	Katz, H.B.	X			
4	Majcher, B.	X			
5	Martin, M.	X			**CQM Support Staff**
6	Mitchell, T.	X			Eshel, A.
7	Quintana-Jefferson, M.		X		Solomon, R.
8	Schweizer, M.		X		
Quorum = 5		**6**	**2**		

1. **Call to Order**
   The Chair called the meeting to order at 12:36PM.

2. **Welcome and Introductions**
   The Chair welcomed everyone and attendees were notified of information regarding Government in the Sunshine Law. 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, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

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

4. **Ground Rules and Approvals**
   A. Review Meeting Ground Rules and Statement of Sunshine
      The Chair reviewed Meeting Ground Rules and Statement of Sunshine.

   B. Review Public Comment Requirements (Please Sign-in)
      There was no Public Comment.

   C. Excused Absences
      There were no excused absences.

   D. Approval of 1/7/13, 3/18/13 and 4/15/13 Agendas

Motion # 1	To approve the 1/7/13, 3/18/13 and 4/15/13 Agendas
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

   E. Approval of 10/15/12,1/7/13 and 3/18/13 Meeting Minutes

Motion # 2	To approve the 10/15/12, 1/7/13 and 3/18/13 Meeting Minutes
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

5. Update on Outcomes and Indicators Revisions

The Committee reviewed the revised Oral Health Care outcomes and indicators. The Committee was informed that providers may use a different technique to measure bleeding sites but the measurement will be the same (80% of clients will have a 50% reduction in the number of bleeding sites at the completion of the Phase 1 [disease control] Plan).

Motion # 3	To approve the revised Oral Health Care outcomes and indicators
Proposed by:	Martin, M.
Seconded by:	Mitchell, T.
Action:	Passed, 1 abstention

6. Review Service Delivery Models (SDMs)

The Committee reviewed and discussed recommended changes to the Quality Improvement (QI) Network SDMs.

The Committee reviewed and approved all recommended changes to the Medical Case Management QI Network SDM with one amendment: Reassessment (page 12). The medical case manager shall conduct: a) continuous client monitoring to assess the efficacy of the Action Plan and b) Periodic re-evaluation and ~~adaption~~ modification of the plan as necessary at least every 6 months, ~~as necessary.~~

Motion # 4	To approve the Medical Case Management Service Delivery Model as amended
Proposed by:	Katz, H.B.
Seconded by:	Majcher, B.
Action:	Passed Unanimously

The Committee reviewed and approved all recommended changes to the Ambulatory/Outpatient Medical Care SDM with three amendments. The Committee changed the language on indicator 18.2: 90% ~~of charts~~ of female clients for which a Pap test and pelvic exam were appropriate have a Pap successfully completed. The Committee recommended that Staff review the AIDS Education and Training Center (AETC) recommendations for indicator 5.1: 100% of naïve clients have documentation of genotype resistance tests at entry into care ~~new to care with HIV viral load ≥ 1000 have documentation of genotype resistance tests at entering into care~~. The Committee also asked that Staff review the in meeting notes for the Medical QI Network SDM review to clarify the addition and note the percentage for Toxoplasma gondii CD4 < 100 if patient is toxoplasma positive (Standard 24).

To clarify the Committee's questions during the meeting Staff reviewed the AETC and Medical QI Network recommendations:

Indicator 5.1 – the AETC recommendation to remove the viral load parameter for genotype testing was not accompanied by further clarification however it was approved by the Network.

Standard 24 – AETC recommended adding the Toxo screening but did not recommend a specific percentage as an indicator. The recommended language reads: Clients with Toxoplasma gondii CD4<100 and Toxo Ab positive are prescribed prophylaxis. Since the percentage for the PCP indicator is 95%, it may be applicable to the Toxo screening indicator as well.

The Medical Network recommended keeping the CMV indicator as is: CMV screening for patients with CD4 T-cell count <50mm.

