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, November 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:** 11/16/15 Agenda and 9/21/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
4. **UNFINISHED BUSINESS**

Review follow up viral load data request (WP 1.1)	**ACTION ITEM**: Review length of diagnosis and Part A OAMC utilization for clients with unsuppressed viral loads.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #	*Action Items*
Quarterly QI Network update (WP 3.1)	**ACTION ITEM:** Conduct Quarterly Network update; identify at least 2 areas for improvement and at least 2 potential QIPs.
Nominate QI Networks for All Networks Awards	**ACTION ITEM:** Vote for QI Network Awards that will be given at the January All Networks meeting.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: December 21, 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.*
Quarterly Data Review (WP 1.1)	**ACTION ITEM:** Review quarterly data; identify at least 3 trends or areas for exploration related to linkage to care, retention in care, or viral load suppression; send recommended areas for exploration to NAE, SOC, PRSA, and QI Networks.
Review Needs Assessment findings (WP 4.1)	**ACTION ITEM**: Review preliminary findings from the needs assessment and identify barriers to care, areas for improvement in service delivery, and recommend service category evaluations.

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 •

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Meeting Minutes

Committee: Quality Management Committee
Date/Time: Monday, September 21, 2015 12:30 p.m. **Location:** Governmental Center Annex, A335
Chair: Claudette Grant

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Grantee Staff**
1	Grant, C.					Deraffenreidt, S.
2	Katz, H. B.					Jones, L.
3	Tavares, J.					Morris, R.
4	Runkle, D.					
7	Earp, A.					
5	Lewis, L.					**Support Staff**
6	Soto, T.					Jackson, M.
						Newton, A.
	Quorum = 5					Ewart, L.

1. CALL TO ORDER:

The Chair called the meeting to order at 12: p.m. and welcomed all present. The Chair and Clinical Quality Management (CQM) Support Staff welcomed guests. Attendees were notified of information regarding 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:	**Seconded by:**
Action: Passed Unanimously	

Motion #2 To approve 9/21/15 meeting minutes	
Proposed by:	**Seconded by:**
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: December 21, 2015

4. UNFINISHED BUSINESS:

Review Viral Load data request (WP 1.1)	

5. MEETING ACTIVITIES/NEW BUSINESS

Goal/Work Plan Objective #:	*Action Items*
Agenda Items/Tasks for Meeting (Work Plan Item/Goal#):	*Information requested (i.e. data, research, etc.)action to be taken, presentation, discussion, brainstorm etc.*
Review Needs Assessment findings (WP 4.1)	
Quarterly Network update (WP 3.1)	

6. GRANTEE REPORTS

7. PUBLIC COMMENT

None.

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.*
Quarterly Data Review (WP 1.1)	**ACTION ITEM:** Review quarterly data; identify at least 3 trends or areas for exploration related to linkage to care, retention in care, or viral load suppression; send recommended areas for exploration to NAE, SOC, PRSA, and QI Networks.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 2: pm.

QUALITY IMPROVEMENT (QI) NETWORK UPDATE
Fiscal Year (FY) 2015-2016

Oral Health Care (OHC) Network

- **Joint OHC and MHSA Meeting**: The oral health providers reported difficulties providing oral health care to clients with potential mental health issues. The providers agreed on the need for a direct link between oral health care and mental health and substance abuse providers. The members discussed potentially implementing a pilot study in oral health clinics to screen and refer clients to mental health services. In the meantime, it was determined that the Mental Health and Substance Abuse (MHSA) Network would provide a training for the oral health providers.
- **Mental Health Training Recap:** Florida Department of Health - Broward County (FDOH-BC) hosted a training on May 29, 2015 by the MHSA Network, which focused on identifying and assessing mental illness among HIV+ persons. The training was to assist oral health providers identify mental health issues in their clients, as well as proper referral and follow up processes.
- **Quality Improvement Project (QIP) Discussion**: The OHC Network reviewed a client utilization handout, and the % of clients who accessed MHSA services at least once appears very low. Dental providers should make referrals to a client's physician indicating that there is a mental health issue that must be resolved.
- **Next Steps:**
    - The Network will continue to discuss ideas for a QIP based on a request for dental client utilization of other Part A services, specifically OAMC. Also, identify referral procedures and communication between services.

Mental Health & Substance Abuse (MHSA) Network

- **QIP Discussion:** The network considered innovative ways to engage more clients into mental health and substance abuse services, because services are underutilized throughout the Ryan White population. The Network agreed that the majority of clients usually fall out of care due to substance abuse problems. The Network discussed looking at current clients to see which ones are attending or missing appointments, and see what would make appointments easier to attend.
- **Next Steps:**
    - Look at data for clients who are falling out of care (out of treatment).
    - Determine the populations, how many visits they had before falling out of care, and any trends within the last fiscal year.
    - Look at primary diagnosis within populations, and determine the most frequent diagnoses.

