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

MEETING AGENDA

COMMITTEE: Quality Management Committee
Date/Time: Monday, April 21, 2014 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:** 4/21/2014 Agenda and 3/17/2014 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: May 19, 2014
4. **UNFINISHED BUSINESS**
   a. Review Updated HAB Performance Measures Grid (Handout A)
   b. Follow up on SFAN definition of VL Suppression
5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Action Items*
Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Review Service Delivery Models Submitted By QI Networks (WP 2.4)	**ACTION ITEM:** Review service delivery models for HIVPC approval in April.
Item #2 Recommendation from Combined QI Network	**ACTION ITEM:** Discuss recommendation from Combined QI**:** Require patients to bring in VL report every 12 months for eligibility.
Item #3 Update on Annual QM Program Work Plan (W.P. 2.3)	**ACTION ITEM:** Update on the FY14-15 annual work plan (Handout B)
Item #4 Review Policies And Procedures(W.P. 2.1)	**ACTION ITEM:** Review and Update P&P as needed (Handout C)
Item #5 Review April NQC Retention Measures	**ACTION ITEM:** Review summary of retention measures (Handout D)

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Review and analyze findings from needs assessment, client survey, service category studies, and record reviews (WP 4.1)	**ACTION ITEM:** Review findings from Needs Assessment and Client Survey
Item #2 Review and analyze findings from needs assessment, client survey, service category studies, and record reviews (WP 4.1)	**ACTION ITEM:** Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators)
Item #3 Conduct annual evaluation of QM program, work plans, and processes (WP 2.2)	**ACTION ITEM:** Review, update, and approve 3-Year WP

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

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: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

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

Meeting Minutes

Committee: Quality Management Committee

Date/Time: Monday, March 17, 2014 12:30 p.m. **Location:** Governmental Center Annex, A335

Chair: Claudette Grant

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Grantee Staff**
1	Grant, C.	**X**			Finkelstein, J.*	Degraffenreidt, S.
2	Katz, H. B.	**X**				Swanson, M.
3	Gammell, B.	**X**				
4	Schweizer, M.		**A**			**HIVPC Support Staff**
5	Majcher, B.	**X**				Eshel, A.
6	Mitchell, T.		**A**			Newton, A.
7	Sabatino, D.	**X**				McEachrane, T.
8	Sullivan, G.		**A**			Johnson, B.
	Quorum = 5	**5**				

1. CALL TO ORDER:

The Chair called the meeting to order at 12:35 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda		
Proposed by:	Sabatino, D.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

Motion #2	To approve meeting summary of 1/6/14		
Proposed by:	Gammell, B.	**Seconded by:**	Katz, H. B.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS

a. New Business: None

b. Request for Information/Directives:

The Committee requested the following: 1) an official response regarding viral load definition from SFAN 2) a report from Oral Health Care on how many clients are eligible for Part A oral health care services, how many clients are accessing these services, and of those clients, how many are receiving oral health exams. Grantee Staff explained that this information was brought to the Oral Health Care Network and follow-up information was requested.

c. Reminder: Meeting Attendance Confirmation Required at least 48 hours prior to meeting date.

d. Next Meeting Date: April 21, 2014

4. **UNFINISHED BUSINESS**: None

5. **MEETING ACTIVITIES / NEW BUSINESS**

Accomplishments (Goal/Work Plan Objective #)

1. Conduct Annual Evaluation of QM Program Work Plans, and Processes (WP 2.3, 2.5)

Members reviewed the QM annual workplan *(handout)* to ensure it accurately reflects committee efforts. They also viewed FY13-14 Accomplishments and Challenges. Staff recounted some of the QM activities conducted over the last FY or in progress. The client survey is underway and includes specific questions on safer sex and prevention for positives efforts, access to and retention in care, , and stigma and disclosure. Dr. Marsha Martin, who has been conducting the Men Having Sex with Men (MSM) study, identified stigma and disclosure as major barriers to prevention and access to care in Broward. Focus groups with the special populations identified by the Joint Planning Committee (Hispanic men/women, heterosexual African American men/women, and young adults between the ages of 18-26) are underway. One focus group with Hispanic men and women has been completed. Members were asked to share focus group recruitment strategies or suggest venues for reaching the remaining special populations. The Chair suggested relevant support groups including a Haitian support group and BTAN. Support staff informed members that incentives were provided to participants (food and Publix gift cards). A member informed the group that CDTC and Maverick High School was a great opportunity to reach out to the young adult population for focus groups.

All prior revisions to Service Delivery Models (SDM) have been approved by the committee. The Oral Health Care SDM is pending the Committee's approval. Once all are approved by Quality Management, they will be brought before the Planning Council for approval. Over the next few months, there will be a drafting SDMs of service categories that currently do not have SDMs. There are also new service categories that have not developed their SDMs. Staff will be working on these items to bring them to QM for discussion and approval over the next few months.

Mental Health and Substance Abuse (MH/SA) Network: Members developed a presentation for Medical Case Managers on identifying and assessing the signs of depression. Presented to MCM Network and have an opportunity to present to Case Managers in an upcoming training and possibly all networks.

Oral Healthcare (OHC) Network: The Network approved OHC outcomes and indicators. They found a solution that worked for everyone with input from AETC.

