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, January 6, 2014 at 12:30 p.m. **Location:** Governmental Center Annex, A337
Claudette Grant, **Chair**

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

2. **APPROVALS:** 1/6/2014 Agenda and 11/18/2013 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: February 17, 2014

4. **UNFINISHED BUSINESS**

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Action Items*
Item #1 Review 3-Year Work Plan (WP Item 2.2)	**ACTION ITEM:** Review, update and approve 3-year work plan.
Item #2 Review Network Update (WP Item 3.1)	**ACTION ITEM:** Review and discuss Network activities.
Item #3 Quarterly Data Review(WP Item 1.1)	**ACTION ITEM:** Review and discuss quarterly performance data measures.

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 Conduct Annual Evaluation of QM Program, Work Plans, and Processes (W.P. 2.3)	
Item #2 Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care (W.P. 5.1)	

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

Quality Management Committee Summary 11.18.13

A. Work plan item update / Status Summary:
Quality Management Retreat Pre-Test – Members took a pre-test to assess knowledge of the Quality Management (QM) Program before the training. *QM Committee Introduction*– The Committee heard a presentation on the overview of the QM Program. The presentation included: Mission statement; retreat objectives; monitoring; Clinical QM (CQM) program team; CQM program structure; Grantee and CQM support staff roles; HIVPC QM Committee and QI Network roles; importance of consumer participation; data collection and reporting; QM program accomplishments; QI Network activities; and methods to identify and address disparities in care. *Ice Breaker Activity* – The Committee participated in an activity designed to simulate Plan Do Study Act (PDSA) testing, measurement and collaboration. *Review Data Measures and Definitions* – The Committee heard a presentation on data measures and reporting. The presentation provided a refresher about the various performance measures utilized by the QM Program such as HAB Performance Measures, Local Outcomes and Indicators, NHAS Indicators, In+Care Campaign retention measures, and Viral Load Analysis. *Group Activity Scenarios* - The Committee actively participated in a group activity designed to increase understanding of data elements, data trends and data analysis. The goal of the activity was to help QM Committee members approach data analytically and develop next steps and directives to the QI Networks. *Quality Management Retreat Post-Test* – Members took the retreat post-test to assess knowledge following the QM training.
B. Rationale for Recommendations:
The Committee discussed the meeting scheduled for December and voted to cancel the December QM Committee meeting.
C. Data Reports / Data Review Updates:
There were no data reports or data review updates.
D. Data Requests:
There were no requests for information/directives.
E. Other Business Items:
There was no other business.
F. Agenda Items for Next Meeting:
Standing Agenda Items, *Next Meeting Date*: January 20, 2014 from 12:30pm-2:30pm.

Fort Lauderdale/Broward County Part A Eligible Metropolitan Area (EMA)
Three-Year Clinical Quality Management (CQM) Plan
FY 2014-2016

Background

The United States Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990, amended in 1996, 2000, 2006 and reauthorized as the Ryan White HIV/AIDS Extension Act of 2009. The HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA) operates the Ryan White HIV/AIDS Program. The Ryan White HIV/AIDS Extension Act focuses on ensuring access to high quality Outpatient/Ambulatory Medical Care (OAMC), medications, and other core health care services for persons living with HIV. The Ryan White HIV/AIDS Extension Act requires that Part A grantees develop and implement CQM programs to assess and improve the quality of core and support services. To ensure that resources are available to undertake CQM, the Ryan White HIV/AIDS Extension Act provides funding for Part A and Minority AIDS Initiative (MAI) for Eligible Metropolitan Area (EMA) CQM initiatives. CQM data plays a critical role in documenting that services delivered to clients are improving their health status. Information gathered through the CQM program as well as client-level health outcomes data should be used as part of the EMA/TGA planning process and ongoing assessment of progress toward achieving program goals and objectives. It should also be used by the grantee to examine and refine services based on outcomes.

HAB has established minimum expectations of Part A grantees regarding CQM:

- Establish and implement a CQM plan
- Establish processes for ensuring that primary medical care services are provided in accordance with the US Department of Health and Human Services (DHHS) treatment guidelines and standards of care
- Incorporate quality-related expectations into requests for proposals (RFP) and EMA/TGA contracts

The HAB HIV/AIDS Core Clinical Performance Measures for Adults and Adolescents are offered as a set of indicators for use in monitoring the quality of care provided. The measures may be modified by Part A grantees to meet specific needs of the EMA/TGA. Grantees may select measures that are most important to their programs and the populations they serve, as they relate to their overall goals for improving clinical health outcomes.

Part A and MAI CQM funds are used to improve services for individuals living with HIV/AIDS and CQM activities will include:

- Assess the extent to which HIV clinical services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV/AIDS and recommendations of the Centers for Disease Control and Prevention (CDC)[1].

[1] Center for Disease Control and Prevention. Recommendations and Guidelines. http://www.cdc.gov/hiv/resources/guidelines/index.htm (Last visit date: March 2011)

- Evaluate the quality of core and support services through the application of HAB performance measures[2], quality benchmarks, and collection and analysis of client, provider, and system-level data.
- As applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.

