



MEETING AGENDA

COMMITTEE: Quality Management Committee

Date/Time: Monday, March 16, 2015 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:** 3/16/15 Agenda and 2/23/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
4. **UNFINISHED BUSINESS**
 - a. Recruitment updates- ACTION ITEM: Provide an update on recruitment letters since the last QMC meeting.
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 Quarterly Data (WP 1.1)	ACTION ITEM: Provide an update and presentation on data findings from client zip codes. (HANDOUT A-1, A-2)

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
 - a. Next Meeting Date: April 20, 2015

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 (WP 2.1)	ACTION ITEM: Review and update Service Delivery Models submitted by QI Networks.
Item #2: Review Needs Assessment Findings (WP 4.1)	ACTION ITEM: Review findings from data sources and identify at least 3 barriers to care, 3 areas for improvement in service delivery, and recommend at least 3 service category evaluations.
Item #3: QM New Member/Refresher Training	ACTION ITEM: Provide training on purpose/goals of Quality Management Committee and its activities.

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

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

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

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

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: 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



Meeting Minutes

Committee: Quality Management Committee

Date/Time: Monday, February 23, 2015 12:30 p.m. **Location:** Governmental Center Annex, A335

Chair: Claudette Grant

Attendance						
#	Members	Present	Absent		Guests	Grantee Staff
1	Grant, C.	X			Earp, A.	Morris, R.
2	Katz, H. B.	X			Harris, F.	Degraffenreidt, S.
4	Mitchell, T.		X		Lewis, L.	
5	Tavares, J.	X				
	Quorum = 3	3	1			HIVPC Support Staff
						Johnson, B.
						McEachrane, T.
						Newton, A.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:49 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	<u>To approve today's meeting agenda</u>		
Proposed by:	Katz, H.B.	Seconded by:	Tavares, J.
Action:	Passed Unanimously		

Motion #2	<u>To approve 1/23/14 meeting minutes</u>		
Proposed by:	Katz, H.B.	Seconded by:	Tavares, J.
Action:	Passed Unanimously		

3. STANDARD COMMITTEE ITEMS

- a. Request for Information/Directives
- b. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
- c. Next Meeting Date: March 16, 2014

4. UNFINISHED BUSINESS:

None.



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 at least 3 QMC Accomplishments and Challenges (WP 2.3)	Members reviewed the quality management accomplishments and challenges (copy on file). Accomplishments included the Needs Assessment components such as the Voices MSM Study, focus groups, and the client and provider survey. It was noted that a Mental Health service category study was approved at the end of 2014 and is in the development stages. Members were reminded that once the disease case management service delivery model is complete, the case management service delivery model will be revised to better reflect the independent roles of the disease case manager and comprehensive case manager. Members reviewed a draft of the letter request a membership. <u>Action Item for Letter:</u> • Include member attendance requirements in the recruitment letter The Membership Committee Chair informed members that there will be a survey distributed to committee and Planning Council members on the barriers to serving on committees and the Planning Council. The survey will also be handed out at the welcome brunches. The Membership Committee will also begin implementing a mentor program to encourage member retention. The recruitment letter will be sent to all Ryan White Part A providers. One member recommended that letters be sent to Broward County Public Schools. A guest recommended that the letters also be sent to infectious disease clinics. The following motion was made: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Motion #3</td><td style="width: 85%;">To approve the letter to providers with additions.</td></tr> <tr> <td>Proposed by:</td><td>Katz, H.B. Seconded by: Tavares, J.</td></tr> <tr> <td>Action:</td><td>Passed Unanimously</td></tr> </table>	Motion #3	To approve the letter to providers with additions.	Proposed by:	Katz, H.B. Seconded by: Tavares, J.	Action:	Passed Unanimously
Motion #3	To approve the letter to providers with additions.						
Proposed by:	Katz, H.B. Seconded by: Tavares, J.						
Action:	Passed Unanimously						