Outpatient Ambulatory Medical Care Network (OAMC)

- **Wait Time QIP:** Network members discussed establishing a benchmark throughput time of 90 minutes total for a client's whole visit. Each agency selected one week in March to measure throughput time from registration to discharge. Additional processes during the visit (referrals or lab work) were broken down to account for the extra time outside the patient-provider time. Each agency presented their average wait time findings, and it was noted that a few agencies experienced significantly varied throughput times. The variability in throughput time is possible due to patients not understanding how to navigate the system. The results of this QIP led network members to look further into clients who no show for scheduled appointments.
- **No Show QIP:** The Network discussed the no show rates among providers that was discovered while carrying out the wait time QIP, and providers discussed the many barriers to care for clients. The Network documented all "no shows" (no show is defined as a client who does not call to cancel or reschedule the scheduled medical appointment) for the weeks of July 13th and July 20th. The goal of this project is to collect information and identify unique barriers and trends among Ryan White clients who are not attending their medical appointments.
- **Next Steps:**
    - The Networks will present their specific findings from the No Show QIP at the November Network meetings, and solutions to reduce barriers to care will be discussed.

QUALITY IMPROVEMENT (QI) NETWORK UPDATE
Fiscal Year (FY) 2015-2016

Joint QI Network Meeting (Medical, OHC, Disease Case Management, & MHSA)

- **Referrals and Collaboration:** Medical, Oral Health, Disease Case Managers, and Mental Health and Substance Abuse providers were all in attendance at the Joint QI Network meeting to discuss referrals and collaboration efforts throughout the Part A system.
- All providers present agreed on **action steps** that include:
    - Developing collaborative service category presentations on available services for the Annual All Networks meeting in January.
    - Adding additional information including fax numbers and preferred referral methods to the monthly Access to Care Schedule.
    - Improving provider to provider communication between the agencies.

Medical Case Management Network (MCM)

- **Missing Labs QIP:** Members discussed difficulty when trying to receiving labs for clients who have external private providers. The Network agreed that each agency would collect a list of clients for the month of March who have medical providers outside the Part A system without lab work in Provide Enterprise. Each agency will document the efforts made to get the viral load and CD4s and how long it took. Each provider presented their results to the Network. Two important lessons were noted from this exercise: Case Managers need to close out clients and document the reason for case closure.
- **Viral Load QIP:** The Network discussed the high levels of unsuppressed among Black females, and making this population a priority. Network members completed an in depth chart review for black females with unsuppressed viral loads to drill down the data and determine the barriers to care preventing black females from achieving viral load suppression.
- **Case Management Training:** AETC presented The 4 C's of Chronic Disease: Culture, Communication, Collaboration, and Change to the Broward County Ryan White Part A and HOPWA Case Management members on August 13, 2015. The participants were trained on Cultural Awareness Basics, Patient Provider Partnerships & Cross Cultural Communication Skills Development, and Health Literacy & HIV Self-Management.
- **Next Steps:**
    - The Network will continue to work continue to work on the Drilling Down Data Viral Load QIP (as stated above). The Network will review viral load QIP findings from each agency to determine what are the most pressing barriers to care that are causing clients to not stay virally suppressed, and develop potential solutions.

Combined Network

- **Restructuring the Combined QI Network:** The network determined that Pharmacy providers should meet with the Medical Network, and Support Services (Combined Network) will meet with the Case Management Network quarterly.
- **Next Steps:**
    - This network will be restructuring, no next steps at this time.

All Networks

- **Next Steps:**
    - The next All Networks meeting will be held in January and will include presentations by each Service Category as well as QI Network Awards.