Motion # 5	To approve the Ambulatory/Outpatient Medical Care Service Delivery Model as amended
Proposed by:	Majcher, B.
Seconded by:	Katz, H.B.
Action:	Passed Unanimously

The Committee reviewed and approved all recommended changes to the Outreach Services SDM with one amendment (Indicator 7.1). 100% of charts of clients linked to medical case management and/or outpatient/ambulatory medical care show follow-up of referral given within 3 months ~~of referral.~~

Motion # 6	To approve the Outreach Service Delivery Model as amended
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

The Committee reviewed and approved all recommended changes to the AIDS Pharmaceutical Assistance (Local) SDM.

Motion # 7	To approve the AIDS Pharmaceutical Assistance (Local) Service Delivery Model
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

The Committee reviewed and approved all recommended changes to the Mental Health Services SDM with one amendment. The Committee recommended that the language referring to *Medicaid Reimbursement* be removed as it is understood that Ryan White reimbursement rates match those of Medicaid (page 11).

Motion # 8	To approve the Mental Health Services Service Delivery Model as amended
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

The Committee reviewed and approved all recommended changes to the Substance Abuse Outpatient Care Services SDM with one amendment. The Committee recommended that the language referring to *Medicaid Reimbursement* be removed as it is understood that Ryan White reimbursement rates match those of Medicaid (page 11).

Motion # 9	To approve the Substance Abuse Outpatient Care Services Service Delivery Model as amended
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

7. Annual Quality Management (QM) Committee Work Plan

The Committee reviewed the QM FY 13-14 work plan and dashboard. There was a discussion on the change in start and due dates on the work plan. Staff explained the change is reflective of

monthly and quarterly reviews. The Committee was reminded that the work plan is a living document and is subject to change.

Motion # 10	To approve the Annual QM Work Plan
Proposed by:	Katz, H.B.
Seconded by:	Ettinger, R.
Action:	Passed Unanimously

8. Review 3-Year QM Work Plan
The Committee was informed that the 3-year QM work plan is under review. The Committee tabled review of the 3-year work plan until the May meeting.

9. Review Policies and Procedures
The Committee was informed that the QM Policies and Procedures are under review. The Committee tabled review of the Policies and Procedures until the May meeting.

10. Unfinished Business
There was no unfinished business.

11. New Business
There was no new business.

12. Grantee Reports
A. Part A Grantee Report
There was no Grantee report. The Grantee thanked the Committee for their service.

13. Resources and Announcements
There were no resources or announcements.

14. Public Comment
There was no public comment.

15. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

16. Request for Information/Directives
There were no requests for information or directives.

17. Agenda Items for Next Meeting
- **A.** Standing Agenda Items
- **B.** Review Policies and Procedures (W.P. item 2.1)
- **C.** Review 3-Year QM Work Plan (W.P. item 2.2)
- **D.** Findings from Client Needs Assessment Survey (W.P. 4.1)
- **E.** Quarterly Data Review (W.P. item 1.1)

18. Next Meeting Date: Monday, May 20, 2013

19. Adjournment
The meeting was adjourned at 2:36PM.

2012 Client Survey
Summary of Findings

Priority Ranking (All Respondents)

Core Services (n=658)	Rank
Medical Care	1
Pharmacy	2
Oral Health Care	3
Medical Case Management	4
Mental Health Services	5
Substance Abuse Treatment	6

Support Services (n=666)	Rank
CIED	1
Food Bank	2
Outreach	3
Legal Services	4

Demographics (n=1,038)

Gender	#	%
Male	719	69%
Female	304	29%
Transgender (Male to Female)	15	1.5%
Race		
White/Caucasian	443	44%
Black/African Descent	507	50%
American Indian/Alaska Native	6	0.6%
Asian	5	0.5%
More than one race	43	4%
Ethnicity		
Non-Hispanic	660	76%
Hispanic	173	20%

Age

Age Groups of Respondents (n=1,065)		
Age	#	%
13-19	5	0.5%
20-24	34	3%
25-29	63	6%
30-39	166	15%
40-49	355	33%
50-59	357	33%
60+	85	8%

