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 25, 2016 at 12:30 p.m. **Location:** Governmental Center Annex, A335
Chair: Claudette Grant

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 1/25/16 Agenda and 11/16/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
4. **UNFINISHED BUSINESS**

Goal/Work Plan Objective #	*Action Items*
Explore the three target groups for the Needs Assessment Committee (WP 1.1) **(Handout A)**	**ACTION ITEM:** Review data specific to target groups requested by the Needs Assessment Committee.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #	*Action Items*
Quarterly Data Review (WP 1.1) **(Handout B)**	**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.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: February 22, 2016

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.*
Review and update Work Plan and Policies & Procedures (WP 2.4)	**ACTION ITEM:** Review and approve the updated workplan and policies and procedures.
Review and update 3 year Work Plan. (WP 2.5)	**ACTION ITEM:** Review, Update, and Approve 3-year work plan.
Conduct quarterly Network update (WP 3.1)	**ACTION ITEM:** Identify at least 2 areas for improvement and at least 2 potential QIPs.

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.	**X**			De Hoyos, F.	Deraffenreidt, S.
2	Katz, H. B.	**X**			Domond, M.	Green, W.
3	Tavares, J.		**A**		Shamer, D.	Morris, R.
4	Runkle, D.	**X**			Huggins, L.	Walker, N.
7	Earp, A.	**X**			Kennedy, J.	
5	Lewis, L.	**X**			Gammel, B.	
6	Soto, T.		**A**			**Support Staff**
						Jackson, M.
	Quorum = 5	**5**				Newton, A.

1. CALL TO ORDER:

The Chair called the meeting to order at 12:44 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 with one addition- to further explore data on the 3 groups previously sent to the Needs Assessment Committee.
Proposed by: Runkle, D. **Seconded by:** Earp, A.
Action: Passed Unanimously

Motion #2 To approve 9/21/15 meeting minutes
Proposed by: Katz, H.B. **Seconded by:** Earp, A.
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)	CQM staff presented Viral Load Analysis, which included stratified data on the length of diagnosis (< 1 year, 1-5 years, 5-10 years, and 10+ years) and Part A OAMC utilization for clients with unsuppressed viral loads in FY 14. This presentation includes the same 1,254 unsuppressed clients from the last meeting that have viral loads in Provide Enterprise (P.E.). CQM staff noted that date of diagnosis is self-reported and any exclusions throughout the presentation are on

the bottom of the respective slide. CQM staff reminded the group that they wanted to know the length of diagnosis to determine if clients with unsuppressed viral loads are newly diagnosed. The Chair stated that she is interested in knowing why someone who was diagnosed 10+ years ago is still unsuppressed – are they tired of taking their medication/attending medical appointments, etc. CQM staff then presented OAMC utilization for unsuppressed Part A clients, which means that they had at least one medical service in FY14. CQM staff noted that if clients are not utilizing Part A OAMC they probably have insurance outside of Ryan White, because currently over 50% of Ryan White Part A clients have health insurance. Clients in the 65+ age category who do not use Part A OAMC are most likely utilizing Medicare, and women with children may be utilizing Part D services or Medicaid. CQM staff stated that the majority of clients are utilizing Part A OAMC, however that does not mean they are retained in care. The Chair stated that the challenge is to determine why clients utilizing Part A OAMC are not virally suppressed.

The Chair asked the Committee what they thought the data was portraying. One member stated that there are barriers to care that client's face, especially for the older clients who are exhausted with the system. The Chair wanted to know if socioeconomic status plays a role in clients receiving and staying in care, and CQM staff stated that there are competing priorities and staying in care is very difficult for certain populations.

The Grantee representative stated that the Committee needs to look at the unsuppressed populations that were previously sent to the Needs Assessment Committee (NAE). One Committee member had a concerns about choosing one population to focus on first, because all populations are a priority, however the CQM staff, Chair, and the Grantee Representative assured the Committee that every group will be addressed. This Committee will focus on one population at a time.

The Needs Assessment Committee (NAE) requested that this Committee further drill down data on the three unsuppressed populations that were decided upon at a previous meeting. After much discussion, the Committee members decided to focus on non-Hispanic African American females 18-38 first. The Committee decided to further analyze the following:

- Retention in care
- Support services utilization
- Medication adherence
- Co-morbidities (diabetes, cancer, etc.)
- Length of diagnosis
- Insurance status
- Mental health and substance abuse diagnosis
- Birth place or county of origin

Motion #3 To drill down data for the 3 target populations in the following order: 1. Non-Hispanic Black females 18-38, 2. Non-Hispanic Black MSM 18-38, and 3. Non-Hispanic Black heterosexual males 18-38
Proposed by: Earp, A. **Seconded by:** Lewis, L.
Action: Passed Unanimously

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.*
Quarterly Network Update	CQM staff presented the Quarterly Network Update for FY14 and stated that there are five QI Networks that meet every month or every other month to work on Quality Improvement Projects. CQM staff stated that there will be an Awards Ceremony in January/February at the Annual All Networks meeting to recognize the Network's quality accomplishments. CQM staff explained each Network's accomplishments and activities conducted to date. The Grantee representative and CQM staff stated that its important to remember that the providers and Networks work very hard to improve the health outcomes of their patients.
Nominate QI Networks for All Network Awards	CQM staff explained the Network nominations and requested that the Committee vote on the three nomination categories (QM Superstar, Best QIP, and Best Collaboration) using the information presented in the Quarterly Network Update.

The Committee discussed adding two additional interested members to the QM Committee. The justification for Fernando De Hoyos was that he applied for the HIVPC and that he is interested in being a part of the QM Committee. The justification for Lisamarie Huggins is that she will represent heterosexual women on the QM Committee. The Grantee reminded Committee members to not discuss any information outside of the meeting as it is a violation of Sunshine rules. Any guests that wish to be on the Committee should notify staff who will then inform the Chair.