#

FY 2014 Viral Load Analysis: Part 2

Quality Management Committee

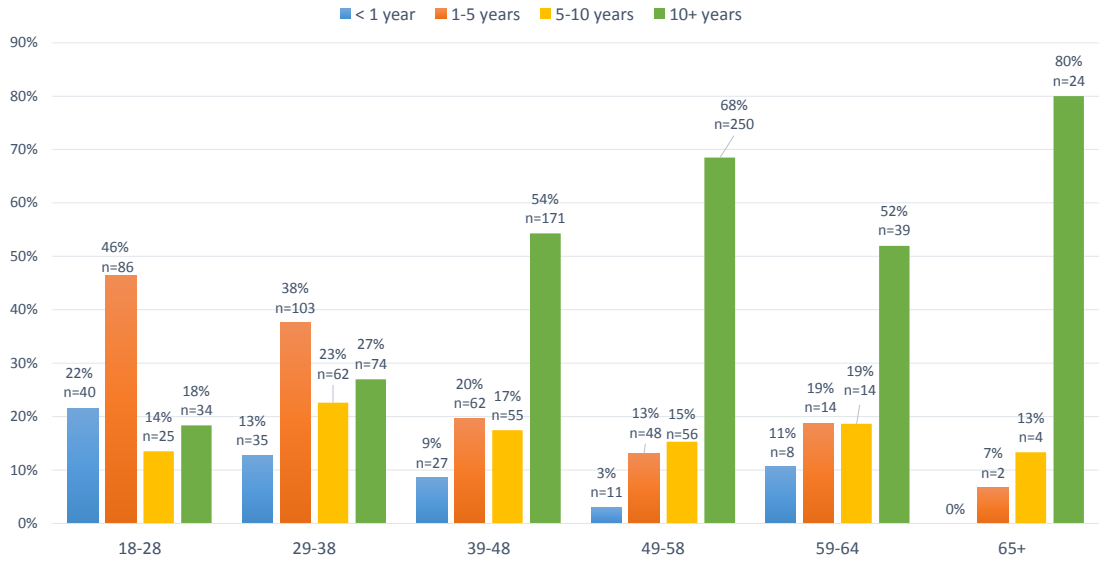
11.16.15

Data Overview

- Definition: Length of Diagnosis and Part A OAMC Utilization for Ryan White Part A Clients with High or Not Suppressed Viral Load (> 200 copies/mL) by Subpopulation
- Measurement Period: Fiscal Year 2014 (3/1/2014 – 2/28/2015)
- Total Clients Served in FY 14: **8,450**
- Total Viral Loads Reported for Clients Served: **7,164**
- Total Clients with Unsuppressed Viral Loads: **1,254**
- Limitations: Data includes clients with documented viral loads in Provide Enterprise.
- Exclusions: Small population groups excluded and identified on respective charts.

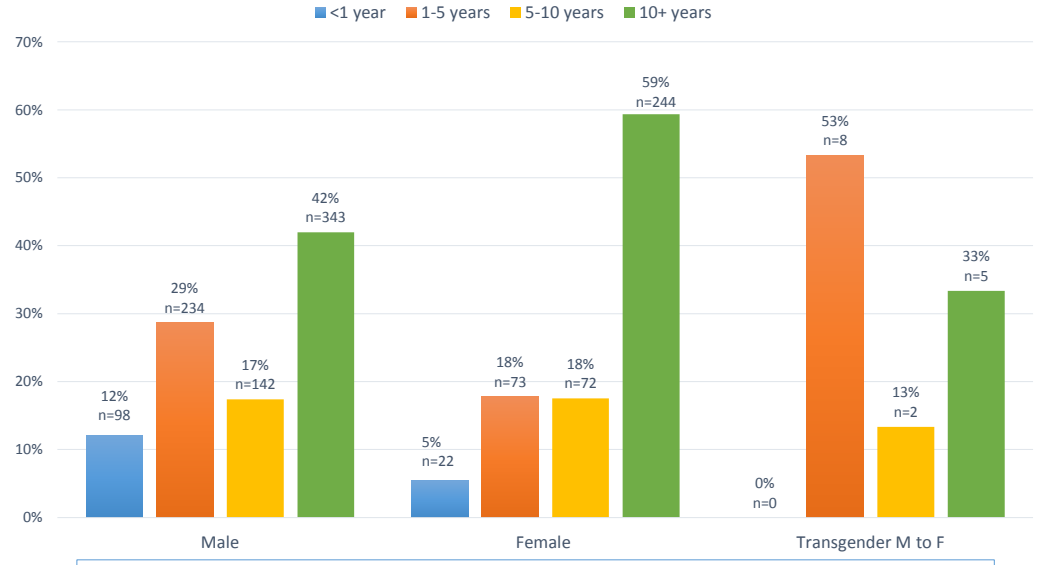
Viral Loads reported for 85% of clients served in FY 14

Length of Diagnosis by Age of Clients with Unsuppressed Viral Load



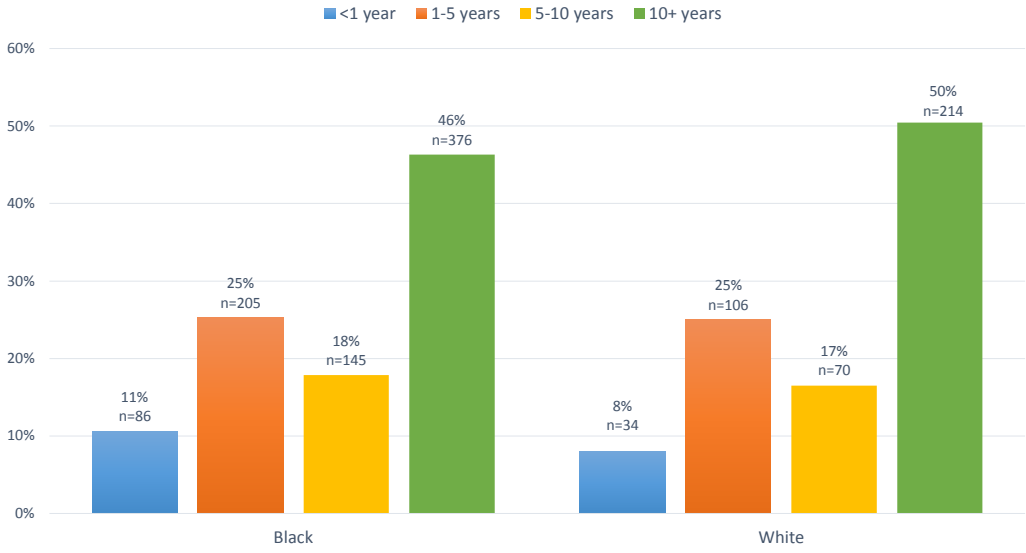
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,244
- Exclusions - No Diagnosis Date Reported (n=10) due to small population size.