Year and Place First Tested HIV+

Year First Tested HIV+		
(n=974)	#	%
1977-1988	83	9%
1989-1999	362	37%
2000-2010	436	45%
2011-2021	92	10%

Place of First HIV+ Test		
(n=1,009)	#	%
Broward County	628	62%
Somewhere else in Florida	131	13%
In another state, the District of Columbia, or Puerto Rico	213	21%
In another country (not in the USA)	37	4%

Situation When First Tested HIV+

Situation When First Tested HIV + (More Than One Situation May be Reported)	Gender		
	Male (n=719)	Female (n=304)	Transgender (n=15)
During pregnancy	0%	17.8%	0%
Living in a homeless shelter	2%	3%	13%
Getting medical care at an emergency room	7%	7%	7%
You injected drugs	0.8%	0.3%	0%
In jail or prison	4%	5%	7%
Testing site/doctor's office	40%	23%	27%
Admitted to a hospital	12%	13%	0%
Getting treated for substance abuse or addiction	3%	4%	7%
Getting treated for other STD (gonorrhea or syphilis)	6%	3%	13%
Don't know or don't remember	9%	10%	7%
Other	20%	22%	13%

Experiences in the Last Six Months

Experiences Within The Last Six (6) Months			
Received an HIV Test		#	%
(n=992)	Yes	390	39%
	No	524	53%
Received Info About Attaining HIV Medical Care		#	%
(n=347)	Yes	306	88%
	No	12	4%
Length of Time to See a Doctor		#	%
(n=338)	0-2 weeks	196	58%
	2-4 weeks	65	19%
	4-12 weeks	38	11%
	12 weeks +	18	5%

Special Populations – WMSM, BMSM, HMSM

Characteristics & Service Utilization Rates of WMSM, BMSM,HMSM			
	WMSM (n=258)	BMSM (n=72)	HMSM (n=83)
Avg. Age of Respondents	**42**	**35**	**38**
Avg. Year First Tested HIV+	**1994**	**1996**	**1996**
First tested HIV+ in Broward County	**45%**	**57%**	**44%**
First tested HIV+ in another Florida County	14%	10%	13%
First tested HIV+ in another State/ U.S. territory	35%	31%	27%
First tested HIV+ in another Country	6%	1.4%	16%
Have a Usual Source of HIV Medical Care	**96%**	**87%**	**95%**
Avg. Medical Visits Within Last Six Months	**1.7**	**1.6**	**1.9**
Currently Using ARVs	**82%**	**57%**	**70%**
Never Taken ARVs	**9%**	**18%**	**18%**
Always Taking ARVs as Prescribed	92%	95%	94%
Received a CD4 count, viral load test, or a prescription for ARVs in the past 12 months	**88%**	**77%**	**85%**
Out of Care for at least 12 months within last 5 years	**15%**	**27%**	**12%**
Experienced Homelessness	**17%**	**29%**	**18%**
Currently In Stable Housing	87%	91%	85%
Medical Care Improved Due to Stable Housing	65%	75%	70%

Experienced Homelessness- Demographics (n=285)

	Experienced Homelessness
Average Age (In Years)	40
First Tested Positive in Broward County	60%
Average Year First Tested HIV Positive	1995
Gender	
Male	66%
Female	33%
Transgender	1.8%
Sexual Experience Six Month Prior to Survey	
Always With Men	46%
Always With Women	21%
Did Not Have Sex	29%
Race	
White	33%
Black	61%
Ethnicity	
Non-Hispanic	83%
Hispanic	15%

Experienced Homelessness- Service Utilization

	Experienced Homelessness
Have a Usual Source of Medical Care	95%
Average Number of Medical Care Visits (Last 6 months)	2.4
Received CD4 Count, Viral Loads, Prescription for ARVs	86%
Not in Care For At Least 12 Months	21%
ARVs Usage	
Currently	74%
If Currently, always as prescribed	84%
Method of Payment For Medical and Medical Care	
Ryan White	61%
Medicaid	35%
Medicare	21%
ADAP	35%