Quality Statement

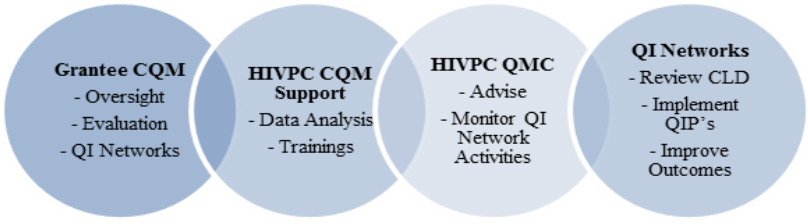
The purpose of the CQM Program for Ryan White Part A and MAI funded services in the Fort Lauderdale/Broward County EMA is to monitor, evaluate, and systematically and continuously improve the quality and appropriateness of HIV care and services provided to consumers.

Our mission is to ensure high quality services are provided to Part A and MAI eligible Broward County residents living with HIV that meet or exceed HAB's clinical and other performance measures, through an inclusive structure that integrates consumer and provider input.

The CQM program has five objectives:

1. Assess the extent to which Outpatient/Ambulatory Medical Care is consistent with the most recent PHS guidelines for the treatment of HIV and related Opportunistic Infections.
2. Develop strategies for improving quality through the application of HAB performance measures and best practices identified by the National Quality Center (NQC).
3. Implement continuous quality improvement to ensure core and support services are strongly linked to promote engagement and retention in care and adherence to medical treatment.
4. Apply client-level demographic, clinical, and utilization data to identify areas of improvement in clinical processes and outcomes.
5. Apply action-oriented Quality Improvement Projects (QIPs) to test and adopt new or improved care and support strategies.

CQM Infrastructure



The CQM program is committed to improving the quality of services provided to HIV+ Broward residents by ensuring that an action-oriented CQM infrastructure is carefully aligned with HAB and the Grantee's goals for Quality Improvement (QI). There are four

[2] HIV/AIDS Bureau. The HIV/AIDS Program Home: HAB Performance Measures. http://hab.hrsa.gov/special/habmeasures.htm (Last visit date: March 2011)

interconnected bodies that oversee the CQM program: Grantee CQM staff, Broward County HIV Health Services Planning Council (HIVPC) CQM support staff, HIVPC Quality Management Committee (QM Committee), and QI Networks made up of providers, consumers and other stakeholders.

The Grantee CQM staff has primary responsibility for developing, overseeing, and jointly evaluating progress made in completing the CQM three-year and annual work plans with HIVPC and community stakeholders. The Grantee CQM staff also facilitates integration of and interaction among QI Networks and evaluates progress toward successful implementation of the CQM program.

The CQM support staff assists the Grantee CQM staff to achieve CQM responsibilities. The support staff convenes the QM Committee and QI Networks and ensures progress is made achieving program objectives; supports the QM Committee and QI Networks by providing data for decision making; conducts annual system wide consumer satisfaction surveys, focus groups, and in depth quantitative service assessments; and organizes training for the QM Committee, QI Networks, and consumers.

Together, the Grantee CQM and support staff work in collaboration to extract Management Information System (MIS) data monthly and quarterly to assess level of care, performance measures, and health outcomes. As a part of the CQM reporting, monitoring, and improvement processes, results from MIS data extracts are then shared with the QM Committee and QI Networks to assess overall system-wide data achievement of clinical outcomes.

The QM Committee collaborates with the Grantee CQM staff in developing quality policies and procedures; participates in developing the EMA three-year CQM plan and annual work plans; participates in the development of client-level and system-level outcomes and indicators; assists the Grantee CQM staff to assess standards of care outlined in current service delivery models to ensure achievement of desired client and system-level performance measures and outcomes; review CQM data to evaluate progress in achieving CQM program goals and objectives; and monitors and advises on potential QIPs for QI Networks. The QM Committee is comprised of consumers, client service professionals, and HIV and non-HIV providers.

For service category specific data, the QM Committee then collaborates with the QI Networks. Under the direction of the Grantee CQM staff, the QI Networks are comprised of subgrantees representing all locally funded Ryan White Part A service categories. QI Networks design standards of care and performance indicators; identify, test, and implement QIPs to improve quality or related processes; address emerging barriers impeding access to and retention in services; and review and update service delivery models to ensure services are provided in accordance with PHS treatment guidelines, HAB measures, and locally adopted standards of care. QI Networks also allow for discussion of MIS-related matters.

Currently there are five QI Networks: Outpatient/Ambulatory Medical Care, Medical Case Management, Mental Health/Substance Abuse, Oral Health Care, and the Combined Network which includes representatives of the following: Centralized Intake and Eligibility Determination, Food Bank, Pharmacy, and Legal Services as well as representatives from Housing Opportunities for People with AIDS (HOPWA) and Part B funded Transportation services. This forum creates an opportunity to discuss specific

data requests and reports as well as general questions or concerns related to the MIS system.

It is the consumer who is ultimately impacted by the quality of Part A and MAI funded services. Consumers complete the feedback loop through focus groups, client satisfaction surveys, key informant interviews, and client participation at QI Networks and QM Committee. Consumer input informs the entire CQM Program's stakeholders regarding the HIV service delivery system.

Quality Implementation Plan

The QM Committee, in conjunction with the Grantee CQM Staff, provides the daily management and implementation of the CQM Program, achievement of the EMA three-year CQM Plan and Annual Work Plans, and overseeing the QIPs. The CQM support staff will collect and analyze performance data, and create reports summarizing findings and recommendations to help inform the CQM program, the Grantee's implementation of the EMA three-year CQM plan, the QM Committee, and the QI Networks.

The collaboration of subgrantees in implementing the EMA three-year CQM Plan is sought in several ways. Evaluation of subgrantee technical assistance (TA) and capacity building needs through annual provider surveys. Subgrantees also maintain and implement individual agency specific C QM plans and QIPs within their internal CQI processes.