Length of Diagnosis by Gender of Clients with Unsuppressed Viral Load



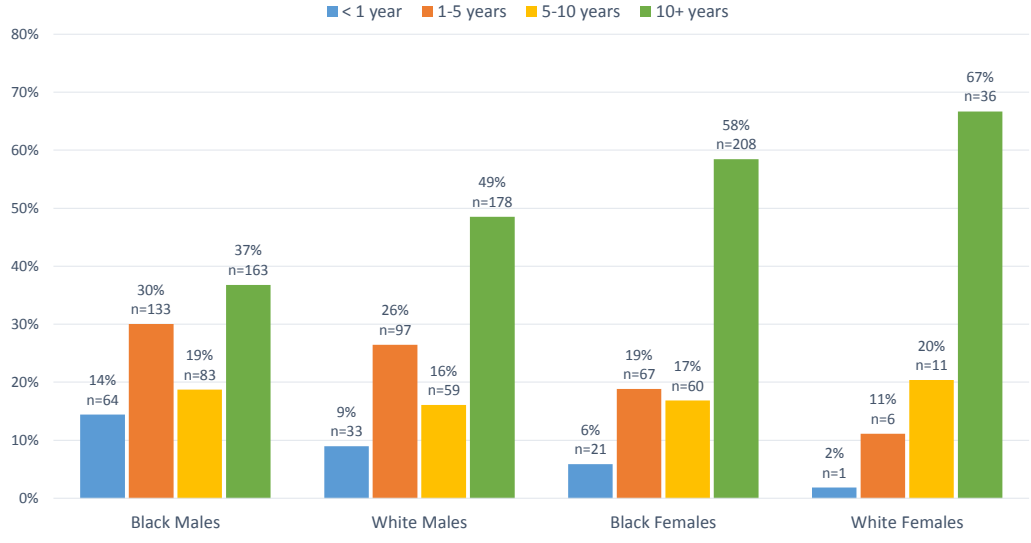
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,243
- Exclusions - Transgender Female to Male (n=1) and No Diagnosis Date Reported (n=10) due to small population size, and Transgender M to F with a length of diagnosis <1 year.

Length of Diagnosis by Race of Clients with Unsuppressed Viral Load



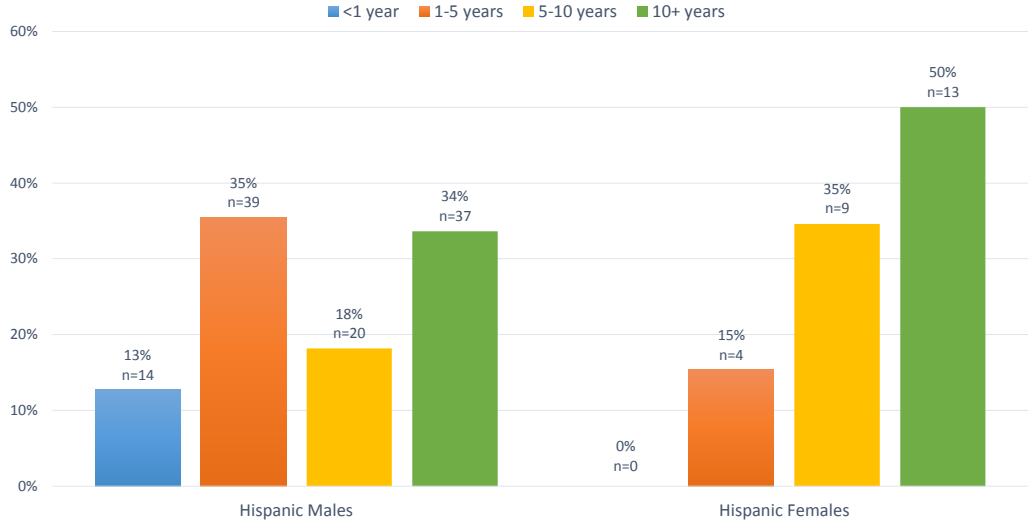
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,236
- Exclusions - Alaskan Native (n=1), American Indian (n=1), Asian (n=5), Pacific Islander (n=1), and No Diagnosis Date (n=10) due to small population size