Motion #4 To add Fernando De Hoyos & Lisamarie Huggins to the Quality Management Committee.
Proposed by: Lewis, L. **Seconded by:** Runkle, D.
Action: Passed Unanimously

6. GRANTEE REPORTS

None.

7. PUBLIC COMMENT

A guest wanted to know what the QM Committee and HIVPC was doing for the health and wellness of heterosexual women. The Chair stated that she would discuss the topic with the guest after the meeting and direct her to the appropriate resources. The guest stated she was interested in different programs that focused on women staying in care. A Committee member stated that Children's Diagnostic and Treatment center (CDTC) and Care Resource have support groups for women. The Grantee stated that this question should be brought to the Priority Setting and Resource Allocation Committee (PSRA).

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.*
Explore the three target groups for the Needs Assessment Committee (WP 1.1)	**ACTION ITEM:** Review data specific to target groups requested by the Needs Assessment Committee.

Quarterly data review (WP 4.1)	**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 2:33 pm.

Motion #5 To adjourn the meeting
Proposed by: Earp, A. **Seconded by:** Runkle, D.
Action: Passed Unanimously

Drilling Down Data: Black Females

Quality Management Committee

1.25.16

Viral Load Data Overview

Definition: 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

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

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.

Populations with Lowest Rates of Viral Suppression Identified by QM Committee

1. Non-Hispanic Black Heterosexual Females 18-38
2. Non-Hispanic Black MSM 18-38
3. Non-Hispanic Black Heterosexual Males 18-38

Population Overview

Definition: Non-Hispanic Black Heterosexual Females 18-38 years old

Measurement Period: Fiscal Year 2014 (3/1/2014 – 2/28/2015)

Total Black Females: 329

Total Black Females with Unsuppressed Viral Loads: 131

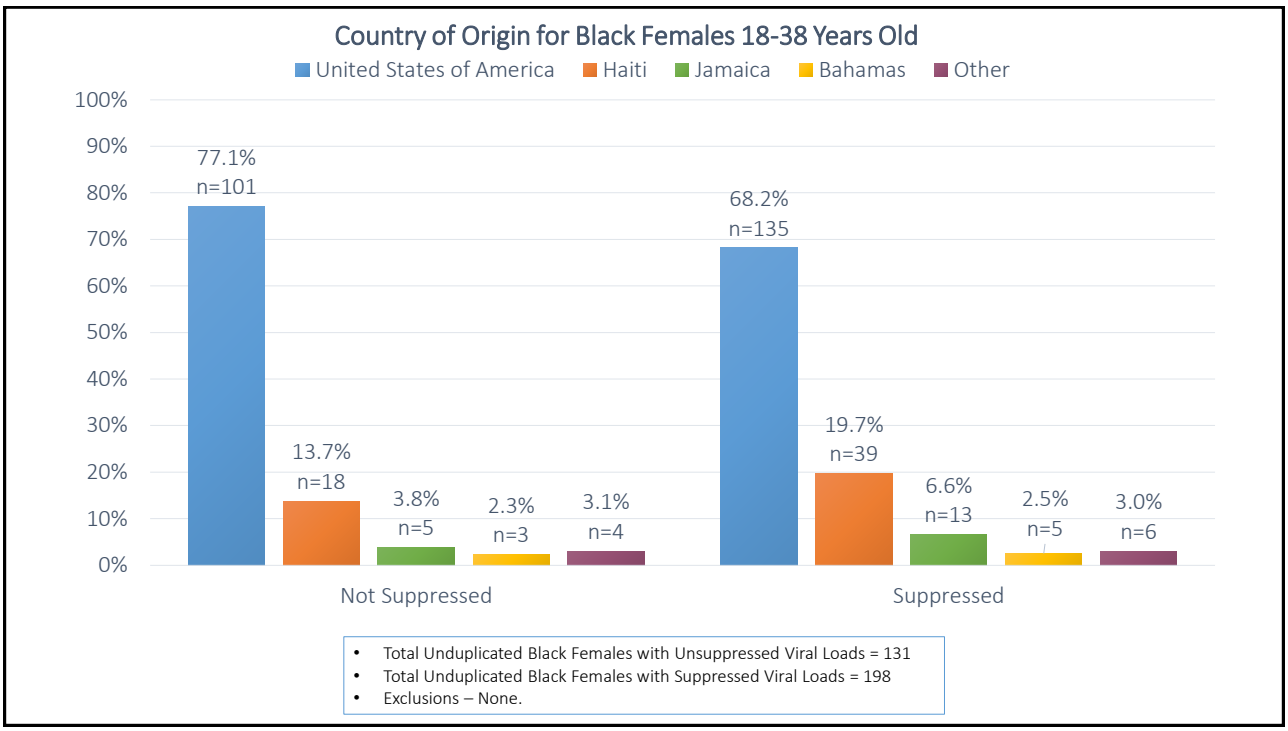
Total Black Females with Suppressed Viral Loads: 198