Medical Case Management (MCM) Network: The Network has been working on a QIP focusing on retention in medical care. The network reviewed *In+Care Campaign Gap Measure client-level-data*, *PE required action reports* and *PE no activity reports* in order to be proactive in identifying those individuals who are falling out of care. Staff will reinforce the need for regular reporting from the Network in order to identify trends and develop resolutions.

Medical Network: The Network has been working on a QIP focusing on cervical screening rates. The Network reviewed the formulary and made recommendations to Local Pharmacy Advisory Committee (LPAC) regarding what needed to be added or removed from the formulary.

Combined Network: The Network piloted a Health Literacy assessment with a sample of providers and clients. Provided a baseline of where clients and providers were based on each service category.

Annual work plans will continue to be aligned with the goals of the Comprehensive Plans and National HIV/AIDS Strategy. Consultant Emily Gantz-McKay will assist in developing committee work plans during the Executive Committee retreat. Ms. Gantz-McKay recommended the Planning Council come up with three main questions for areas of focus such as VL suppression, links to retention, etc. A member noted that the incorporation of the Affordable Care Act should be one of the three areas of focus, which is already part of HIVPC preparation.

A member of Support staff gave a review of the accomplishments of trainings including a resource faith that allowed an opportunity for both clients and case managers to interact with providers and attain a better overview of ACA.

Determining the correct structure of the Medical Network was identified as a challenge. The attempt to divide the meeting into two parts, one for clinic managers and one for the physicians, did not work as intended. A member suggested inviting private physicians to provide another perspective on the data and trends in care. The member noted that many providers are reimbursed according to performance, and that it would be beneficial that they were present, perhaps quarterly, to provide and receive feedback. Suggestions to drawing physicians to quarterly network meetings include trainings, opportunities to achieve performance measures, evening meetings, and providing CME's, etc. Other considerations included network meetings at locations convenient for the physicians (i.e. hospitals and clinics) which could allow for greater attendance.

The chair suggested that the main challenge is that the community as a whole is still unaware of the Ryan White services. There is a need for a bigger outreach for individuals who are impacted. This can be a directive for the Joint Client Community Relations (JCCR) Committee to better inform the community of the program and services offered. The only way to reduce community viral load is to keep individuals informed of their status and knowledgeable on staying in care in order to reduce transmission rates.

2. Review Service Delivery Models Submitted By QI Networks (WP 2.4)

Oral Healthcare (OHC) Network: CIED has the ultimate responsibility to update clients' eligibility twice a year. However, all revised SDMs include a statement highlighting providers' responsibility for a brief assessment of changes (in income, employment, insurance status, etc.) in clients' information. This is to ensure the Ryan White Program is payer of last resort.

The Chair asked that the acronym AAP be spelled out (American Academy of Periodontology) She stated the requirement of labs is a challenge under the Ryan White Program. Grantee Staff informed her that it is the responsibility of the provider to acquire labs from resources such PE.

Motion #1	To approve the Oral Health Care Service Delivery Model		
Proposed by:	Katz, H. B.	**Seconded by:**	Gammell, B.
Action:	Passed Unanimously		

3. Review Revised HAB Performance Measures

Support Staff informed members that these measures will be adopted and utilized in PE. HRSA's goal was to streamline the reporting and to make sure programs are reporting on the same indicators. A Member of the committee asked for clarification of the ADAP measure "inappropriate ARV regimen." The Chair explained that the pharmacy is identifying a discrepancy in a prescription regimen. For example, when a drug is discontinued and the prescription has not expired, the physician continues to fill the prescription and does inform the client to discontinue using the expired prescription. The Members reviewed the new HAB Performance Measures (red-new, black-changes made, blue- no change). A member asked for clarification about the gap measure. It was explained that the measure refers to having a medical appointment in the first 6 months but not the second six months of a measurement period.

There was discussion on the definition on Cervical Cancer Screening for adolescent/adults regarding the patient exclusions and definition. Support Staff provided an explanation on the standards for HIV patients based on HHS screening measures. A member asked why the measure on ARV's among pregnant women was removed. It was surmised that this information would be captured more on the Part D/Medicaid side.

4. Review February NQC Retention Measures (WP 1.1)

National Quality Center (NQC) In+Care Campaign measures and retention rates. There has been some fluctuation in *gap measure*; we have gone up since June. *Patients newly in care* has dropped to 39%. VL Suppression has

gone up to 75%.

6. GRANTEE REPORTS

A member of the Grantee's office informed members that we are approaching monitoring season. We are still awaiting news on the status on MGA funding. The Grantees office is also close to hiring for Kim's position. She also commended Ariel Eshel, a member of BRHPC Support Staff on a job well done as QM Support.

7. PUBLIC COMMENT: None

8. AGENDA ITEMS / TASKS FOR NEXT MEETING:

Date: April 21, 2014 **Venue:** Government Annex Center A-335

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Item #1 Review Service Delivery Models Submitted By QI Networks (WP 2.4)	Review the MAI service delivery model for HIVPC approval in April.
Item #2 Review, Update and Approve Annual QM Program Work Plan (W.P. 2.3)	Review and approve the FY14-15 annual work plan.
Item #3 Quarterly Network Update (W.P. 3.1)	Identify areas for improvement and provide guidance and directives to improve Network Activities and QIPs.
Item #4 Follow up on Data Request	Review the SFAN definition of VL Suppression.

a) ANNOUNCEMENTS

None.

b) ADJOURNMENT

Without objection the meeting was adjourned at 2:33 p.m.