Length of Diagnosis by Race/Gender of Clients with Unsuppressed Viral Load



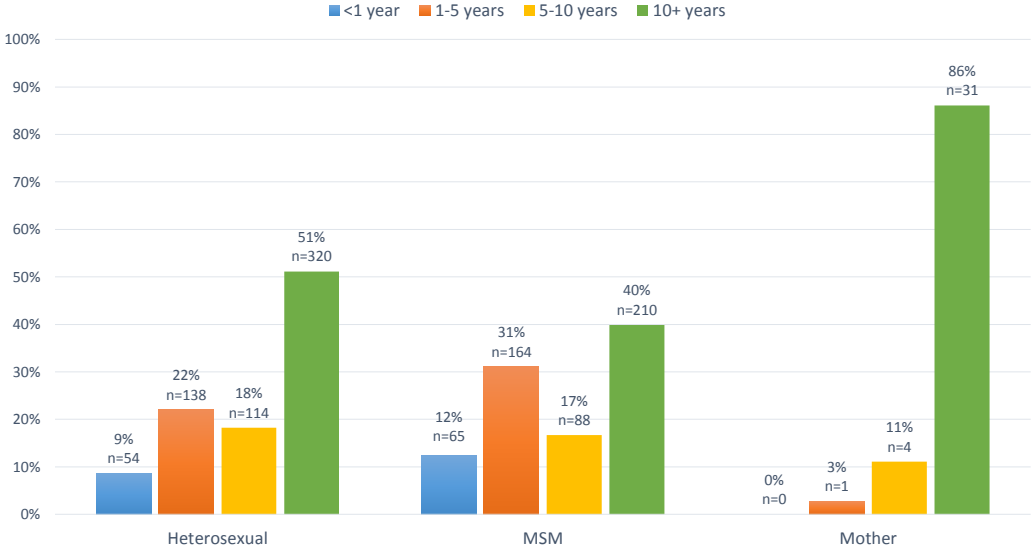
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,220
- Exclusions - Alaskan Native (n=1), American Indian (n=1), Asian (n=5), Pacific Islander (n=1), Transgender M to F (n=17), Transgender F to M (n=1), and No Diagnosis Date (n=10) due to small population size.

Length of Diagnosis by Ethnicity/Gender of Clients with Unsuppressed Viral Load



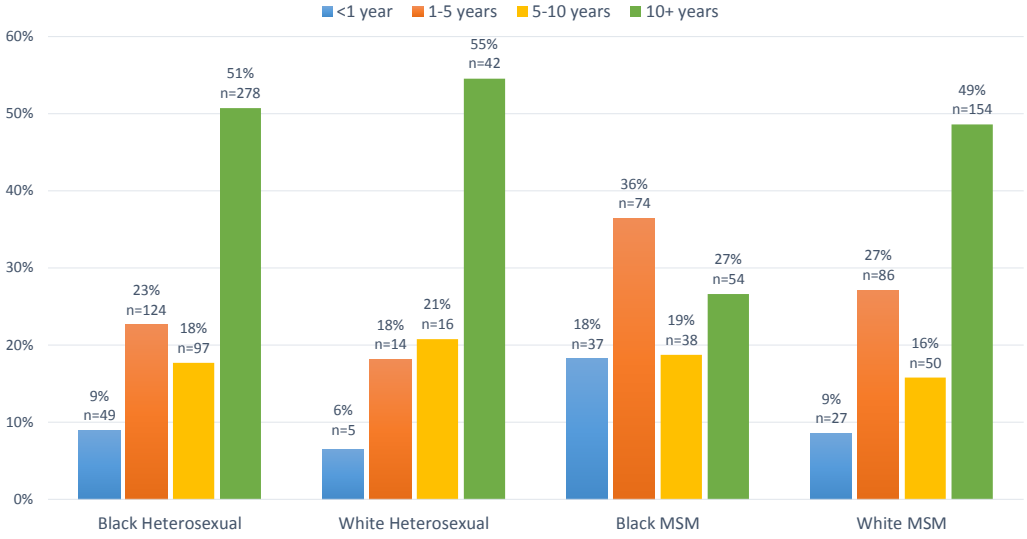
- Total Unduplicated Hispanic Clients with Unsuppressed Viral Loads = 136
- Exclusions - Transgender Male to Female Hispanics (n=4) and No Diagnosis Date (n=2) due to small population size.