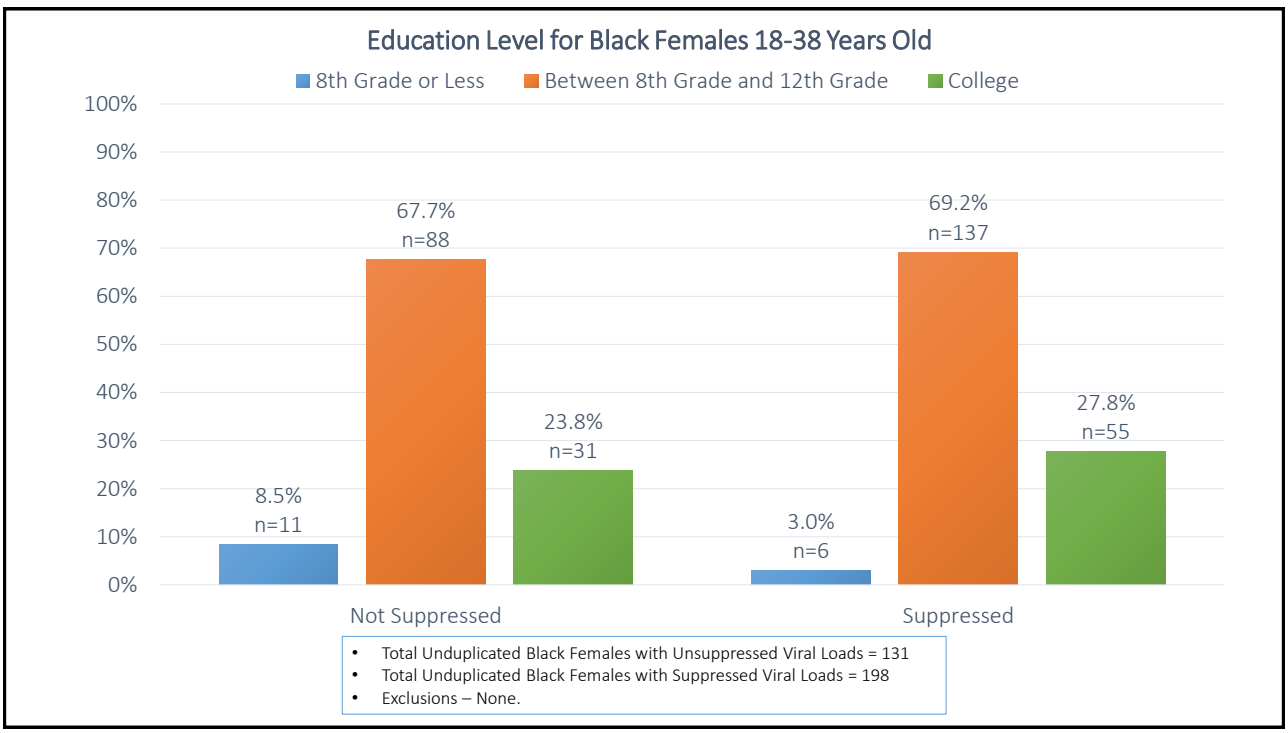
- 40% of Non-Hispanic Black Female are NOT virally suppressed.

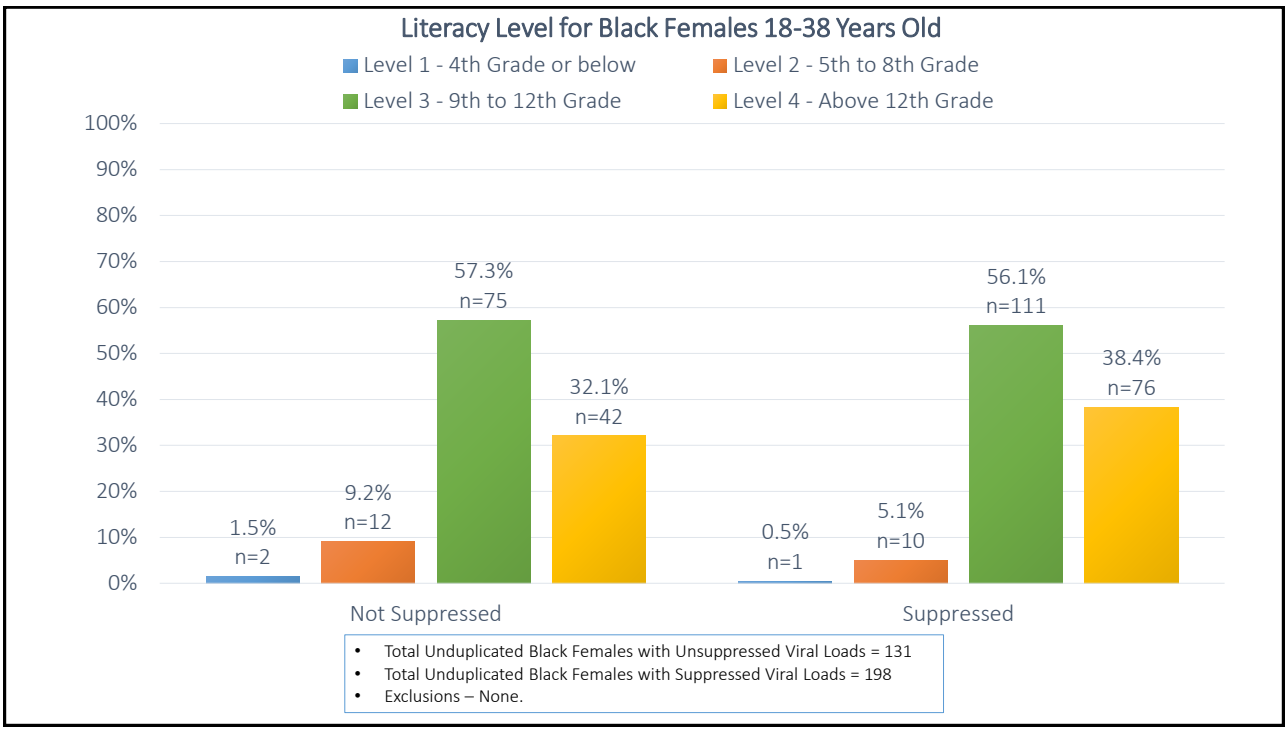
Data Elements Requested by QMC & NAE Committees