Barriers to Medical Care

Perceived Barriers	Experienced Homelessness
Paid Medication & Medical Care Before Rent	19%
Paid Medication & Medical Care Before Utilities	21%
Paid Medication & Medical Care Before Mortgage	11%
Paid Rent Before Medication & Medical Care	28%
Paid Utilities Before Medication & Medical Care	27%
Paid Mortgage Before Medication & Medical Care	12%
Currently in Stable Housing	69%
Stable Housing Improved Medical Care	73%
Difficulty Getting Transportation	44%
Difficulty Getting Day Care Services	8%
Difficulty Getting Appropriate Food	39%
Paid for Transportation Before Rent/Utilities/Mortgage	30%
Paid for Day Care Before Rent/Utilities/Mortgage	5%
Paid for Food Before Rent/Utilities/Mortgage	45%

Priority Ranking – Lost to Care

Core Services (n=78)	Rank
Medical Care	1
Pharmacy	2
Oral Health Care	3
Medical Case Management	4
Mental Health Services	5
Substance Abuse Treatment	6

Support Services (n=79)	Rank
CIED	1
Outreach	2
Food Bank	3
Legal Services	4

Key Findings - Lost To Care

Reported a period of at least 12 months over the past 5 years when they were not receiving HIV primary care

Q	Findings	n
3	Respondents' average age was 40	132
5,6	Majority of respondents (68%) were male and identify as Black/African Descent (55%)	128
9	Most (60%) reported Ryan White as their way for paying for care and medications	133
10a 10c	Among those who stated they got an HIV test in the last 6 months (n=127), 43% were able to see a doctor within 0-2 weeks and 25% within 2-4 weeks	44
10d	Respondents reported the following reasons for taking longer than 12 weeks to see a doctor about their HIV infection: Fear, thinking it was not necessary, not wanting others to know of their HIV status, and lack of knowledge of where to find a doctor	4
13 --	About 36% reported first testing positive at a testing site/doctor's office; 45% and 44% reported being tested between '89-'99 and '00-'10 respectively (n=125)	131
14	Majority (58%) reported their sexual experience in the last 6 months as always having sex with men	130
18 18a	Majority (95%) reported having a place to go for medical care; for those who reported not having a place to go (n=6), most (50%) reported the reason was cost of care	131
19	About 29% reported visiting a medical provider 1-2 times in the past 6 months, 25% reported 2-4 visits, and 21% reported more than 6 visits	126

Key Findings - Lost To Care, Cont.

Reported a period of at least 12 months over the past 5 years when they were not receiving HIV primary care

Q	Findings	n
25a 25b	Of those currently taking ARVs, 94% reported ALWAYS taking ARVs as prescribed. Of those who reported missing doses (n=7), 43% reported that drugs made them feel bad and 43% forgetting to take them.	77
26c	Main reasons for never taking, or stopping ARVs were: doctor said they were not needed (21%), inability to pay for medications (14%), and taking a drug holiday (14%)	14
34	36% of respondents reported experiencing homelessness	122
35a	34% did not receive medical care during episodes of homelessness; those who did, continued seeing their previous physician (29%), utilized public transportation (21%), and accessed free/low cost clinics (18%)	38
36 37	76% stated they were stably housed currently and 64% reported their medical care improved as a result of being stably housed (n=104)	124
39 40	37% reported difficulty getting transportation to medical care and 23% reported paying for transportation before paying for rent/mortgage/utilities (n=122)	126
43	Many respondents (32%) reported difficulty getting food as required for medications	122
44	Many respondents (37%) reported paying for food before paying rent/mortgage/utilities	122

Key Findings - Lost To Care, Cont.