<i>Item #2: Review Quarterly Data (WP 1.1)</i>	Members reviewed the quarterly data. Staff clarified that the Health and Human Services (HHS) measures are aligned with the National HIV/AIDS Strategy. HHS regularly releases treatment guidelines for doctors treating people with HIV in the United States. The HIV/AIDS Bureau (HAB) measures are used to look at specific aspects of care within HIV care systems and drive quality improvement efforts. Members identified the following disparities: Black clients make up 21% of all clients who have fallen out of care and White men who have sex with men (MSM) make up 31% of those who have fallen out of care. One member noted that the high percentage of MSM who have fallen out of care may be due to them acquiring private or employer-funded health insurance. A guest noted that the large number of MSM who have fallen out of care may also be a result of prevalent drug use within the HIV+ MSM community. After some discussion, the Committee requested that the population variables be broken down further into separate tables. <u>Action Items for Data:</u> • Gender and other variables should be separated out • Break down data by zip codes and look at the disparities between foreign born black clients versus US born • Request a prevalence geo-map from the Florida Department of Health (FLDOH-BC) • Look at those who are in care and a zip code map of those not receiving care to assess the disparities The Committee discussed the barriers to analyzing subpopulations within a larger demographic label. For example, Caribbean black populations are grouped under Black or African American, yet there are significant cultural differences that may not be accounted for when addressing prevention and care. Members were informed that the needs assessment consultants will be looking into those falling out of care to help determine trending factors through focus groups and client surveying.
<i>Item #3: All Networks Update and PDSA Progress</i>	The Committee reviewed the All QI Networks quality improvement project (QIP) brainstorming summary. It was noted that the Mental Health and Substance Abuse (MHSA) Network has refocused efforts to pilot a focus group that discusses client barriers to attending mental health services. Members will be receiving regular updates on the status of the network QIPs.
<i>Item #4: All Networks End of the Year Awards</i>	Members reviewed and revised the award categories for a November awards ceremony. The Committee agreed to remove “Most Virally Suppressed Clients” from the list of categories.



6. GRANTEE REPORTS

The QM Committee will start collaborating with the Priority Setting and Resource Allocation (PSRA) and System of Care (SOC) committees to streamline data requests. Ideally, the data needed by PSRA and SOC will first go through the QM Committee, which will develop recommendations for the committees to use when making decisions. Grantee Staff recommended that a joint meeting between all three committees should take place to discuss data recommendations.

Motion #4	To appoint David Runkle and Atensia Earp to the Quality Management Committee.		
Proposed by:	Katz, H.B.	Seconded by:	Tavares, J.
Action:	Passed Unanimously		

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>
<i>Item #1: Update on Data Review (WP 1.1)</i>	ACTION ITEM: Update on data findings.
<i>Item #2: Update on recruitment efforts</i>	ACTION ITEM: Update on QM recruiting efforts.

9. ANNOUNCEMENTS

Anyone who is interested in helping with HIVPC recruitment should attend the next Membership Committee meeting on March 3, 2015 at 9:30 a.m.

The FLDOH-BC will be coordinating a beach blitz targeting certain parts of the beach to provide condoms, risk reduction education, and STI/HIV testing. Mobile units will be located at beaches from Pompano/Deerfield Beach down to Hollywood/Dania Beach. There will be a training February 25, 2015 from 2-5 p.m. at the FLDOH-BC.

10. ADJOURNMENT

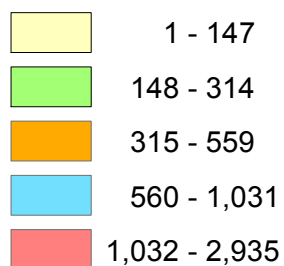
The meeting was adjourned at 2:20 pm.