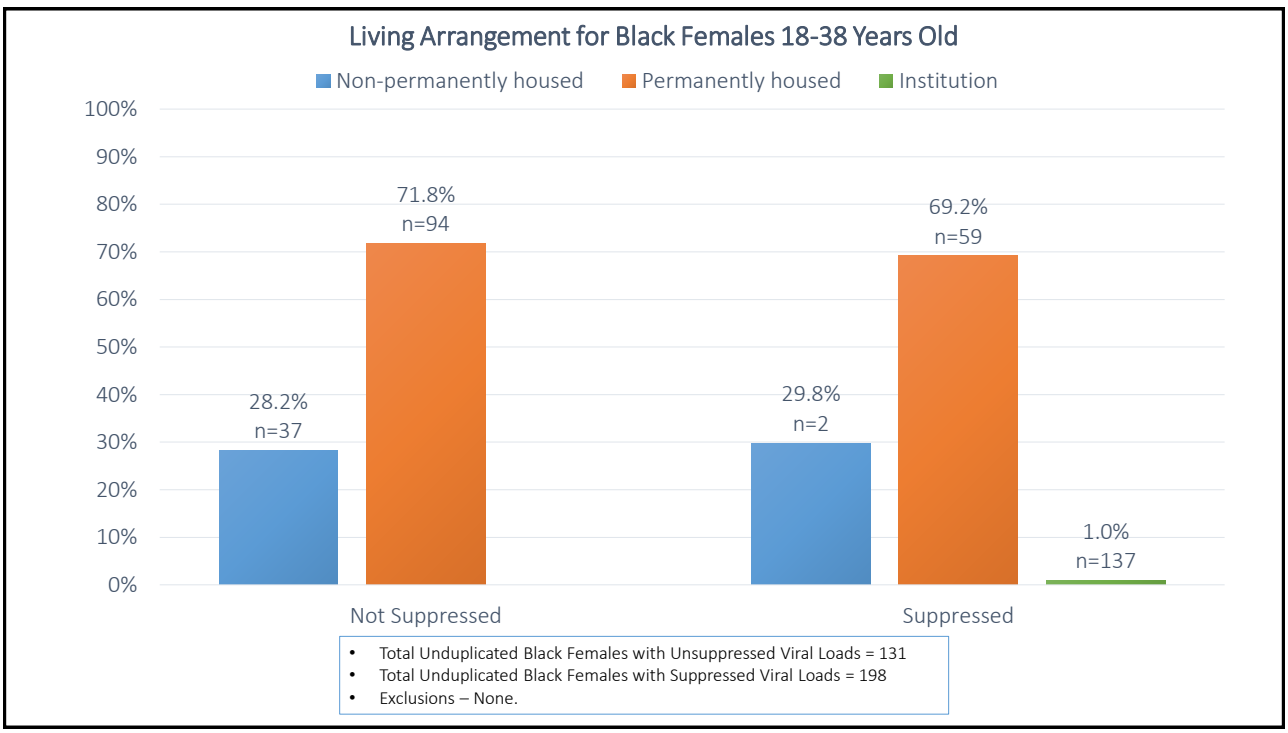
- Retention in care
- Core and support services utilization
- Medication adherence
- Co-morbidities - mental health and substance abuse diagnoses
- Length of diagnosis
- Length of time in care
- Insurance status
- Birth place or county of origin

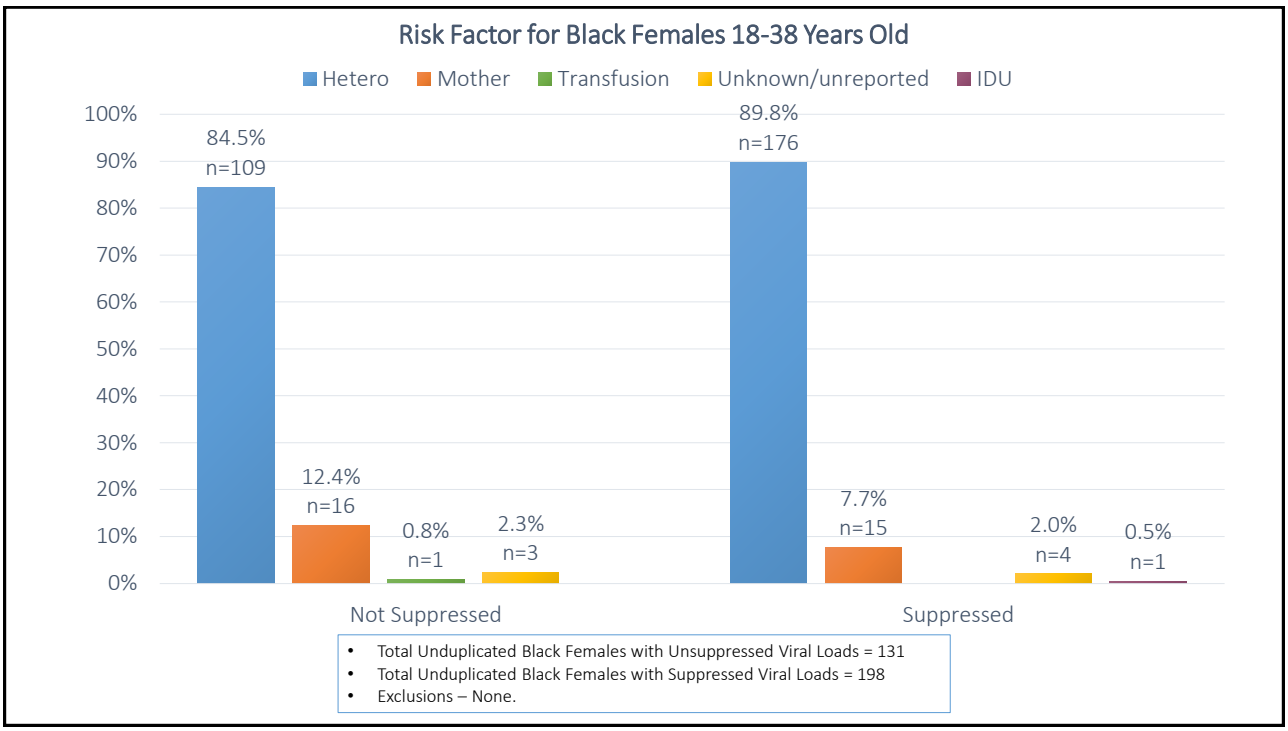
Demographic Characteristics


Country of Origin for Black Females 18-38 Years Old
United States of America
Haiti
Jamaica
Bahamas
Other
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
77.1%
n=101
13.7%
n=18
3.8%
n=5
2.3%
n=3
3.1%
n=4
68.2%
n=135
19.7%
n=39
6.6%
n=13
2.5%
n=5
3.0%
n=6
Not Suppressed
Suppressed
Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
Total Unduplicated Black Females with Suppressed Viral Loads = 198
Exclusions – None.