Reported a period of at least 12 months over the past 5 years when they were not receiving HIV primary care

Q	Findings	n
20	All respondents reported having at least a CD4 count, VL test, or prescription for ARVs in the past 12 months	138
20b	Of those reporting not being in care for at least 12 months within the last 5 years, main reasons reported were dropping out of care (45%) and not entering care after HIV diagnosis (19%)	114
20c	Reasons for not receiving medical care included not being able to afford the care (34%), not knowing where to go (14%), fear of being identified as HIV+ (12%), not being ready to deal with HIV status (10%), and hearing bad things about medication side effects (10%)	101
20e	The services identified as needed, other than medical and medications, while out of care were Dental Care (68%), Case Management (44%), Housing (41%), and Mental Health Services (34%)	85
20f	The reasons reported for getting back into care included: Getting sick and knowing care was needed (31%), being ready to deal with the illness (25%), finding a doctor/facility the respondents liked (21%), and getting the information needed to get into care (20%)	98
--	Respondents identified the following as the most important reasons why PLWHA in this community do not get HIV medical care: Lack of knowledge, transportation, and support (34%), and inability to afford services (18%)	87
23 24	About 28% reported a CD4 count between 200-350; 17% reported 350-500; 26% reported over 500; and approximately 16% did not know their CD4 count. Most (51%) reported being undetectable (n=126)	127

Priority Ranking – Newly Diagnosed

Core Services (N=19)	Rank
Medical Care	1
Pharmacy	2
Oral Health Care	3
Medical Case Management	4
Mental Health Services	5
Substance Abuse Treatment	6

Support Services (N=18)	Rank
CIED	1
Food Bank	2
Outreach	3
Legal Services	4

Key Findings – Newly Diagnosed

Received an HIV test within the last 6 months and 2012 reported as year of diagnosis

Q	Findings	n
3	Respondents were mostly between ages 25-29 (29%) followed by 40-49 (19%)	31
5	Majority of respondents were male (73%) with one person identifying as transgender	30
6	Majority identified as Black/African Descent (52%)	31
9	44% reported RW as payer source for care and medications followed by self-pay 30%	27
9b 9c	93% reported receiving information about where to go for medical care 66% reported seeing a doctor within 0-2 weeks (n=29)	28
13	65% tested positive for HIV at a testing site/doctor's office and 26% reported being tested at an emergency room or after being admitted to the hospital	31
14	76% described reported sexual experience in last 6 months as always having sex with men	29
17	Majority (53%) reported hearing about where to go for HIV services from testing sites	30

Key Findings – Newly Diagnosed, Cont.

Received an HIV test within the last 6 months and 2012 reported as year of diagnosis

Q	Findings	n
18 18a	71% reported having a usual place to go for medical care; of those who did not (n=5), the reasons indicated were inability to pay (60%) and not knowing where to find care (40%)	28
19	About 35% reported visiting a medical provider, including the ER, 1-2 times over the last 6 months, while 21% reported 4-6 visits and 17% reported no visits	29
20 20a	55% reported having a CD4 count, VL test, or ARV prescription in past 12 months	29
--	Respondents identified lack of knowledge, cost of services, unemployment, poor living conditions, fear, and stigma as the main reasons why PLWHA in the community do not get care	21
23 24 2a 24c	38% reported CD4 >350 and VL between 50-55,000; 26% reported taking ARVs as prescribed Of those who never took, or stopped taking, ARVs, (n=10), 50% reported their doctor said they didn't need them/did not prescribe and 10% reported not being able to afford them	26
27 28 31	Some reported paying for medications/medical care instead of rent (15%) or utilities (22%) while 14% reported paying for rent (n=28) and utilities (22%) instead of medications/medical care	27
34	13% reported experiencing homelessness with 50% (n=4) reporting no medical care while homeless	30

Key Findings – Newly Diagnosed, Cont.