Subgrantees also participate in the QI Networks, implement their own CQM programs and plans, and assess consumer satisfaction through surveys and feedback from the HIV Planning Council. Participation in the QI Networks allows subgrantees to conduct QIPs and to provide input and feedback relative to service delivery standards. As areas of improvement in performance and outcome are identified, QI Network members also develop possible solutions, test improved processes through use of the PDSA cycles, and implement system-wide their solutions.

QI training is conducted throughout the three-year planning period for all QM Committee members, QI Network members, and consumers. Resources to achieve this CQM Plan include: Grantee leadership, HIVPC leadership, QM Committee and QI Network members, and subgrantees to strive to deliver the highest quality services possible. Other resources include HAB CQM funds, experts and well trained staff, space to meet, timely and accurate databases, and consumers' firsthand experience with the Part A and MAI funded service delivery system.

Various methods will be used to solicit feedback from consumers relative to service delivery effectiveness and efficiency. Among these methods are consumer focus groups, consumer surveys, key informant interviews, and participation of consumers in the CQM Committee and QI Networks.

Performance Measurement

The CQM Grantee and support staff, QM Committee, and QI Networks will establish annual work plans and benchmark to assess progress made toward achievement of the EMA three-year CQM Plan. Data from provider quarterly outcome reports, annual

Grantee program evaluations, chart reviews, and the MIS client-level data will be used in the quarterly progress review.

The quality of services provided, provider performance, and clinical outcomes are assessed through service delivery standards and HAB and EMA-specific performance measures Conceptually, achievement of client, provider, and system-level outcomes and performance indicators are viewed as a result of how well the quality of service delivery standards are carried out in this EMA. Further, HAB performance and outcome measures are used to assess the quality of care provided across the EMA. As HAB updates it quality measures, the EMA will adopt those measures by reference in the Three-Year CQM Plan. The CQM support staff is responsible for the primary daily responsibility for data collection and analysis. The QM Committee will develop and implement mechanisms for sharing findings with QI networks, subgrantees, front-line providers, consumers, HIVPC, other HAB grantees operating in the EMA, and other stakeholders.

Capacity Development

Annual provider assessments will be conducted to assess the capacity and training needs of subgrantees and direct service staff. Critical to capacity development is initial and ongoing training for all stakeholders. CQM Grantee and support staff, QM Committee, and AIDS Education and Training Center (AETC) staff will conduct periodic training. Curriculum will be adopted from the National Quality Center (NQC) and AETC to impart new knowledge and skills to QM Committee and QI Network members. Front-line direct services and administrative staff will be encouraged to participate in training to expand their capacity to design and implement their own CQM programs and undertake QIPs.

Central to this process is the ability of the CQM Grantee and support staff to work in a supportive and facilitative method with the QM Committee, QI Networks, and individual subgrantees to facilitate QIPs and the receipt of technical assistance. Grantee QA staff and CQM support staff will arrange for CQM capacity development to address subgrantees' needs.

Evaluation

The Grantee CQM staff will facilitate the QM Committee and QI Networks to identify QIP critical to the achievement of performance measures and client, provider, and system-level outcomes and performance measures. Annually, the QM Committee will use the NQC Part A CQM Program Assessment Tool to evaluate subgrantees' CQM programs and plans. On a quarterly basis, the CQM Committee and QI Networks will review all service category client, provider, and system-level outcomes and performance measures to assess incremental improvement and achievement of benchmarks. Additionally, support staff will provide data relative to the achievement of quality outcomes and performance measures.

Fundamental to evaluation of the CQM Plan is the solicitation of consumer input via focus groups, key informant interviews, satisfaction surveys, and participation in the CQM Committee and QI Network chairs. The Grantee CQM staff will solicit input from the CQM Committee and QI Networks regarding topics to be covered in client focus groups and satisfaction surveys. Subgrantees will also be required to design their own

CQM evaluation processes, including consumer satisfaction assessments. Grantee CQM staff will provide capacity development and TA to assist providers in these activities.

Process to Review and Update CQM Annually

The Grantee CQM staff will ensure that active QIP updates will be a standing item on monthly CQM Committee agendas. CQM support staff will facilitate this process by collecting and analyzing clinical quality measure data, then report findings and progress to the CQM Committee. While QIPs are underway, the respective QI Network will also meet monthly to review progress and make modifications as necessary.

The Grantee CQM staff will ensure that subgrantee Quarterly Outcome reports are aggregated and findings are reported to both the CQM Committee and the respective QI Network. Additionally, a formal review of the CQM Plan, on a quarterly basis will become a standing item on the CQM Committee agenda. This process will help facilitate the identification of future QIPs toward the accomplishment of the annual CQM Plan. As the Grantee CQM staff has collected and analyzed Clinical Quality Performance Measures, they will report findings and recommendations to the CQM Committee and respective QI Networks.

Process to Update Annual CQM Work Plans

The Grantee CQM staff will prepare an Annual CQM Work Plans for review and comment by CQM Committee and QI Network members. The Work Plan will summarize service category-specific quality assessments, analytic reports, QIPs, training, CQM evaluation activities, TA, and other activities to be undertaken in the year. An annual CQM schedule will be included in the plan, as well as stakeholders responsible for implementation of the Work Plan's activities. Grantee CQM staff will facilitate implementation of the annual planning process by collecting and analyzing quality data, and reporting findings to the CQM Committee and QI Networks. While QIPs are underway, the respective QI Network will meet monthly to review progress and make modifications as necessary.