Quality Management Attendance CY: 2015

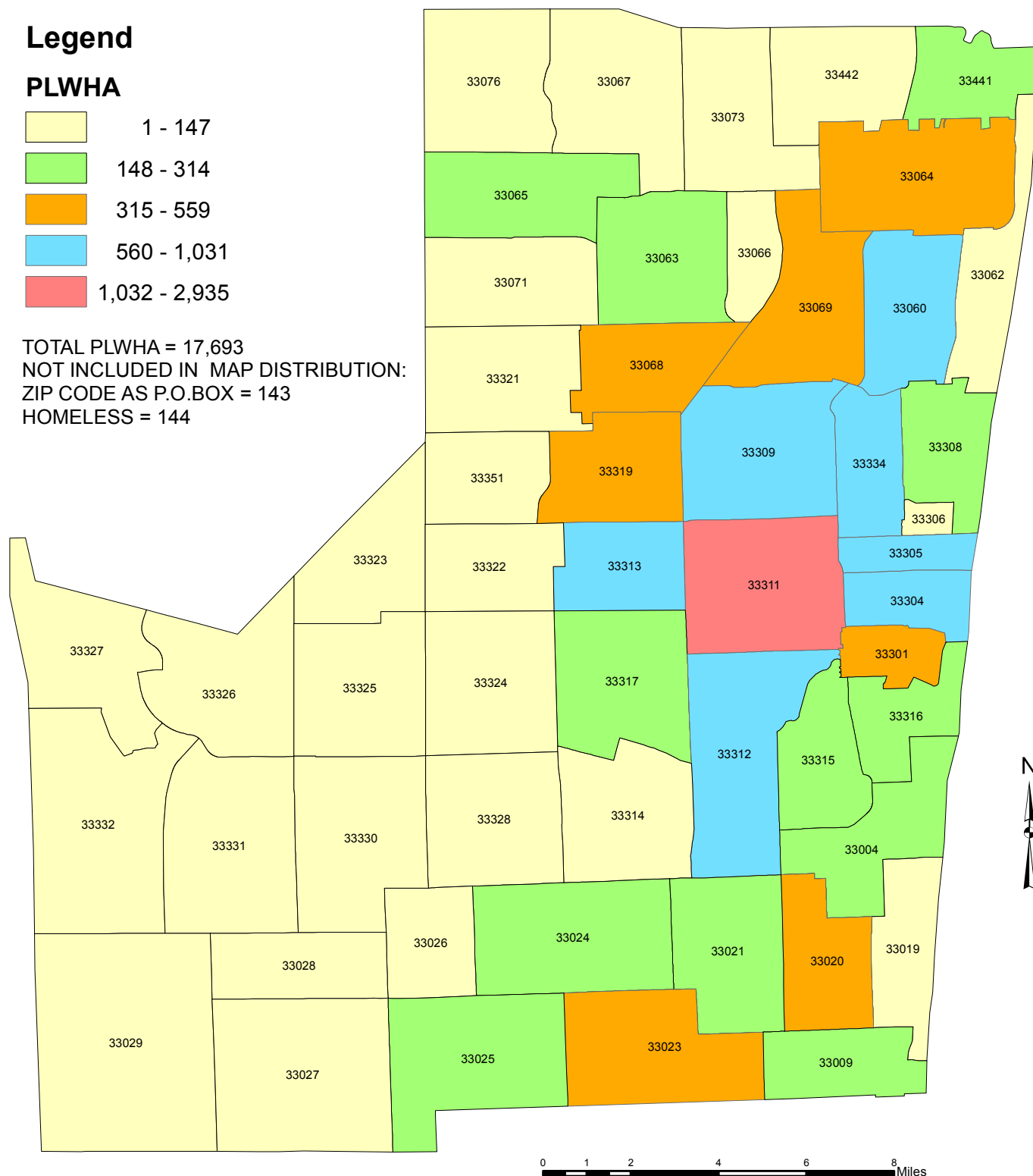
Count	Member	1/26/15	2/23/15
1	Grant, C. Chair	1	1
2	Mitchell, T.	A	A
3	Katz, H.B.	1	1
4	Tavares, J.	1	1
	Quorum=4	4	3