Quality Management Attendance CY: 2014

Count	Member	1/6/14	3/17/14
1	Grant, C.	**X**	**X**
2	Katz, H.B.	**X**	**X**
3	Schweizer, M.	**X**	**A**
4	Mitchell, T.	**X**	**A**
5	Majcher, B	**X**	**X**
6	Gammell, B.	**X**	**X**
7	Sabatino, D.	**X**	**X**
8	Gary Sullivan	**X**	**A**
Quorum=5		**YES**	**YES**

HAB HIV Revised Performance Measures

CORE MEASURES	
HIV Viral Load Suppression	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
Numerator	Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Exclusions	None
Prescription of HIV Antiretroviral Therapy	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
Numerator	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Exclusions	None
HIV Medical Visit Frequency	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
Numerator	Number of patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 24-month measurement period
Exclusions	Patients who died at any time during the 24-month measurement period
Gaps in Medical Visits	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
Numerator	Number of patients in the denominator who did not have a medical visit in the last 6-months of the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
Exclusions	Patients who died at any time during the measurement year

PCP Prophylaxis	
Definition	Percentage of patients aged 6 weeks or older with a diagnosis of HIV/AIDS, who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis (Use the numerator and denomination that reflect patient population.)
Numerator	Numerator 1: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP)prophylaxis within 3 months of CD4 count below 200 cells/mm3 Numerator 2: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP)prophylaxis within 3 months of CD4 count below 500 cells/mm3 or a CD4 percentage below 15% Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of HIV diagnosis Aggregate numerator: The sum of the three numerators
Denominator	Denominator 1. All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm3, who had at least two visits during the measurement year, with at least 90 days in between each visit; and, Denominator 2. All patients aged 1 through 5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm3 or a CD4 percentage below 15%, who had at least two visits during the measurement year, with at least 90 days in between each visit; and, Denominator 3. All patients aged 6 weeks through 12 months with a diagnosis of HIV, who had at least two visits during the measurement year, with at least 90 days in between each visit Total denominator: The sum of the three denominators
Exclusions	Denominator 1 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm3 during the three months after a CD4 count below 200 cells/mm3 Denominator 2 Exclusion: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm3 or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm3 or CD4 percentage below 15%

ALL AGES MEASURES	
CD4 Cell Count	
Definition	Percentage of patients aged six months and older with a diagnosis of HIV/AIDS, with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart
Numerator	Patients with at least two CD4 cell counts or percentages performed during the measurement year at least 3 months apart
Denominator	All patients aged 6 months and older with a diagnosis of HIV/AIDS, who had at least two medical visits during the measurement year, with at least 90 days between each visit
Exclusions	None
HIV Drug Resistance Testing Before Initiation of Therapy	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year
Numerator	Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV antiretroviral therapy
Denominator	Number of patients, regardless of age, with a diagnosis of HIV who • were prescribed HIV antiretroviral therapy during the measurement year for the first time; and • had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	None
Influenza Immunization	
Definition	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
Numerator	Patients who received an influenza immunization OR who reported previous receipt* of an influenza immunization during the current season *Previous receipt can include: previous receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measures is applied (typically, prior vaccination would include influenza vaccine given since August 1st)
Denominator	All patients aged 6 months and older seen for a visit between October 1 and March 31
Exclusions	1. Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons) 2. Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons) 3. Documentation of system reason(s) for not receiving influenza immunization (eg,vaccine not available, other system reasons)

Lipid Screening	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV who were prescribed HIV antiretroviral therapy and who had a fasting lipid panel during the measurement year
Numerator	Number of patients who had a fasting lipid panel in the measurement year
Denominator	Number of patients, regardless of age, who are prescribed HIV antiretroviral therapy and who had a medical visit with a provider with prescribing privileges2 at least once in the measurement year
Exclusions	None
TB Screening	
Definition	Percentage of patients aged 3 months and older with a diagnosis of HIV/AIDS, for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection
Numerator	Patients for whom there was documentation that a tuberculosis (TB) screening test was performed and results interpreted (for tuberculin skin tests) at least once since the diagnosis of HIV infection. NOTE: Results from the tuberculin skin test must be interpreted by a health care professional.
Denominator	All patients aged 3 months and older with a diagnosis of HIV/AIDS, who had at least two visits during the measurement year, with at least 90 days in between each visit.
Exclusions	Documentation of Medical Reason for not performing a tuberculosis (TB) screening test (e.g., patients with a history of positive PPD or treatment for TB)
Viral Load Monitoring	
Definition	Percentage of patients, regardless of age, with a diagnosis of HIV with a viral load test performed at least every six months during the measurement year
Numerator	Number of patients with a viral load test performed at least every 6 months
Denominator	Number of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least two medical visits during the measurement year, with at least 60 days in between each visit
Exclusions	Patients newly enrolled in care during last 6 months of the measurement year