At least annually, just prior to the development of the next year's CQM Plan, the CQM Committee and QI Chairs will review progress made on the current year's annual CQM Work Plan and the EMA Three-Year Plan.

Communication

The Grantee CQM and support staff, and other relevant program staff will meet on a monthly basis to discuss and review progress made on the CQM Plan and QIPs. This meeting will also include a review of other relevant materials such as best practice models, literature reviews, review of ancillary reports and data, other EMA efforts, and additional material that may potentially enhance this EMA's CQM Plan.

At least two months prior to the expiration of the CQM Plan, the Grantee CQM and support staff will draft the next three-year CQM Plan and disseminate it among the

HIVPC, QM Committee, QI Networks, Grantee program staff, and consumers. Advertisement of this presentation will be through fliers in subgrantees' facilities, community stakeholder organizations and email listings maintained by the CQM support staff. Through this activity, it is anticipated that all stakeholders and consumers will be informed of scheduled reviews and of the need for their input and feedback for the three-year CQM plan. Consumer input informs the entire CQM Program's stakeholders regarding the HIV service delivery system.

Appendix

Attachment 1 – CQM Work Plan

Work Plan Activity	Outcome	2014	2015	2016
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			
Work Plan Activity	**Outcome**			
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			
Work Plan Activity	**Outcome**			
3.1 Quarterly Network Update	1. Identify Areas For Improvement 2. Provide Guidance And Directives To Improve Network Activities and QIPs			
Work Plan Activity	**Outcome**			
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			
Work Plan Activity	**Outcome**			
5.1 Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	• Linkage To Care And Retention Deficiencies Addressed			

Attachment 2 – Performance Measurement

HAB Performance Measures[3]: To Be Update in 2013 Once New Measures Approved by HRSA

- **ARV Therapy for Pregnant Women** - Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy
- **CD4 T-Cell Count** - Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year
- **HAART** - Percentage of clients with AIDS who are prescribed HAART
- **Medical Visits** - Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year
- **PCP Prophylaxis** - Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm^3 who were prescribed PCP prophylaxis
- **Adherence Assessment & Counseling** - Percentage of clients with HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year
- **Cervical Cancer Screening** - Percentage of women with HIV infection who have a Pap screening in the measurement year
- **Hepatitis B Vaccination** - Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B
- **Hepatitis C Screening** - Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection
- **HIV Risk Counseling** - Percentage of clients with HIV infection who received HIV risk counseling within the measurement year
- **Lipid Screening** - Percentage of clients with HIV infection on HAART who had a fasting lipid panel during the measurement year
- **Oral Exam** - Percent of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year
- **Syphilis Screening** - Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year
- **TB Screening** - Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection (LTBI) since HIV diagnosis
- **Chlamydia Screening** - Percentage of clients with HIV infection at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year
- **Gonorrhea Screening** - Percentage of clients with HIV infection at risk for sexually transmitted infections (STIs) who had a test for gonorrhea within the measurement year
- **Hepatitis B Screening** - Percentage of clients with HIV infection who have been screened for Hepatitis B virus infection status

[3] HIV/AIDS Bureau. The HIV/AIDS Program Home: HAB Performance Measures. http://hab.hrsa.gov/special/habmeasures.htm (Last visit date: March 2011)

- **Hepatitis/HIV Alcohol Counseling** - Percentage of clients with HIV and Hepatitis B (HBV) or Hepatitis C (HCV) infection who received alcohol counseling within the measurement year
- **Influenza Vaccination** - Percentage of clients with HIV infection who have received influenza vaccination within the measurement period
- **MAC Prophylaxis** - Percentage of clients with HIV infection with CD4 count < 50 cells/mm^3 who were prescribed Mycobacterium avium Complex (MAC) prophylaxis within the measurement year
- **Mental Health Screening** - Percentage of new clients with HIV infection who have had a mental health screening
- **Pneumococcal Vaccination** - Percentage of clients with HIV infection who ever received pneumococcal vaccine
- **Substance Use Screening** - Percentage of new clients with HIV infection who have been screened for substance use (alcohol & drugs) in the measurement year
- **Tobacco Cessation Counseling** - Percentage of clients with HIV infection who received tobacco cessation counseling within the measurement year
- **Toxoplasma Screening** - Percentage of clients with HIV infection for whom Toxoplasma screening was performed at least once since the diagnosis of HIV infection

Client Level and System Level Outcomes and Indicators (REVISED 2013):

Outpatient/Ambulatory Medical Care (No Changes Made)

- Outcome: Slow/prevent clients HIV disease progression
    - 80% of clients with CD4 <350 are prescribed HAART
    - 70% of clients on HAART for >6 months will have a viral load<400

AIDS Pharmaceutical Assistance (local)

- Outcome 1: Improve access to medication.
    - 1.1-100% of clients who do not pick up medications within 7 to 14 days of filling the prescription will be contacted.
      (Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).

- Outcome 2: Clients provided an opportunity to improve medication adherence.
    - 2.1-100% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider for follow up. (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence)
      (Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).

Oral HealthCare

- Outcome 1: Reduction in number of teeth with untreated caries (tooth decay)
    - 75% of caries identified in the Phase I (Disease Control) treatment plan will be treated within 6 months

- Outcome 2: Improved Periodontal Health
    - 2.1 - 80% of clients will have a 50% reduction in the number of bleeding sites at the completion of the Phase I (disease control) Plan.