Length of Diagnosis by Risk Factor of Clients with Unsuppressed Viral Load



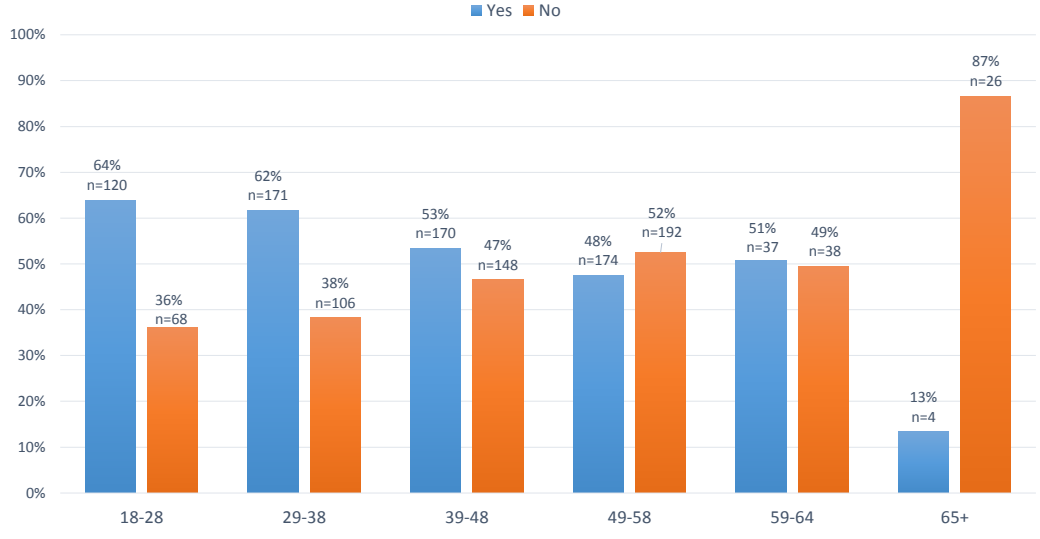
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,189
- Exclusions – IDU (n=19), MSM/IDU (n=5), Transfusion (n=5), Hemophilia (n=6), Unknown Risk Factor (n=21), No Diagnosis Date (n=10) due to small population size

Length of Diagnosis by Race/Risk Factor of Clients with Unsuppressed Viral Load



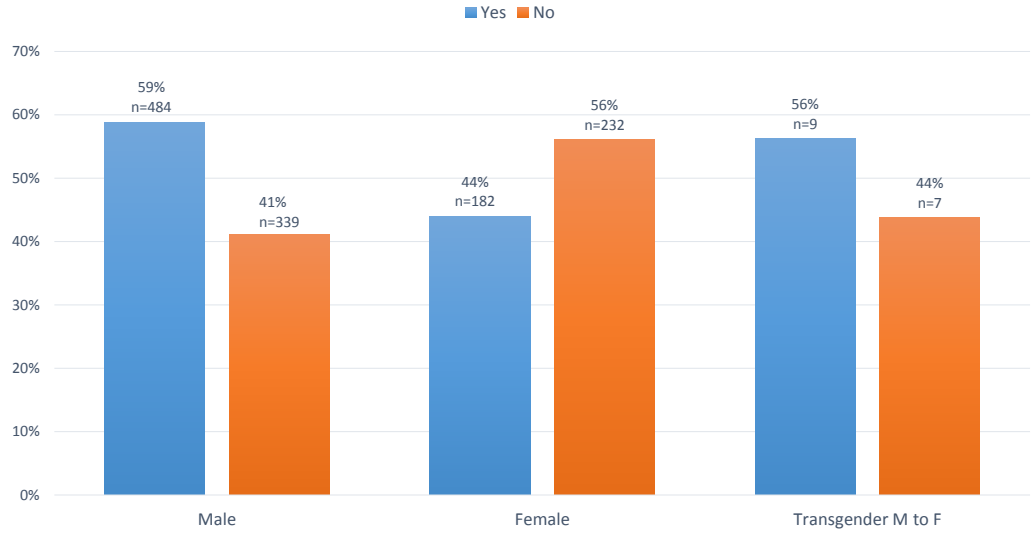
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,145
- Exclusions – IDU (n=19), MSM/IDU (n=5), Transfusion (n=5), Hemophilia (n=6), Unknown Risk Factor (n=21), Mother (n=36), and No Diagnosis Date (n=10) due to small population size

Part A OAMC Utilization by Age of Clients with Unsuppressed Viral Load



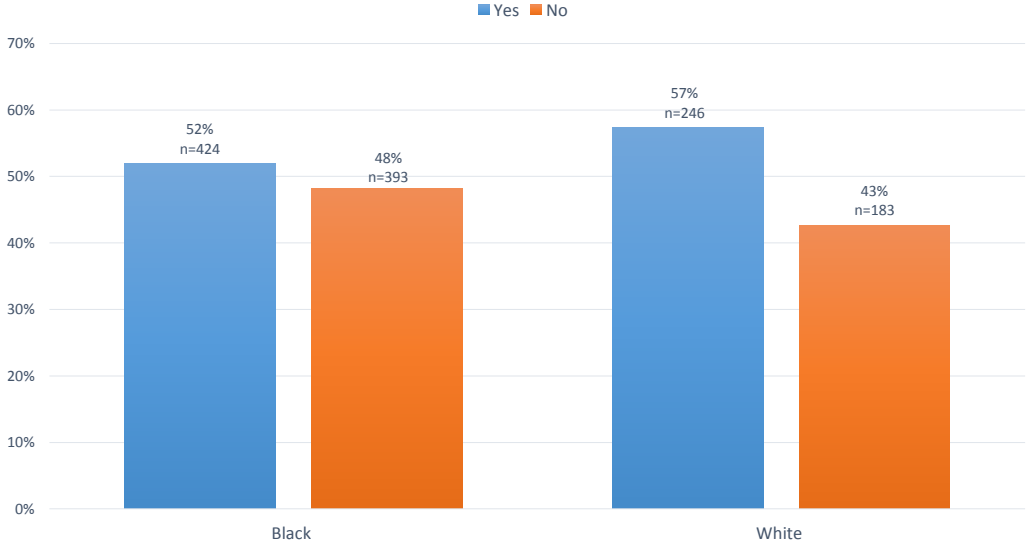
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,254
- Exclusions – None.
- Currently, over 50% of Part A clients have health insurance.