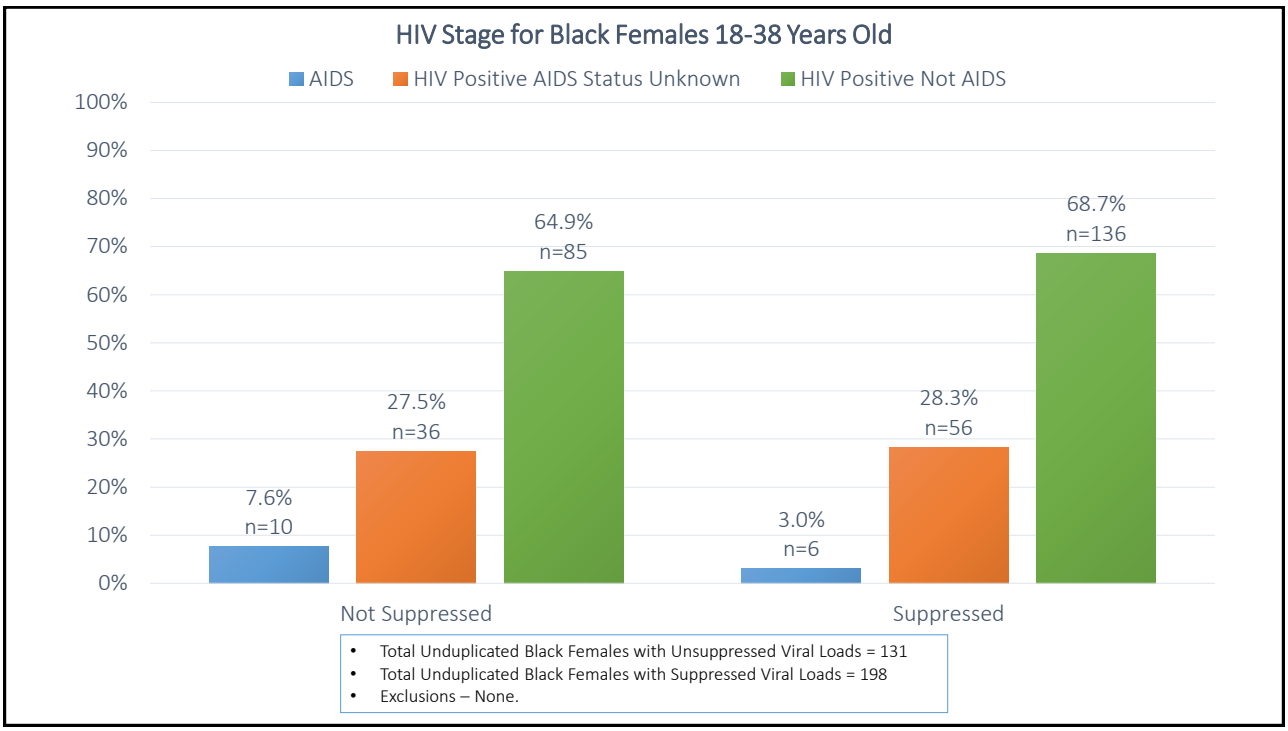

Education Level for Black Females 18-38 Years Old
8th Grade or Less
Between 8th Grade and 12th Grade
College
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
8.5%
n=11
67.7%
n=88
23.8%
n=31
3.0%
n=6
69.2%
n=137
27.8%
n=55
Not Suppressed
Suppressed
Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
Total Unduplicated Black Females with Suppressed Viral Loads = 198
Exclusions – None.