ADOLESCENT/ADULT MEASURES	
Cervical Cancer Screening	
Definition	Percentage of female patients with a diagnosis of HIV who have a Pap screening in the measurement year
Numerator	Number of female patient with a diagnosis of HIV who had Pap screen results documented in the measurement year
Denominator	Number of female patient with a diagnosis of HIV who: • were >18 years old in the measurement year or reported having a history of sexual activity , and • had a medical visit with a provider with prescribing privilege at least once in the measurement year
Exclusions	1. Patients who were < 18 years old and denied history of sexual activity 2. Patients who have had a hysterectomy for non-dysplasia/non-malignant indications
Chlamydia Screening	
Definition	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year
Numerator	Number of patients with a diagnosis of HIV who had a test for chlamydia
Denominator	Number of patients with a diagnosis of HIV who: • were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and • had a medical visit with a provider with prescribing privileges2 at least once in the measurement year
Exclusions	Patients who were < 18 years old and denied a history of sexual activity
Gonorrhea Screening	
Definition	Percentage of patients with a diagnosis of HIV at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year
Numerator	Number of patients with a diagnosis of HIV who had a test for gonorrhea
Denominator	Number of patients with a diagnosis of HIV who: • were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months; and • had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	Patients who were < 18 years old and denied a history of sexual activity

Hepatitis B Screening	
Definition	Percentage of patients, regardless of age, for whom Hepatitis B screening was performed at least once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity
Numerator	Number of patients for whom Hepatitis B screening was performed at least once since the diagnosis of HIV or for whom there is documented infection or immunity
Denominator	Number of patients, regardless of age, with a diagnosis of HIV and who had at least two medical visits during the measurement year, with at least 60 days in between each visit
Exclusions	None
Hepatitis B Vaccination	
Definition	Percentage of patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B
Numerator	Number of patients with a diagnosis of HIV with documentation of having ever completed the vaccination series for Hepatitis B
Denominator	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	1. Patients newly enrolled in care during the measurement year 2. Patients with evidence of current HBV infection (Hep B Surface Antigen, Hep B e Antigen, Hep B e Antibody or Hep B DNA) 3. Patients with evidence of past HBV infection with immunity (Hep B Surface Antibody without evidence of vaccination)
Hepatitis C Screening	
Definition	Percentage of patients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV
Numerator	Number of patients with a diagnosis of HIV who have documented HCV status in chart
Denominator	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	None
HIV Risk Counseling	
Definition	Percentage of patients with a diagnosis of HIV who received HIV risk counseling in the measurement year
Numerator	Number of patients with a diagnosis of HIV, as part of their primary care, who received HIV risk counseling
Denominator	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	None

Oral Exam	
Definition	Percent of patients with a diagnosis of HIV who received an oral exam by a dentist at least once during the measurement year
Numerator	Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation
Denominator	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	None
Pneumococcal Vaccination	
Definition	Percentage of patients with a diagnosis of HIV who ever received pneumococcal vaccine
Numerator	Number of patients with a diagnosis of HIV who ever received pneumococcal vaccine
Denominator	Number of patient with HIV who had: ・ no documented evidence2 of vaccination; and ・ a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	Patients with CD4 counts < 200 cells/mm3 within the measurement year
Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan	
Definition	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen
Numerator	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen
Denominator	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period
Exclusions	1. Patient Reason(s) - Patient refuses to participate 2. Medical Reason(s) - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status 3. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium

Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	
Definition	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user
Numerator	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user
Denominator	All patients aged 18 years and older
Exclusions	Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)
Substance Use Screening	
Definition	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year
Numerator	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year
Denominator	Number of patients with a diagnosis of HIV who: • were new during the measurement year, and • had a medical visit with a medical provider with prescribing privileges at least once in the measurement year
Exclusions	None
Syphilis Screening	
Definition	Percentage of adult patients with a diagnosis of HIV who had a test for syphilis performed within the measurement year
Numerator	Number of patients with a diagnosis of HIV who had a serologic test for syphilis performed at least once during the measurement year
Denominator	Number of patients with a diagnosis of HIV who: • were >18 years old in the measurement year or had a history of sexual activity < 18 years, and • had a medical visit with a provider with prescribing privileges at least once in the measurement year
Exclusions	Patients who were < 18 years old and denied a history of sexual activity

MEDICAL CASE MANAGEMENT MEASURES	
Care Plan	
Definition	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year
Numerator	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year
Denominator	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year
Exclusions	1. Medical case management patients who initiated medical case management services in the last six months of the measurement year. 2. Medical case management patients who were discharged from medical case management services prior to six months of service in the measurement year.
Gap in HIV Medical Visits	
Definition	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record)
Numerator	Number of medical case management patients in the denominator who did not have a medical visit in the last 6 months of the measurement year (that is documented in the medical case management record)
Denominator	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
Exclusions	Medical case management patients who died at any time during the measurement year
Medical Visit Frequency	
Definition	Percentage of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
Numerator	Number of medical case management patients in the denominator who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period
Denominator	Number of medical case management patients, regardless of age, with a diagnosis of HIV with at least one medical visit1 in the first 6 months of the 24-month measurement period
Exclusions	Medical case management patients who died at any time during the 24-month measurement period