Legend

PLWHA



TOTAL PLWHA = 17,693
 NOT INCLUDED IN MAP DISTRIBUTION:
 ZIP CODE AS P.O.BOX = 143
 HOMELESS = 144



0 1 2 4 6 8 Miles



**FLORIDA DEPARTMENT OF HEALTH
 IN BROWARD COUNTY
 DOCUMENTED PEOPLE LIVING WITH HIV OR AIDS [PLWHA]
 THROUGH APRIL 2014**

Scale 1: 210,000
 Map Unit: Decimal Degrees
 Distance Unit: Miles
 Classification: Natural Breaks
 Projection: Transverse-Mercator
 Author: Rodolfo Boucugnani

FY 2014 Zip Code Data Summary

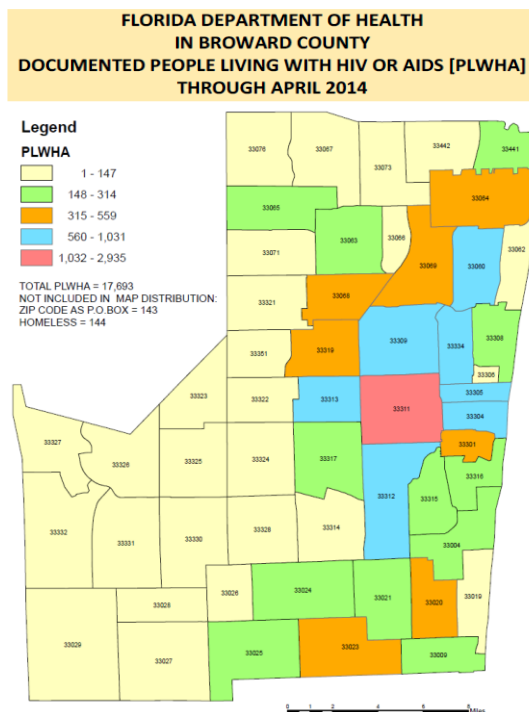
QM Committee 3.16.15

Data Based on In Care Retention Measure 1: Gap Measure

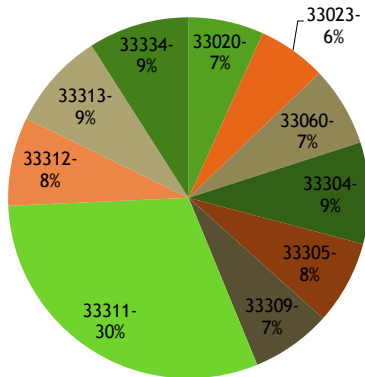
- ▶ **Numerator:** Number of patients who had no medical visits in the last 180 days of the measurement year
- ▶ **Denominator:** Number of patients, regardless of age, with a diagnosis of HIV/AIDS who had at least one medical visit with a provider with prescribing privileges [1] in the first 6 months of the measurement year

Overall Picture

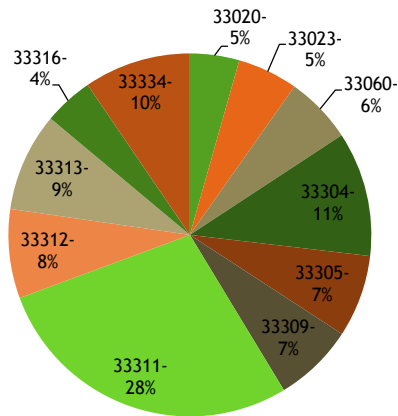
- ▶ The zip codes with the highest prevalence of PLWHA in Broward County identified by the FLDOH are similar to the zip codes of Part A clients.
- ▶ The zip codes of Part A clients not in care are not significantly different from clients in care.
- ▶ Residence of clients may not reflect where clients are receiving care.