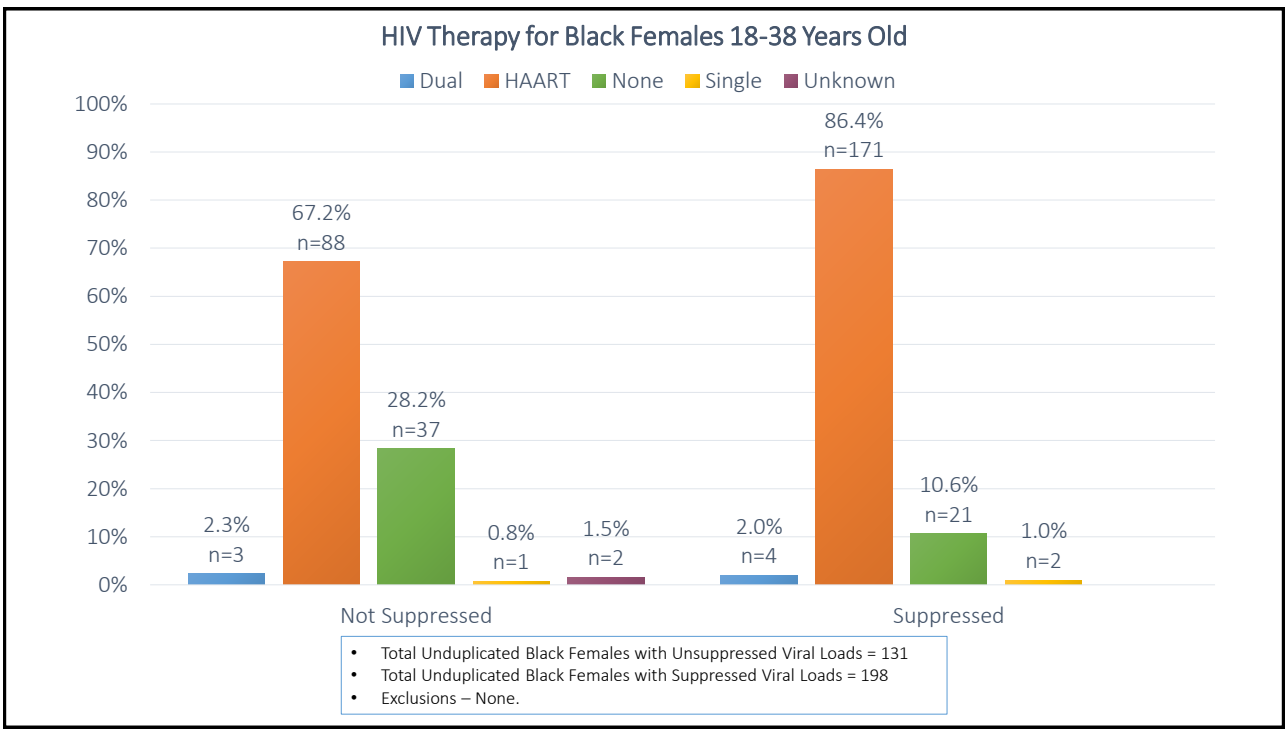

Literacy Level for Black Females 18-38 Years Old
Level 1 - 4th Grade or below
Level 2 - 5th to 8th Grade
Level 3 - 9th to 12th Grade
Level 4 - Above 12th Grade
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1.5% n=2
9.2% n=12
57.3% n=75
32.1% n=42
0.5% n=1
5.1% n=10
56.1% n=111
38.4% n=76
Not Suppressed
Suppressed
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.

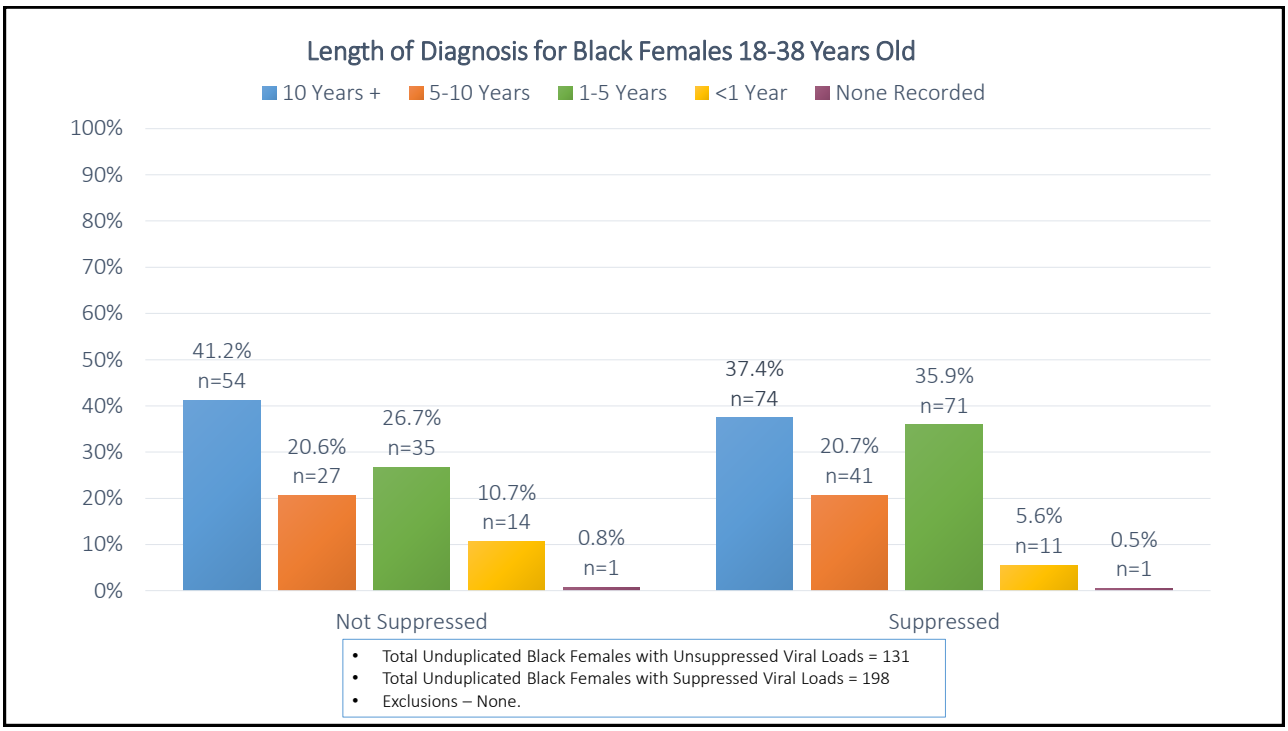

Living Arrangement for Black Females 18-38 Years Old
Non-permanently housed
Permanently housed
Institution
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
28.2% n=37
71.8% n=94
29.8% n=2
69.2% n=59
1.0% n=137
Not Suppressed
Suppressed
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.