ORAL HEALTH MEASURES	
Dental and Medical History	
Definition	Percentage of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year
Numerator	Number of HIV-infected oral health patients who had a dental and medical health history (initial or updated) at least once in the measurement year
Denominator	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year
Exclusions	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year 2. Patients who were < 12 months old
Dental Treatment Plan	
Definition	Percentage of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year
Numerator	Number of HIV-infected oral health patients who had a dental treatment plan developed and/or updated at least once in the measurement year
Denominator	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year
Exclusions	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year 2. Patients who were < 12 months old
Oral Health Education	
Definition	Percentage of HIV-infected oral health patients who received oral health education at least once in the measurement year
Numerator	Number of HIV-infected oral health patients who received oral health education at least once in the measurement year
Denominator	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year
Exclusions	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year 2. Patients who were < 12 months old
Periodontal Screening or Examination	
Definition	Percentage of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
Numerator	Number of HIV-infected oral health patients who had a periodontal screen or examination at least once in the measurement year
Denominator	Number of HIV-infected oral health patients that received a clinical oral evaluation at least once in the measurement year
Exclusions	1. Patients who had only an evaluation or treatment for a dental emergency in the measurement year 2. Edentulist patients (complete) 3. Patients who were <13 years

Phase I Treatment Plan Completion	
Definition	Percentage of HIV-infected oral health patients with a Phase 1 treatment plan that is completed within 12 months
Numerator	Number of HIV-infected oral health patients that completed Phase 1 treatment within 12 months of establishing a treatment plan
Denominator	Number of HIV-infected oral health patients with a Phase 1 treatment plan established in the year prior to the measurement year
Exclusions	Patients who had only an evaluation or treatment for a dental emergency in the year prior to the measurement year
SYSTEM-LEVEL MEASURES	
Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care	
Definition	Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care
Numerator	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care
Denominator	Number of Ryan White Program-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year
Exclusions	None
HIV Test Results for PLWHA	
Definition	Percentage of individuals who test positive for HIV who are given their HIV-antibody test results in the measurement year
Numerator	Number of individuals who are tested in the system/network who test positive for HIV and who are given their HIV antibody test results in the measurement year
Denominator	Number of individuals who are tested in the system/network and who test positive for HIV in the measurement year
Exclusions	1. Patients who test negative for HIV antibodies 2. Patients who receive an indeterminate HIV antibody test result 3. Patients who are already aware of a previous positive confirmatory test (i.e., confirmatory test at first medical care visit) 4. Patients who are less than thirteen years of age
HIV Positivity	
Definition	Percentage of HIV positive tests in the measurement year
Numerator	Number of HIV positive tests in the 12-month measurement period
Denominator	Number of HIV tests conducted in the 12-month measurement period
Exclusions	None

Late HIV Diagnosis	
Definition	Percentage of patients with a diagnosis of Stage 3 HIV (AIDS) within 3 months of diagnosis of HIV
Numerator	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period
Denominator	Number of persons with an HIV diagnosis in the 12-month measurement period
Exclusions	None
Linkage to HIV Medical Care	
Definition	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis
Numerator	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis
Denominator	Number of persons with an HIV diagnosis in 12-month measurement period
Exclusions	None
Housing Status	
Definition	Percentage of patients who attended a routine HIV medical care visit within 3 months of HIV diagnosis
Numerator	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period
Denominator	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months
Exclusions	None

Broward HIV Health Services Planning Council FY2014-15 **Quality Management Committee** Work Plan

Handout B

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	3/14 6/14 9/14 12/14	6/14 9/14 12/14 2/15	• 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	• Updated P&P As Needed • Updated 3-Year And Annual Work Plans That Include Short-Term And Long-Term Strategies To Achieve QM Objectives	4/14 5/14 4/14	5/14 5/14 5/14	
2.4 Review Service Delivery Models Submitted By QI Networks	• Service Delivery Models Reflect Most Current National Guidelines And Best Practices	3/14	5/14	• **Completed:** MCM, Medical, Pharmacy, Outreach, Mental Health, and Substance Abuse; **Pending:** MAI MCM and Non-MCM
2.5 Review Accomplishments And Challenges	• Annual Work Plan Addresses Challenges Identified In The Previous FY	2/15	2/15	
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	3/14 3/14 6/14 9/14 12/14	3/14 6/14 9/14 12/14 2/15	• **Ongoing**
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	5/14	6/14	• **To be completed**
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	3/14 6/14 9/14 12/14	6/14 9/14 12/14 2/15	• **Ongoing**

Updated April 2014

2014-15 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 Annual QM WP ❖ Review Service Delivery Models Submitted By QI Networks	❖ Review Findings from Needs Assessment and Client Survey ❖ Quarterly Data Review (NQC, NHAS, HAB Performance Measures, and Broward Client Level Outcomes and Indicators) ❖ Review, Update And Approve 3-Year WP	❖ 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 April 2014

QUALITY MANAGEMENT COMMITTEE
Policies and Procedures

Purpose

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 MAI funded services in Broward County.