Medical Case Management

- Outcome: Increased access, retention and adherence to 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.
    - 1.1-80% of clients achieve POC goals related to Outpatient/ Ambulatory Medical Care services by designated target dates

    - 1.2 -80% of clients are retained in Outpatient/ Ambulatory Medical Care

Mental Health Services

- Outcome 1: Improvement in client's symptoms associated with primary mental health diagnosis.
    - 1.1-85% of clients achieve Plan of Care goals by designated target date.
        - Outcome 2 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.*
    - 2.1-85% of clients are retained in Outpatient/Ambulatory Medical Care.

Substance Abuse Services Outpatient

- Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.
    - 1.1-85% of clients achieve Plan of Care goals by designated target date.

- Outcome 2 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.
    - 2.1-85% of clients are retained in Outpatient/ Ambulatory Medical Care.

Outreach Services

- Outcome: 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).

Food Bank

- Outcome: 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
  - 1.1-85% of clients are retained in Outpatient/Ambulatory Medical Care.
  - 1.2-100% of those clients not retained in Outpatient/Ambulatory Medical Care will be referred to the appropriate provider (i.e., medical case management, physician, Treatment Adherence Program, etc.).

Legal Services

- Outcome: Increased access to benefits for which the client is eligible.
  - 1.1-80% 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.
  - 1.2-60% 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.

CIED

- Outcome 1: Provide rapid engagement of clients into care.
  - 1.1-95% of clients eligible for Part A who have not had an OAMC visit within the last 6 months at the time of recertification shall have an OAMC or Medical Case Management appointment scheduled within 1 business day.

- Outcome 2: Provide access to benefits for which client is eligible.
  - 2.1-95% of clients who meet eligibility criteria for 3rd party benefits will receive assistance in completing applications for those benefits.

QUARTERLY QUALITY IMPROVEMENT (QI) NETWORK UPDATE SEPTEMBER 2013-NOVEMBER 2013

Oral Health Care Network

- No meetings were held.
- **Next Steps:**
  - The Network to continue development of an Oral Health QIP by identifying the number of clients who are eligible for dental services under Part A compared to the number of clients using Part A services to determine, 1) the number of clients who can potentially utilize dental services, and 2) develop either a retention or dental service promotion QIP.

Mental Health/Substance Abuse Network

- The Network participated in a discussion about substance abuse services offered in Broward County.
  - Members noted the contract period for Part B residential substance abuse treatment (November 2013-March 31, 2014), contracted provider (BARC) and services offered at BARC.
    - BARC contact information was provided to the Network.
- The Network reviewed the mental health, substance abuse, system wide and agency client level viral load reports to develop a viral load analysis QIP. Members noted the percentage of clients with either high or unsuppressed viral loads and agreed to review client level data (CLD) to identify trends at an agency level for those clients.
- The Network reviewed the NQC In+Care Campaign Measures and MH/SA work plan.
- **Next Steps:**
  - The Network agreed to: 1) Review client level viral load data to identify trends among those who do not have a suppressed or undetectable viral load (e.g., demographics, HIV disease state, education level, etc.), 2) Document the date of the last medical appointment as documented in the appointment record to determine compliance with OAMC and its impact on viral load results, and 3) Present findings at the next Mental Health and Substance Abuse Network meeting on January 17, 2014.

Outpatient Ambulatory Medical Care Network

- The Network heard a presentation on the current Syphilis outbreak in Broward County by the FLDOH Broward County.
  - The FLDOH Broward County to present Syphilis treatment guidelines and offer CME credits at an upcoming Medical QI Network meeting.
  - Members watched Broward >AIDS PSAs showcasing Part A medical providers to be released by FLDOH-Broward County.
- The Network reviewed the current Part A formulary.
  - The Network formally recommended adding Elavil, Remeron, Qvar and Prevnar 13, Gardasil, and Zostavax vaccines to the formulary.
  - The Network agreed not to move Zithromax and Diflucan from Tier 2 to Tier 1 of the formulary with the understanding that both medications are available through ADAP and by emergency provision through the Ryan White Part A program office.
    - The Network was invited to attend the LPAC meeting on November 6, 2013 at 2:00pm.
- **Next Steps:**
  - The Network to continue working on the cervical screening QIP next steps: 1) Data clean up, 2) Establishing an agency specific reminder system for upcoming Pap exams, 3) Program exclusions in to PE, and 4) Identify Special Populations to participate in focus groups.
  - The Network to have a Joint Medical QI Network and Local Pharmacy Advisory Committee on January 22, 2014 to increase collaboration between the physicians and pharmacists.

Medical Case Management Network

- The Network heard a presentation by the Mental Health and Substance Abuse (MH/SA) Network on assessing depression and the impact of depression on retention in care.
  - Members reviewed the SAMISS and PHQ2 survey tools and agreed that the PHQ2 would be a useful tool for assessing depression during the client needs assessment.
- The Network heard an Agency specific presentation summarizing QIP findings based on a PE report (*No Activity in 120 Days*):
  - Agency identified reasons for missed/no appointments (e.g., Clients no longer receiving case management/closed with case management; Client moved/relocated; Incarcerated; Private insurance, Medicaid

and Medicare; and Expired Ryan White eligibility).
    - Staff/Grantee to review Agency specific findings to determine next steps.
- The Network discussed the Resource Fair; Members agreed the Resource Fair was well received.
- The Network heard a presentation on the Ryan White Part A Outreach Services by AHF.
- The Network reviewed the In+Care Measures and Viral Load Report
- The Network discussed the next steps for data review. Members were asked to run the PE report *No Activity in 120 Days* every other month to continue their data clean up.
- The Network discussed the need to review Desktop and Supervisory Notes in the near future; Members agreed that case managers are due for a refresher training on client plans of care. The Network also noted the change in bus pass eligibility (400% FPL), with at least 2 appointments scheduled per month (i.e. core/support services)
- The Network tabled review of the Agency specific presentation summarizing QIP findings based on the PE report (*No Activity in 120 Days*) and case conference
- **Next Steps:**
    - The Network agreed to run the PE report *No Activity in 120 Days* every other month and report findings to the Network.