Top 10 Zip Codes of Clients
NOT Retained in Care



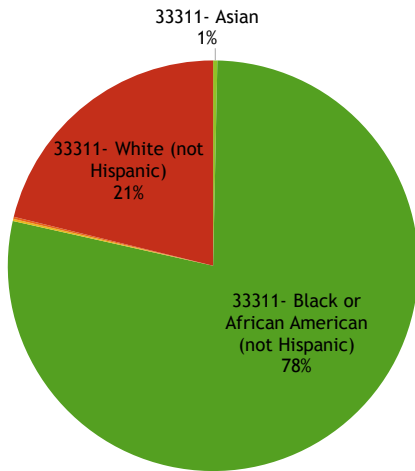
Top 10 Zip Codes of Clients
Retained in Care



- No significant differences found among clients not retained in care

Demographic Breakdown of Top 5 Zip Codes

Race of Clients NOT Retained in Care in Zip Code 33311



- Over 75% Black
- Almost 25% White

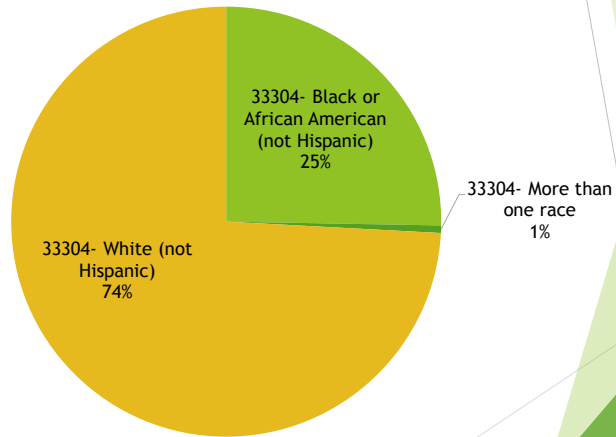
Gender and Ages of Clients Not Retained in Care in Zip Code 33311

- ▶ Females
 - ▶ 94% Black (non-Hispanic)
 - ▶ 6% White (non-Hispanic)
- ▶ Males
 - ▶ 65% Black (non-Hispanic)
 - ▶ 33% White (non-Hispanic)
- ▶ Ages
 - ▶ 26% between 25-44 Years
 - ▶ 43% between 45-54 Years
 - ▶ 25% between 55-64 Years

- The majority of females not retained in care are Black
- The majority of clients not retained in care are over the age of 45

Race of Clients NOT Retained In Care in Zip Code 33304

- Almost 75% White
- 25% Black

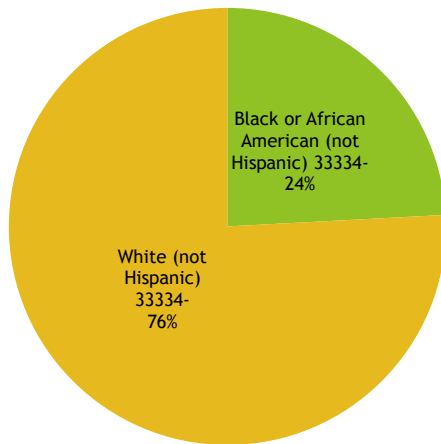


Gender and Ages of Clients Not Retained in Care in Zip Code 33304

- ▶ Females
 - ▶ 67% Black (non-Hispanic)
 - ▶ 33% White (non-Hispanic)
- ▶ Males
 - ▶ 21% Black (non-Hispanic)
 - ▶ 78% White (non-Hispanic)
- ▶ Ages
 - ▶ 5% between 20-24 Years
 - ▶ 24% between 25-44 Years
 - ▶ 39% between 45-54 Years
 - ▶ 29% between 55-64 Years

- The majority of females not retained in care are Black
- The majority of males not retained in care are White
- 5% of clients not retained in care are between 20 to 24 years old (*largest % among all zip codes*)

Race of Clients NOT Retained In Care in Zip Code 33334



- Over 75% White
- Almost 25% Black
- Similar demographics to 33311

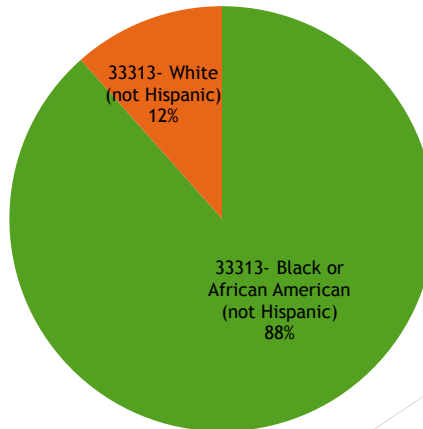
Gender and Ages of Clients Not Retained in Care in Zip Code 33334