Policy

The Quality Management (QM) Committee shall ensure that the highest quality HIV medical care and support services are provided to eligible Broward County Residents living with HIV/AIDS by developing client and system based outcomes and indicators, providing oversight of standards of care within the service delivery models, developing scopes of service for program evaluation studies, evaluate client satisfaction and identify client and staff education and training needs.

Annual Work Plan Goals

- Develop 3-Year QM Plan
- Review & Analyze Annual Measures and Chart Review Data
- Review & Assess Client-Level Data
- Provide Quality Assurance and Quality Improvement Training to All Stakeholders
- Review and Implement QM Committee Policies and Procedures
- Approve Service Delivery Model Modifications
- Evaluate Client Survey from Needs Assessment
- Apply QM methods to identify areas of improvement and modify processes to support EIIHA Strategy
- Conduct Annual QM Plan Evaluation
- Participate in the development of the Clinical Quality Management section of the Ryan White Grant Application

Procedures

QM Committee functions as a committee of the Broward County EMA HIV Planning Council. The QM Committee is chaired by a HIV Planning Council Member.

Membership of the committee should ideally consist of consumers, client service professionals, and HIV and non-HIV providers. Committee membership must be broadly reflective of the epidemic. To assist and inform the QM Committee's work, the Service Provider Networks are invited and encouraged to provide input into the development of client and system based outcomes and associated indicators as indicated in the QM Committee Policy section.

Program data and research are provided by Council and Clinical Quality Assurance staff, drawing from a wide-range data sources.

The QM Committee maintains oversight of Standards of Care within Service Delivery Models including:

a. Application of Best Practice Models
b. Review of Standards of Care
c. Recommend changes to Standards of Care to:
    i. Conform to best practice models
    ii. Support achievement of client and system outcomes
    iii. Respond to emerging client needs

Revised 6/2011

d. Direct QI Networks to make specific service protocol modifications to support recommended changes to standards of care
    i. Approve the need for program evaluation studies
    ii. Develop and/or approve the Scopes of Service for program evaluation studies
    iii. Identify and recommend opportunities to improve Client satisfaction

Assess Effectiveness of Services Offered in Meeting the Identified Needs:

1. Identify and approve tools/data needed to perform an assessment, including relevant reports, questionnaires, or other sources of information.
    a. Aggregate Service Outcome Data
    b. Initial and Updated Implementation Plans
    c. Other Studies (Peer reviews; Aggregate Programmatic Monitoring Reports; AETC/Chart Reviews, etc.)
2. Develop those tools not currently available
3. Collect and review data
4. Evaluate the Assessment Process

IN+CARE CAMPAIGN RETENTION MEASURES

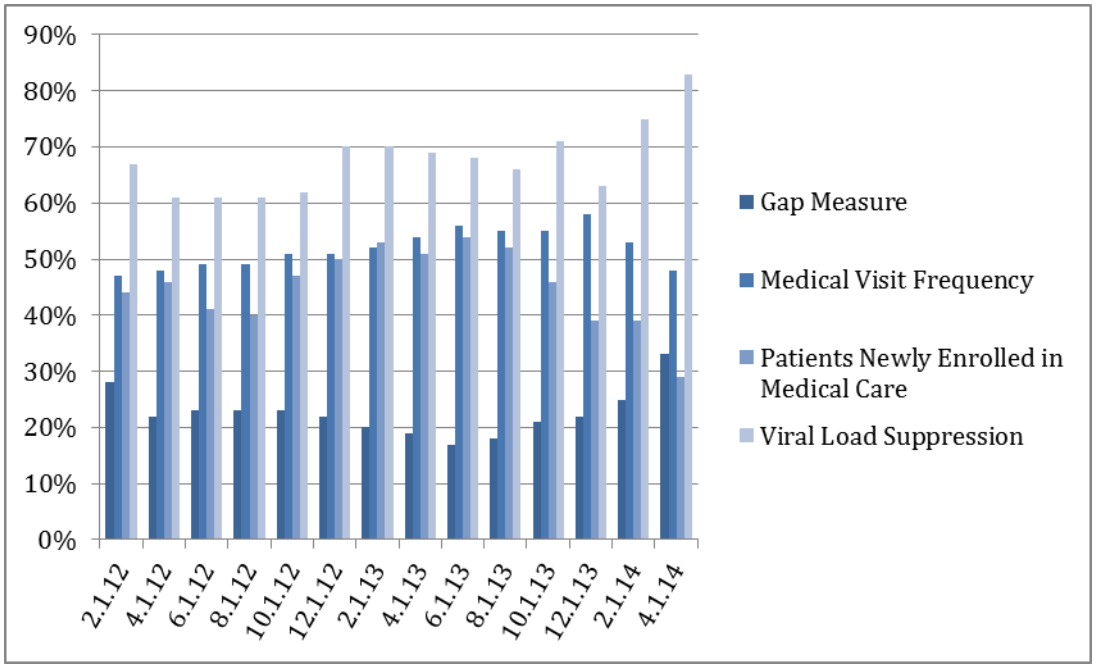
Gap Measure
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 6 months of the measurement year.
Medical Visit Frequency
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS 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
02/01/2013	12/01/2011 - 11/30/2012	12/01/2010 – 11/30/2012
04/01/2013	02/01/2012 – 01/31/2013	02/01/2011 – 01/31/2013
06/03/2013	04/01/2012 – 03/31/2013	04/01/2011 – 03/31/2013
08/01/2013	06/01/2012 – 05/31/2013	06/01/2011 – 05/31/2013
10/01/2013	08/01/2012 – 07/31/2013	08/01/2011 – 07/31/2013
12/02/2013	10/01/2012 – 09/30/2013	10/01/2011 – 09/30/2013
02/01/2014	12/01/2012 – 11/30/2013	12/01/2011 – 11/30/2013
04/02/2014	02/01/2013 – 01/31/2014	02/01/2012 – 01/31/2014