Combined Network

- The Network heard a presentation of findings from the "I Scream, You Scream, We All Scream for Ice Cream" health literacy assessment.
    - Members discussed their experience administering the activity and noted that the activity was well received by participants.
    - Members discussed next steps and agreed that this activity helped to identify Food Bank and Pharmacy as service categories that may need further health literacy assistance.
- The Network reviewed the In+Care Campaign Retention Measures Report.
- The Network reviewed the viral load analysis for each service category and for the EMA overall.
- The Network reviewed the handout: Checklist for Patient Understanding. Members discussed modifying the handout for each service category and efficacy as a pilot within the EMA. It was suggested to pilot the checklist to clients with high and detectable viral loads to try and correlate health literacy and improved health outcomes.
- **Next Steps**:
    - The Network agreed to: 1) Review client level viral load data to identify trends among those who do not have a suppressed or undetectable viral load (e.g., demographics, HIV disease state, education level, etc.), 2) Document the date of the last medical appointment as documented in the appointment record to determine compliance with OAMC, 3) Pilot the use of the Checklist for Patient Understanding in a manner that is appropriate to their service category/agency, and 4) Present findings at the next Combined Network meeting on January 21, 2014.

All Network

- No meetings were held.

In+Care Measures	12.1.11	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
Gap Measure	30%	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%
Medical Visit Frequency	49%	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%
Patients Newly Enrolled in Medical Care	35%	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%
Viral Load Suppression	66%	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%

HHS Outcomes	FY12-13 Num/Denom	FY12-13	FY13-Year to Date Num/Denom	FY13-Year to Date
HIV Positivity	293/838	35%	259/718	36%
Retention in HIV Medical Care	1,699/3,082	55%	1,903/3,511	54%
Late HIV Diagnosis	9/586	2%	3/291	1%
Linkage to HIV Medical Care	582/586	99%	288/291	99%
ART Among People in Care	5,111/6,187	83%	4,699/5,407	87%
Viral Load Suppression	3,024/4,420	68%	3,443/5,406	64%
Housing Status	1,109/6,107	18%	940/5,334	18%

HAB Measures	Num/Denom	FY12-13	Num/Denom	FY13-Year to Date
CD4 Count	2,568/3,266	79%	1,327/3,202	41%
HAART	311/323	96%	265/277	96%
Medical Visits	2,731/3,266	84%	2,461/3,202	77%
Oral Exam	1,645/3,921	42%	1,714/3,864	44%
Lipid Screening	2,619/3,303	79%	2,104/3,306	64%
TB Screening	2,748/3,914	70%	2,660/3,856	69%
Chlamydia Screening	564/819	68%	369/624	59%
Gonorrhea Screening	564/819	68%	366/624	59%
Syphilis Screening	3,055/3,921	77%	2,640/3,864	68%
Cervical Screening	446/1,083	41%	330/1,048	31%
Hepatitis B Screening	3,242/3,921	84%	3,207/3,864	83%
Hepatitis C Screening	3,087/3,921	76%	2,912/3,864	75%

IN+CARE CAMPAIGN RETENTION MEASURES

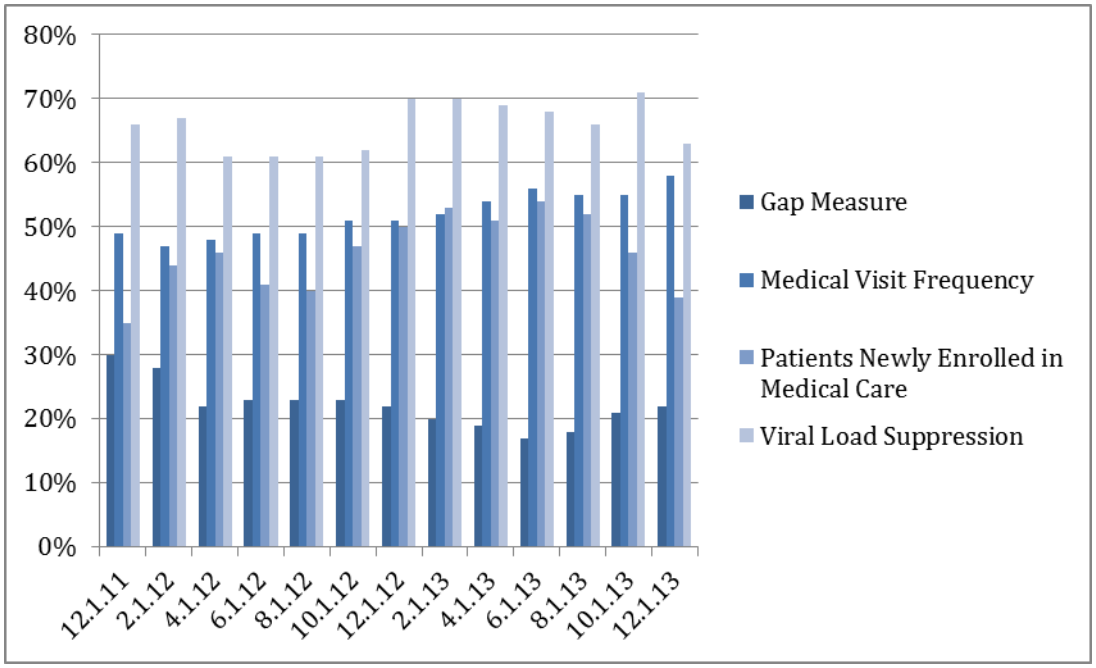
Gap Measure
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS who did not have a medical visit with a provider with prescribing privileges in the last 6 months of the measurement year.
Medical Visit Frequency
Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS 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