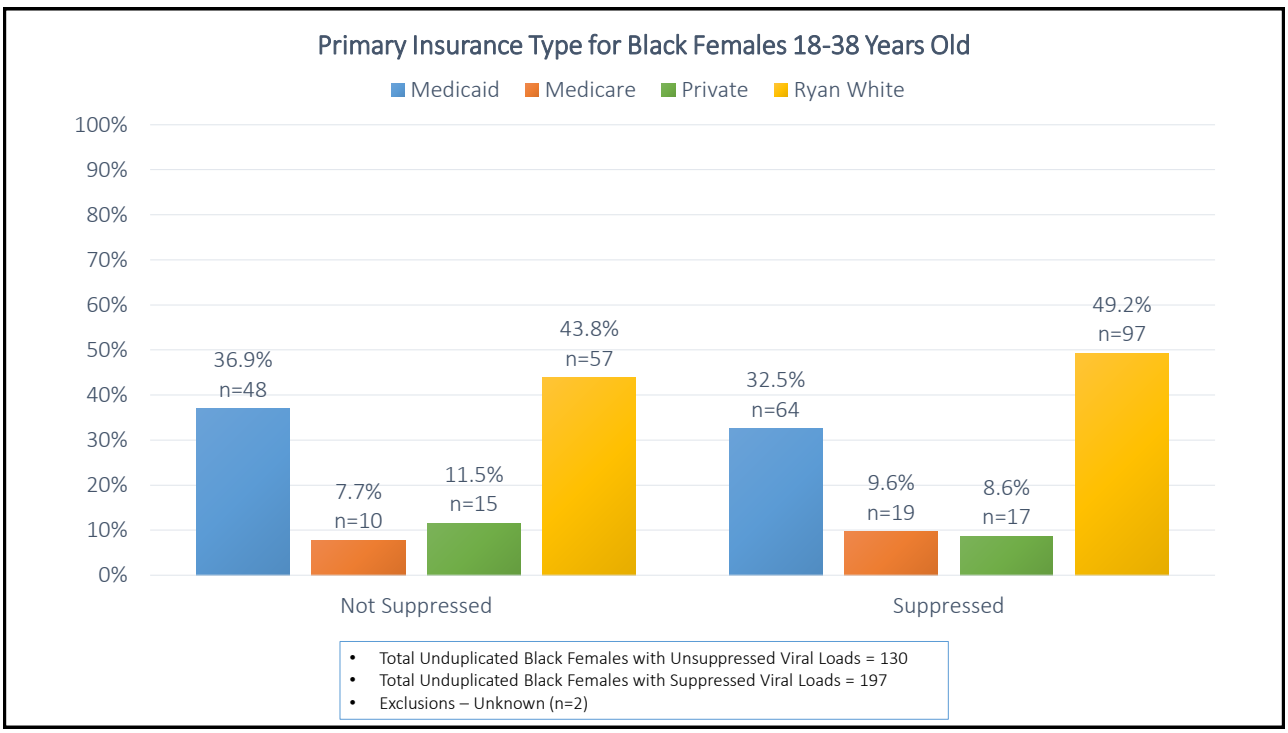


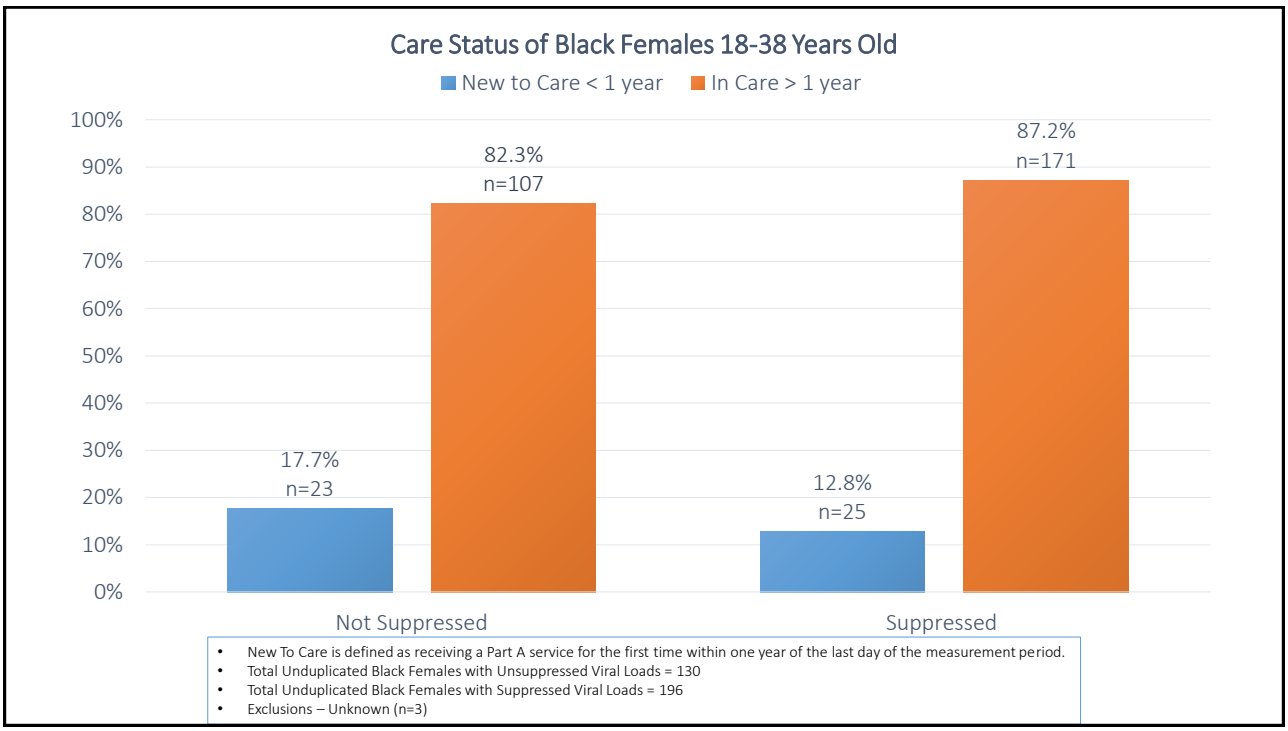
HIV Care Status and Treatment

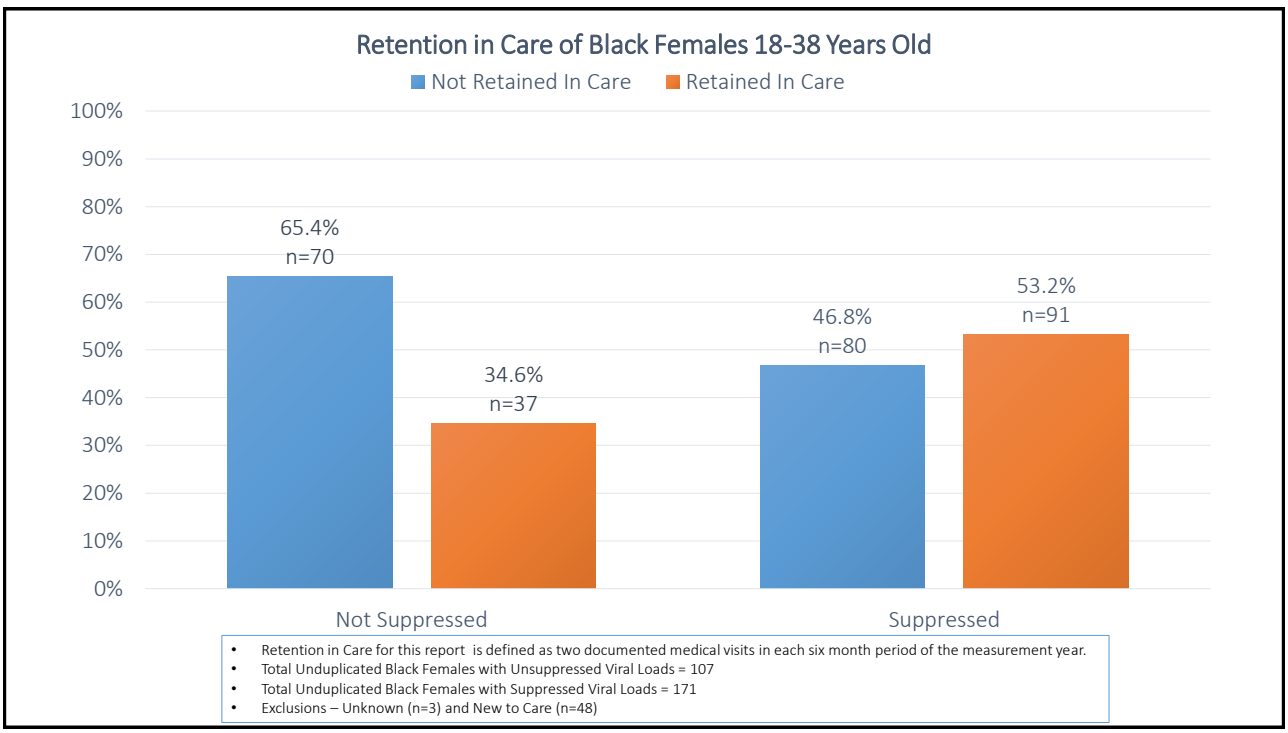

HIV Stage for Black Females 18-38 Years Old
AIDS
HIV Positive AIDS Status Unknown
HIV Positive Not AIDS
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7.6%
n=10
27.5%
n=36
64.9%
n=85
3.0%
n=6
28.3%
n=56
68.7%
n=136