Part A OAMC Utilization by Gender of Clients with Unsuppressed Viral Load

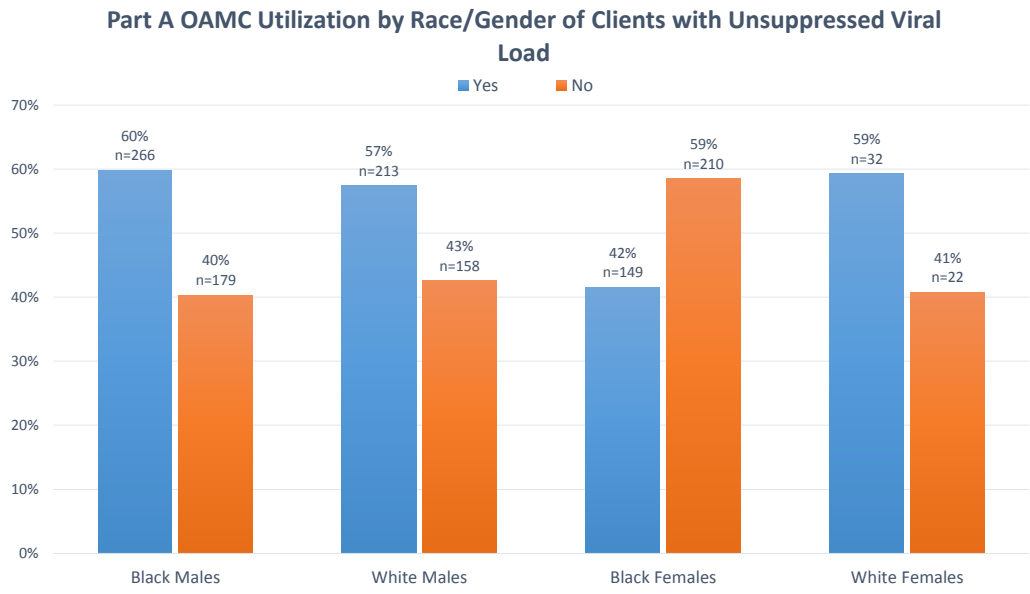


- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,253
- Exclusions - Transgender Female to Male (n=1) due to small population size.

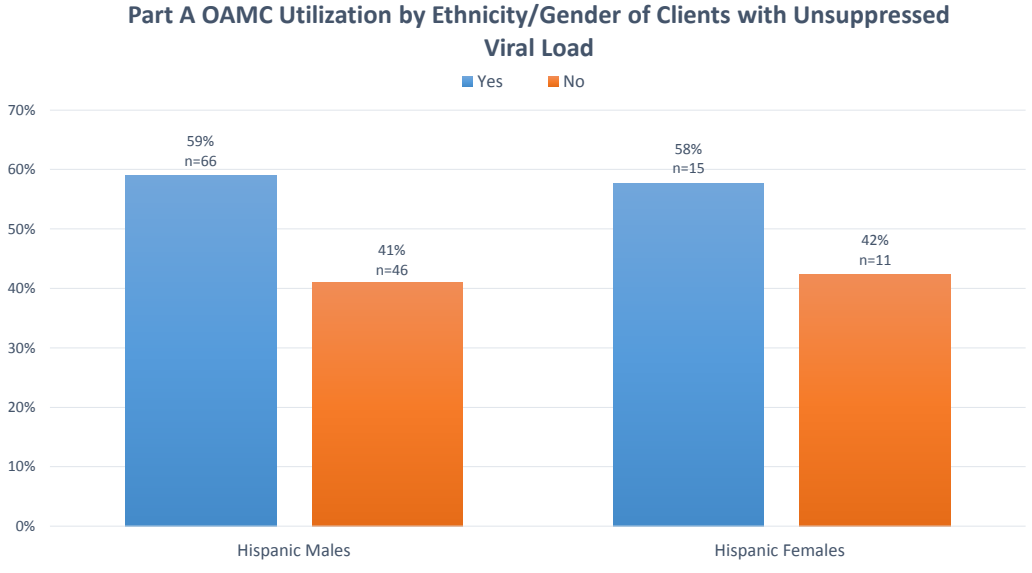
Part A OAMC Utilization by Race of Clients with Unsuppressed Viral Load