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

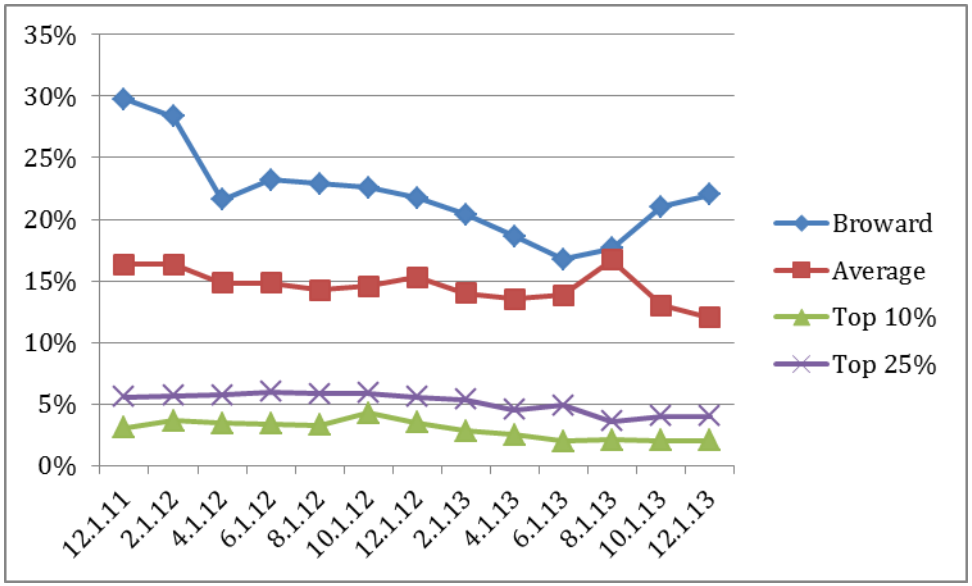
BROWARD COUNTY RATES



	12.1.11	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
Gap Measure	30%	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%
Medical Visit Frequency	49%	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%
Patients Newly Enrolled in Medical Care	35%	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%
Viral Load Suppression	66%	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%

PART A BENCHMARK REPORT

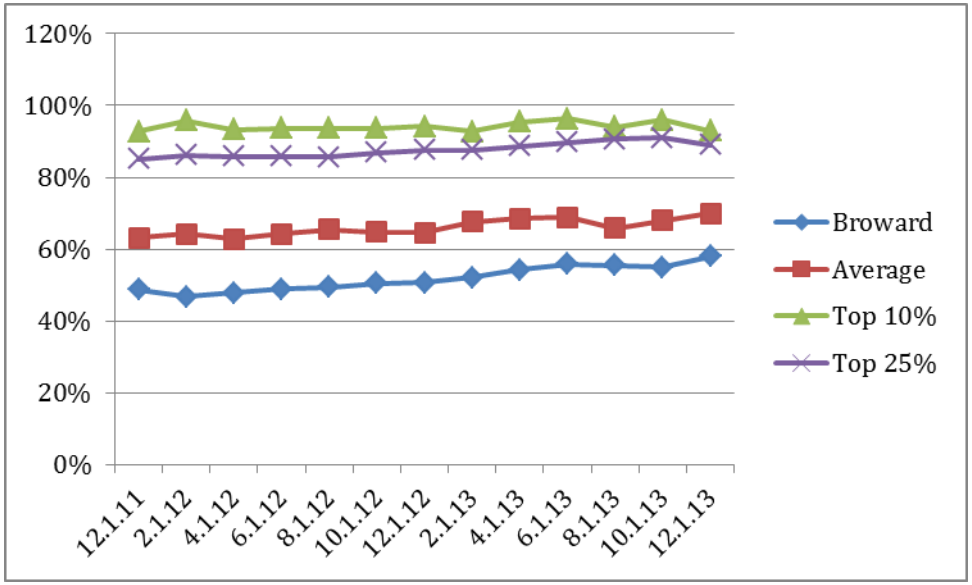
GAP MEASURE



	12.1.11	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
Broward	30%	28%	22%	23%	23%	23%	22%	20%	19%	17%	18%	21%	22%
Average	16%	16%	15%	15%	14%	15%	15%	14%	14%	14%	17%	13%	12%
Top 10%	3%	4%	3%	3%	3%	4%	3%	3%	3%	2%	2%	2%	2%
Top 25%	6%	6%	6%	6%	6%	6%	6%	5%	5%	5%	4%	4%	4%