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

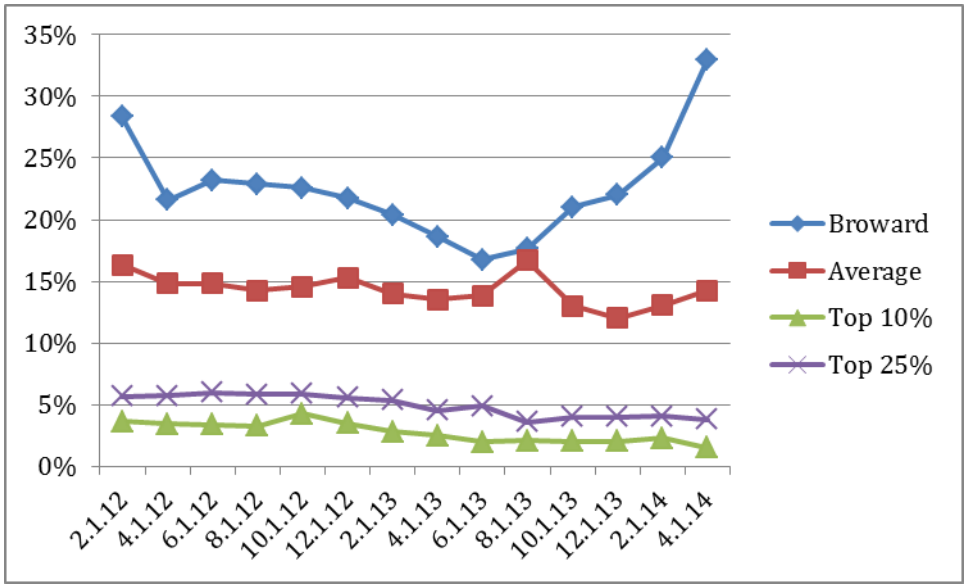
BROWARD COUNTY RATES



	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14	4.1.14
Gap Measure	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%	25%	33%
Medical Visit Frequency	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%	53%	48%
Patients Newly Enrolled in Medical Care	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%	39%	29%
Viral Load Suppression	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%	75%	83%

PART A BENCHMARK REPORT

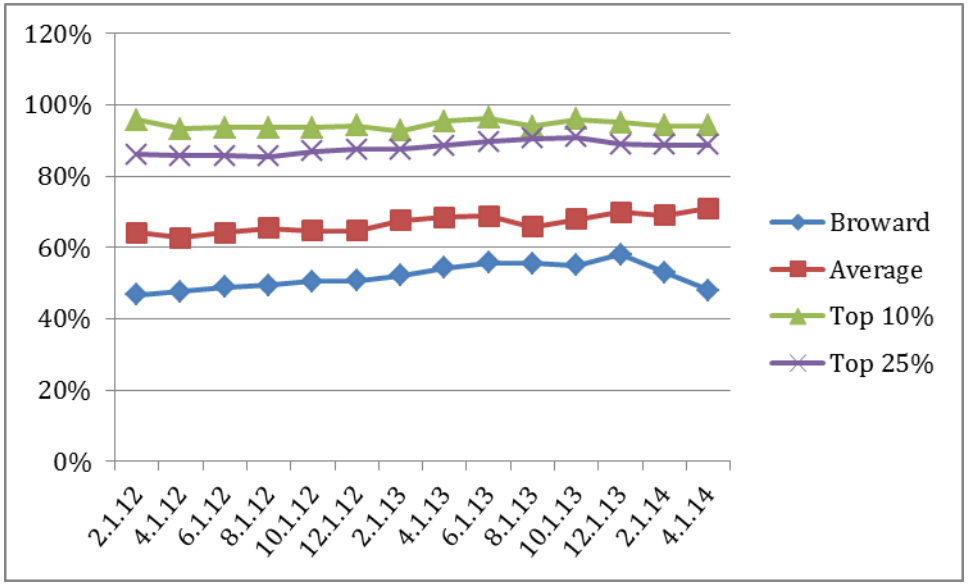
GAP MEASURE



	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14	4.1.14
Broward	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%	25%	33%
Average	16%	15%	15%	14%	15%	15%	14%	14%	14%	17%	13%	12%	13%	14%
Top 10%	4%	3%	3%	3%	4%	3%	3%	3%	2%	2%	2%	2%	2%	2%
Top 25%	6%	6%	6%	6%	6%	6%	5%	5%	5%	4%	4%	4%	4%	4%