- ▶ Females
 - ▶ 62% Black (non-Hispanic)
 - ▶ 38% White (non-Hispanic)
- ▶ Males
 - ▶ 19% Black (non-Hispanic)
 - ▶ 81% White (non-Hispanic)
- ▶ Ages
 - ▶ 32% between 25-44 Years
 - ▶ 41% between 45-54 Years
 - ▶ 24% between 55-64 Years

- The majority of females not retained in care are Black
- The majority of males not retained in care White

Race of Clients NOT Retained in Care in Zip Code 33313

- Almost 90% Black
- Over 10% White
- Similar demographics to 33311

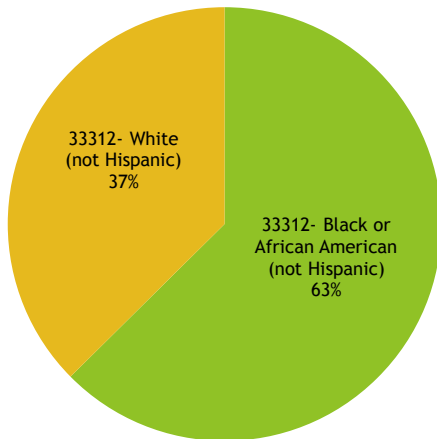


Gender and Ages of Clients Not Retained in Care in 33313

- ▶ Females
 - ▶ 97% Black (non-Hispanic)
 - ▶ 3% White (non-Hispanic)
- ▶ Males
 - ▶ 82% Black (non-Hispanic)
 - ▶ 18% White (non-Hispanic)
- ▶ Ages
 - ▶ 23% between 25-44 Years
 - ▶ 37% between 45-54 Years
 - ▶ 30% between 55-64 Years

- The majority of females and males not retained in care are Black

Race of Clients NOT Retained In Care in 33312



- Over 60% Black
- Almost 40% White

Gender and Ages of Clients Not Retained in Care in 33312

- ▶ Females
 - ▶ 80% Black (non-Hispanic)
 - ▶ 20% White (non-Hispanic)
- ▶ Males
 - ▶ 54% Black (non-Hispanic)
 - ▶ 46% White (non-Hispanic)
- ▶ Ages
 - ▶ 26% between 25-44 Years
 - ▶ 44% between 45-54 Years
 - ▶ 24% between 55-64 Years

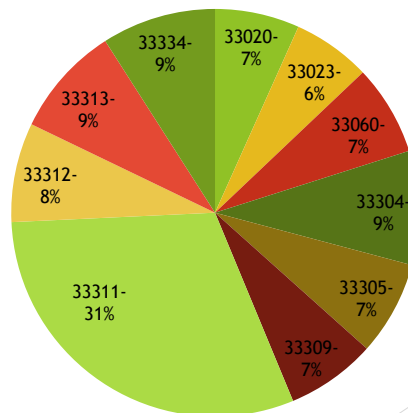
- The majority of females not retained in care are Black
- The majority of people not retained in care are over the age of 45

Black & Hispanic Subpopulations

- PE retention reports do not list country of origin
- Only subpopulation reported are Haitians

Haitian Clients NOT Retained in Care By Zip Code

- Significant number of Haitian clients not in care live in 33311
- 13% of overall clients not retained in care are Haitian
- 24% of Black clients not retained in care are Haitian
- 23% of Haitian clients not in care are between 25-44 years old compared to 32% of Haitian clients in care
- 39% of Haitian clients not in care are between 45-54 years old compared to 27% of Haitian clients in care



Next Steps?

- ▶ What changes can be made based on the findings?
 - ▶ Are you considering initiating a QI project to address the data findings?
 - ▶ Who will be responsible and what are the next steps?
- ▶ Review zip code data again in 6 months to identify changes?
- ▶ Move on?