PART A BENCHMARK REPORT

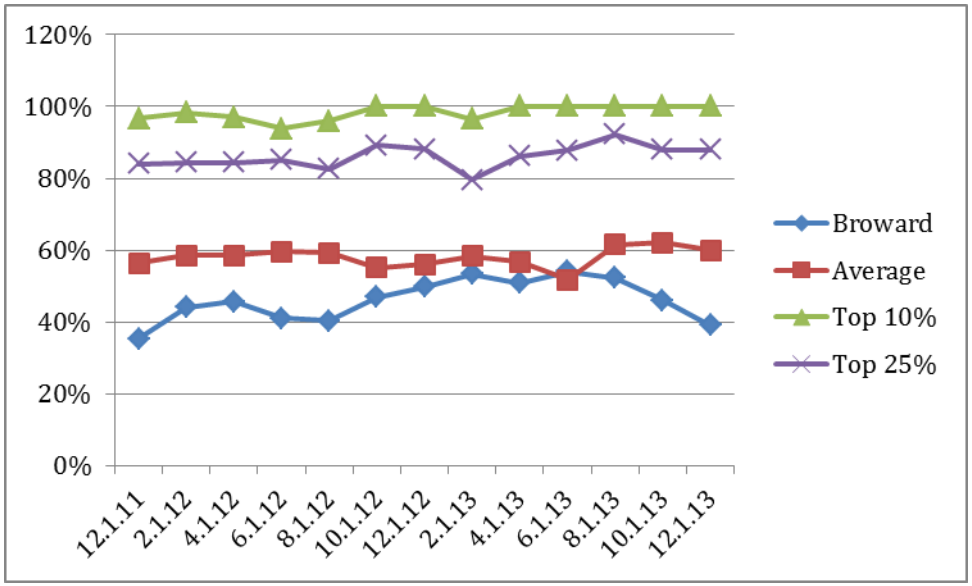
MEDICAL VISIT FREQUENCY



	12.1.11	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
Broward	49%	47%	48%	49%	49%	51%	51%	52%	54%	56%	55%	55%	58%
Average	63%	64%	63%	64%	65%	65%	65%	68%	69%	69%	66%	68%	70%
Top 10%	93%	96%	93%	94%	94%	94%	94%	93%	95%	96%	94%	96%	93%
Top 25%	85%	86%	86%	86%	86%	87%	88%	88%	89%	90%	91%	91%	89%

PART A BENCHMARK REPORT

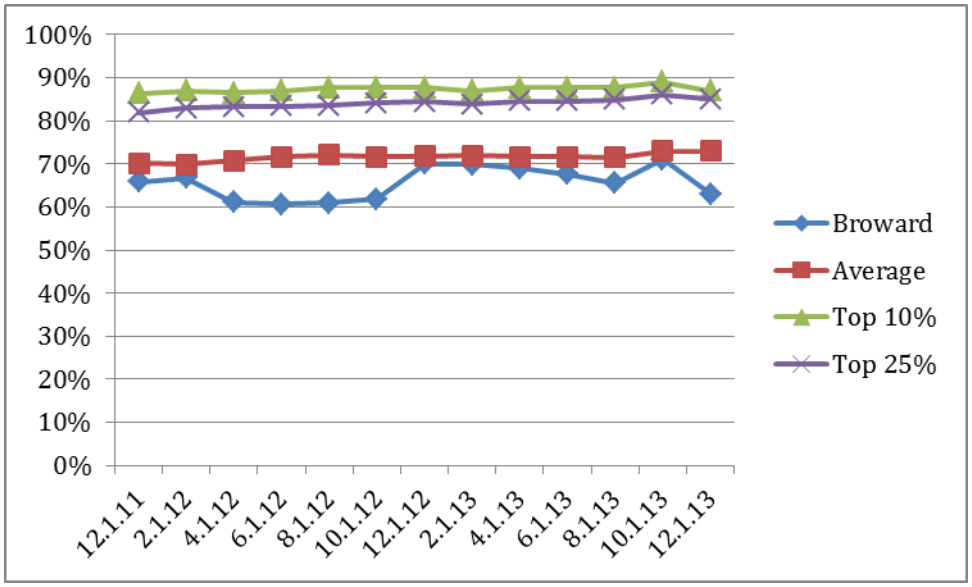
PATIENTS NEWLY ENROLLED IN MEDICAL CARE



	12.1.11	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
Broward	35%	44%	46%	41%	40%	47%	50%	53%	51%	54%	52%	46%	39%
Average	56%	58%	59%	60%	59%	55%	56%	58%	57%	52%	61%	62%	60%
Top 10%	97%	98%	97%	94%	96%	100%	100%	96%	100%	100%	100%	100%	100%
Top 25%	84%	84%	84%	85%	83%	89%	88%	80%	86%	88%	92%	88%	88%

PART A BENCHMARK REPORT

VIRAL LOAD SUPPRESSION



	12.1.11	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
Broward	66%	67%	61%	61%	61%	62%	70%	70%	69%	68%	66%	71%	63%
Average	70%	70%	71%	72%	72%	72%	72%	72%	72%	72%	71%	73%	73%
Top 10%	86%	87%	87%	87%	88%	88%	88%	87%	88%	88%	88%	89%	87%
Top 25%	82%	83%	83%	83%	84%	84%	84%	84%	85%	85%	85%	86%	85%

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 1.2.14

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 ❖ Review, Update and Approve 3-Year WP

	September	October	November	December	January	February
QM	❖ Quarterly Network Update ❖ Review Performance Measures And Other Data Sources To Assess Successful Linkage To Care	**Meeting Cancelled**	**Quality Management Retreat**	**Meeting Cancelled**	❖ Review 3-Year Work Plan ❖ Network update ❖ 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 1.2.14