PART A BENCHMARK REPORT

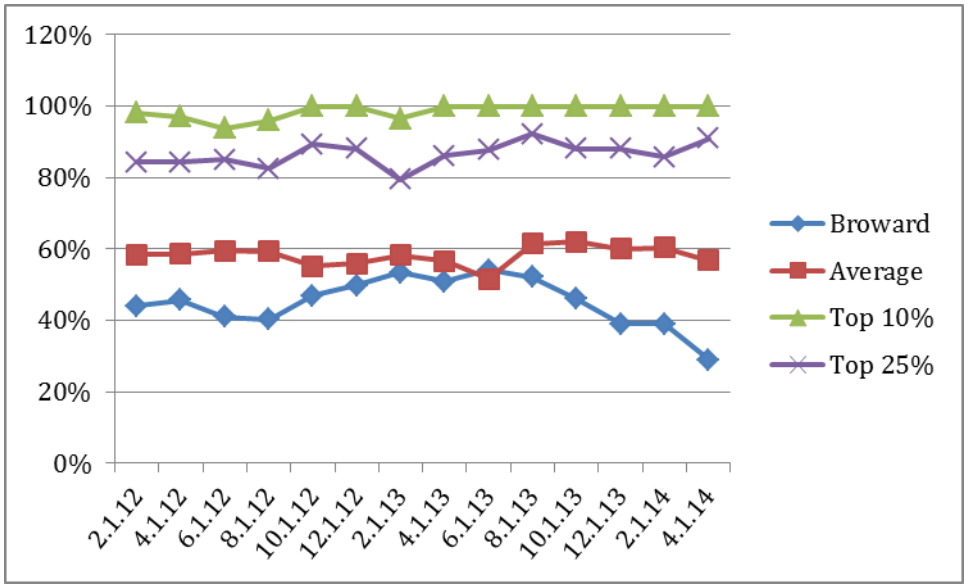
MEDICAL VISIT FREQUENCY



	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14	4.1.14
Broward	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%	53%	48%
Average	64%	63%	64%	65%	65%	65%	68%	69%	69%	66%	68%	70%	69%	71%
Top 10%	96%	93%	94%	94%	94%	94%	93%	95%	96%	94%	96%	93%	94%	94%
Top 25%	86%	86%	86%	86%	87%	88%	88%	89%	90%	91%	91%	89%	89%	89%

PART A BENCHMARK REPORT

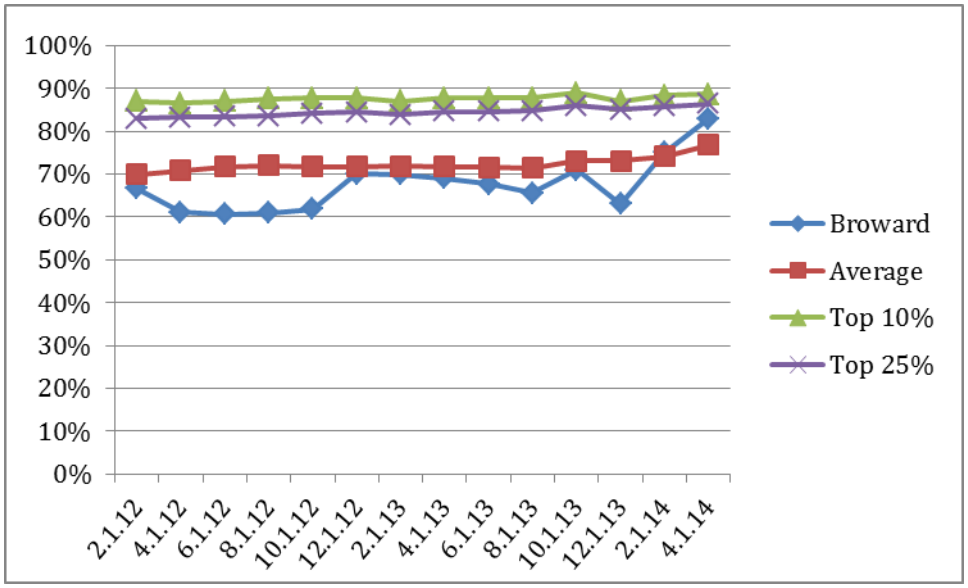
PATIENTS NEWLY ENROLLED IN MEDICAL CARE



	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14	4.1.14
Broward	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%	39%	29%
Average	58%	59%	60%	59%	55%	56%	58%	57%	52%	61%	62%	60%	60%	57%
Top 10%	98%	97%	94%	96%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%
Top 25%	84%	84%	85%	83%	89%	88%	80%	86%	88%	92%	88%	88%	86%	91%

PART A BENCHMARK REPORT

VIRAL LOAD SUPPRESSION



	2.1.12	4.1.12	6.1.12	8.1.12	10.1.12	12.1.12	2.1.13	4.1.13	6.1.13	8.1.13	10.1.13	12.1.13	2.1.14	4.1.14
Broward	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%	75%	83%
Average	70%	71%	72%	72%	72%	72%	72%	72%	72%	71%	73%	73%	74%	77%
Top 10%	87%	87%	87%	88%	88%	88%	87%	88%	88%	88%	89%	87%	88%	89%
Top 25%	83%	83%	83%	84%	84%	84%	84%	85%	85%	85%	86%	85%	86%	86%