Received an HIV test within the last 6 months and 2012 reported as year of diagnosis

Q	Findings	n
36 37	Majority (82%) reported being stably housed currently with 36% reporting their medical care improved as a result (n=25)	28
39 40	Majority (80%) reported no difficulty getting transportation to medical care; however 14% reported paying for transportation before paying for rent/mortgage/utilities (n=28)	29
43 44	15% reported difficulty getting food as required for their medications with 39% reporting paying for food before paying for rent/mortgage/utilities (n=26)	27

Part A Service Utilization FY12-13

Service	Total	New	Ongoing	Male	Female	Trans	Black	White	Hispanic	Haitian	<100% FPL
APA	2,551	679	1,970	1,724	817	10	1,444	1,082	451	410	1,555
OAMC	3,790	997	2,868	2,712	1,053	25	2,018	1,732	723	515	2,258
CIED	6,629	1,543	5,087	4,635	1,962	32	3,520	3,028	1,034	687	3,850
Food Bank	2,188	577	1,611	1,506	671	11	1,145	1,032	1,884	108	1,487
Legal	214	116	98	164	49	1	90	121	46	9	124
MCM	3,509	951	2,615	2,585	903	21	1,922	1,559	585	369	2,188
MH	508	157	356	418	84	6	186	317	124	35	338
OHC	2,751	676	2,123	1,964	777	10	1,335	1,391	469	290	1,491
Outreach	182	172	10	154	25	3	50	60	18	5	140
SA	126	44	82	95	31	0	67	57	14	2	109

Characteristics & Service Utilization Rates of All Women who indicated their Race and Ethnic Background							
	Non-Hispanic Black Women (n=158)	White Hispanic Women (n=7)	White Non-Hispanic Women (n=26)	Black Hispanic Women (n=2)	Asian Non-Hispanic (n=1)	More than one Race: Hispanic (n=3)	More than one Race: Non-Hispanic (n=3)
Avg. Age of Respondents	39.5	40	44	45	25	45	40
Avg. Year First Tested HIV+	1996	1992	1992	2005	2000	1994	1996
First tested HIV+ in Broward County	87%	57.1%	70.8%	100.0%	0.0%	100%	100%
First tested HIV+ in another Florida County	4%	28.6%	12.5%	0.0%	0.0%	0.0%	0.0%
First tested HIV+ in another State/ U.S. territory	7%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%
First tested HIV+ in another Country	2%	14.3%	0.0%	0.0%	100%	0.0%	0.0%
Rate of Uninsured	3%	0.0%	7.7%	0.0%	0.0%	0.0%	33.3%
Medicaid	40%	14.3%	38.5%	100.0%	0.0%	33.3%	33.3%
Medicare	21%	0.0%	38.5%	0.0%	0.0%	66.7%	33.3%
Ryan White	65%	85.7%	65.4%	0.0%	100%	66.7%	66.7%
ADAP	31%	42.9%	34.6%	0.0%	100%	0.0%	66.7%
Cash/Self Paid	12%	14.3%	11.5%	0.0%	0.0%	33.3%	0.0%
Have a Usual Source of HIV Medical Care	92%	85.7%	96.0%	100.0%	100%	100%	66.7%
Avg. Medical Visits Within Last Six Months	2.2	2.0	2.5	3.0	2.0	4.0	1.0
Currently Using ARVs	37%	83.3%	76.9%	50.0%	100%	66.7%	100%
Never Taken ARVs	10%	16.7%	15.4%	50.0%	0.0%	33.3%	0.0%
If Currently Using ARVs, taking it all the time	91%	80.0%	94.7%	100.0%	100%	50.0%	100%
Received a CD4 count, viral load test, or a prescription for ARV in the past 12 months	80%	100.0%	92.0%	100%	100%	0.0%	100%
Out of Care for at least 12 months within last 5 years	21%	16.7%	19.1%	0.0%	0.0%	0.0%	50.0%
Experienced Homelessness	39%	14.3%	41.7%	0.0%	0.0%	33.3%	33.3%
In Stable Housing	81%	83.3%	84.0%	100.0%	0.0%	50.0%	66.7%
Medical Care Improved Due to Stable Housing	74%	60.0%	76.2%	50.0%	100%	100%	50.0%

Please note that 18 women indicated that they did not know their ethnic background (16 Black, 2 White). There was no representation from Native Hawaiian/Pacific Islander Women; there was 1 American Indian/Alaskan Native woman, but she did not indicate her ethnic background.