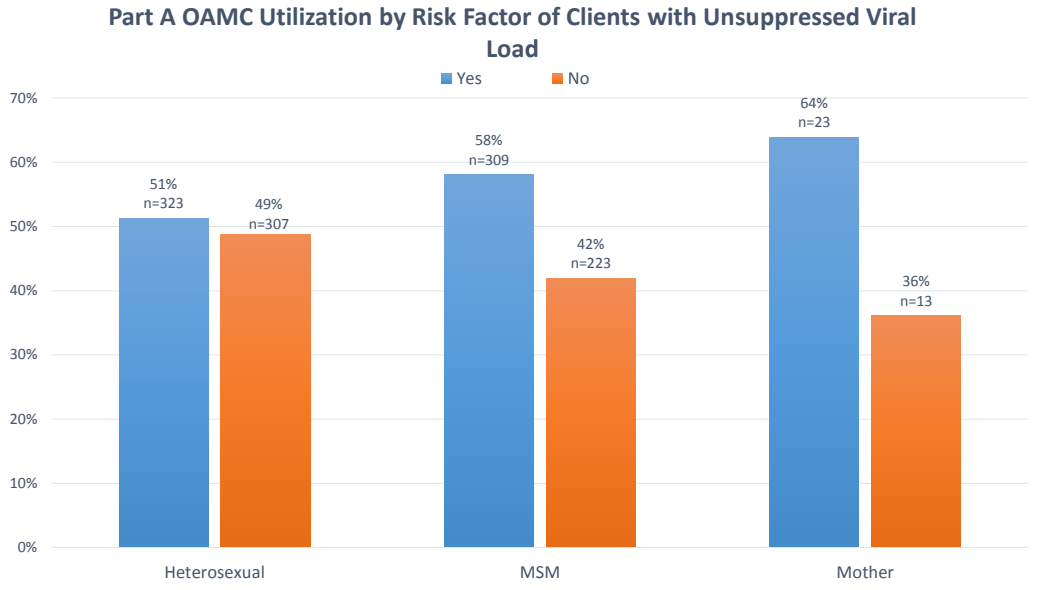
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,246
- Exclusions - Alaskan Native (n=1), American Indian (n=1), Asian (n=5) and Pacific Islander (n=1) due to small population size.



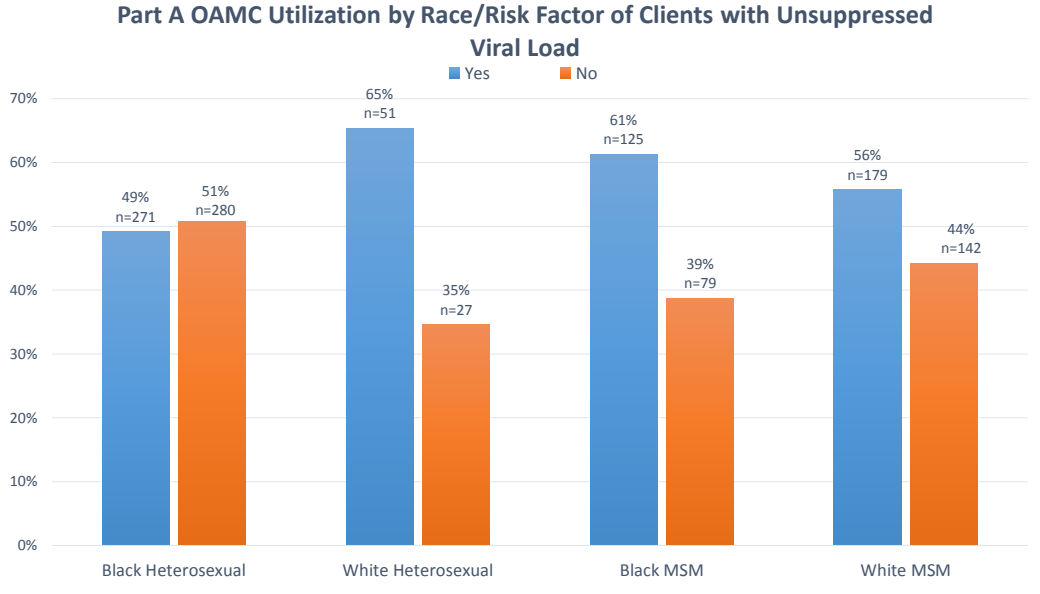
- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,229
- Exclusions - Alaskan Native (n=1), American Indian (n=1), Asian (n=5), Pacific Islander (n=1), Transgender M to F (n=17), Transgender F to M (n=1) due to small population size.



- Total Unduplicated Hispanic Clients with Unsuppressed Viral Loads = 138
- Exclusions - Transgender Male to Female Hispanics (n=4) due to small population size.



- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,198
- Exclusions – IDU (n=19), MSM/IDU (n=5), Transfusion (n=5), Hemophilia (n=6), and Unknown (n=21) due to small population size



- Total Unduplicated Clients with Unsuppressed Viral Loads = 1,190
- Exclusions – IDU (n=19), MSM/IDU (n=5), Transfusion (n=5), Hemophilia (n=6), Mother (n=36) and Unknown (n=21) due to small population size.

Next Steps

- What does the data tell us?
- How should this information be used by the Planning Council and Committees in its decision making?
- What action might be needed to improve outcomes for specific populations?