Please also note that respondents were also able to select multiple options for certain questions and not all respondents answered each question

OBJECTIVE 1. REVIEW PERFORMANCE MEASURES AND SELECT ANNUAL DATA FOR REVIEW				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
1.1 Quarterly Data Reviews a) NQC In+Care Campaign Measures b) NHAS Indicators c) HAB Performance Measures d) Broward Client Level Outcomes and Indicators	• Review And Select Annual Data Measures • Identify Areas For Improvement • Provide Directives To The QI Networks	5/13 7/13 10/13 1/14	7/13 10/13 1/14 3/14	• Data reviews to begin in May as some March WP items were tabled for April
OBJECTIVE 2: CONDUCT ANNUAL EVALUATION OF QM PROGRAM, WORK PLANS, AND PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
2.1 Review Policies And Procedures(P&P) 2.2 Review, Update & Approve 3-Year Work Plan 2.3 Review, Update And Approve Annual QM Work Plan 2.4 Review Service Delivery Models Submitted By QI Networks 2.5 Review Accomplishments And Challenges	• Updated P&P As Needed • Updated 3-Year And Annual Work Plans That Include Short-Term And Long-Term Strategies To Achieve QM Objectives • Service Delivery Models Reflect Most Current National Guidelines And Best Practices • Annual Work Plan Addresses Challenges Identified In The Previous FY	4/13 4/13 3/13 3/13 3/13	5/13 5/13 4/13 3/13 3/13	• **Completed** • **Completed:** MCM, Medical, Pharmacy, Outreach, Mental Health, and Substance Abuse; Pending: OHC and MAI MCM • **Completed**
OBJECTIVE 3: MONITOR QI NETWORK ACTIVITIES AND PROVIDE DIRECTIVES AND GUIDANCE IN QIP DEVELOPMENT				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
3.1 Quarterly Network Update	1. Identify Areas For Improvement 2. Provide Guidance And Directives To Improve Network Activities and QIPs	12/12 3/13 6/13 9/13	3/13 6/13 9/13 12/13	• **Completed**
OBJECTIVE 4: REVIEW AND ANALYZE FINDINGS FROM NEEDS ASSESSMENT, CLIENT SURVY, SERVICE CATEGORY STUDIES, AND RECORD REVIEWS				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
4.1 Review Findings From: a) Needs Assessment b) Client Survey c) Service Category Assessment/Studies d) Record Reviews e) Identify Service Category For Annual Evaluation	• Identify Barriers To Care • Identify Areas For Improvement In Service Delivery • Recommend Service Category Evaluation	5/13	6/13	
OBJECTIVE 5: ASSESS LINKAGE TO CARE AND RETENTION PROCESSES				
Work Plan Activity	**Outcome**	**Start**	**Due**	**Progress**
5.1 Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	• Linkage To Care And Retention Deficiencies Addressed	3/13 6/13 9/13 12/13	6/13 9/13 12/13 2/14	

Updated 4.15.13

2013-14 WORK PLAN CALENDAR FOR QM COMMITTEE

	March	April	May	June	July	August
QM	❖ Review Accomplishments And Challenges ❖ Quarterly Network Update ❖ Review Annual Summary of In+Care Data ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Review Policies and Procedures (P&P) ❖ Review, Update And Approve 3-Year WP ❖ Review, Update And Approve Annual QM WP (Tabled from March) ❖ Review Service Delivery Models Submitted By QI Networks (Tabled from March)	❖ Review Findings from Needs Assessment and Client Survey ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) (Tabled from April)	❖ Quarterly Network Update ❖ Review Findings (as available) From: ❖ Service Category Assessment/Studies ❖ Record Reviews ❖ Identify Service Category For Annual Evaluation ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	❖ Quarterly network update ❖ MH Record Reviews

	September	October	November	December	January	February
QM	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	❖ HHS, HAB, Broward Outcomes and Indicators	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)	❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care ❖ Conduct Annual Evaluation of QM Program, Work Plans, and Processes

Updated 4.15.13