Not Suppressed
Suppressed
Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
Total Unduplicated Black Females with Suppressed Viral Loads = 198
Exclusions – None.

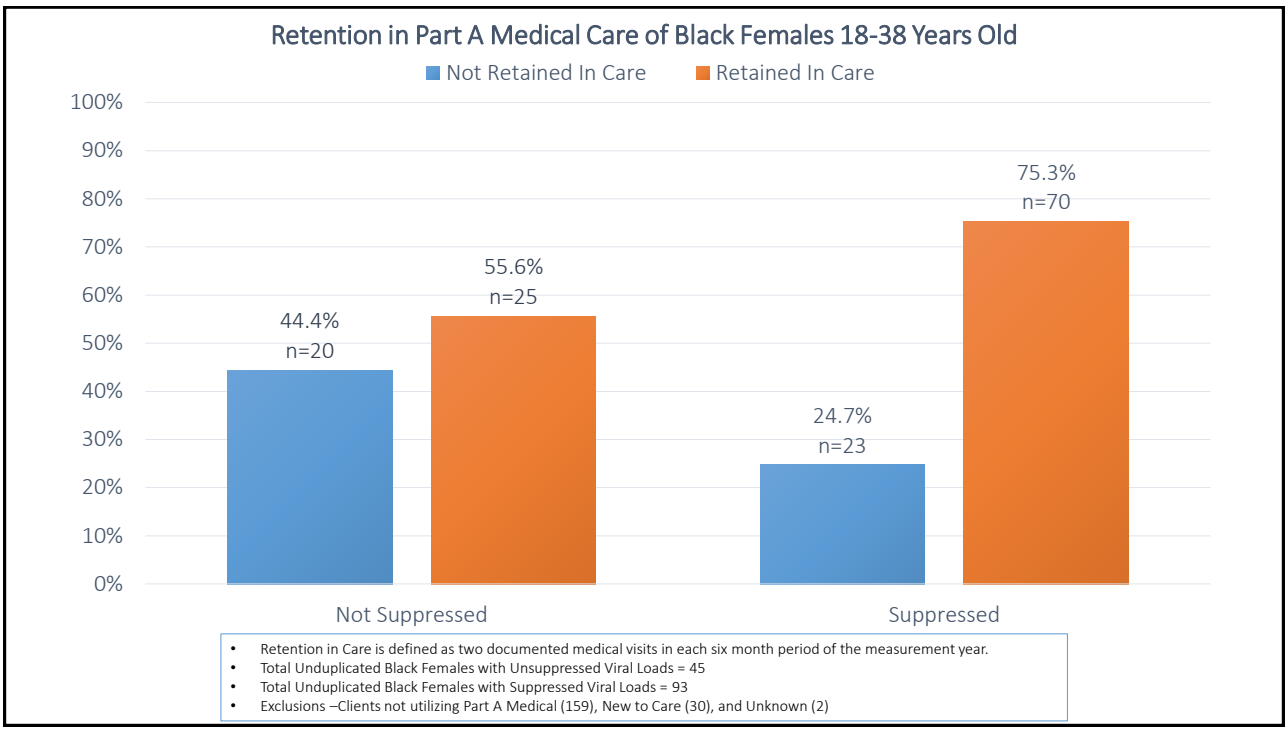

HIV Therapy for Black Females 18-38 Years Old
Dual
HAART
None
Single
Unknown
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2.3%
n=3
67.2%
n=88
28.2%
n=37
0.8%
n=1
1.5%
n=2
2.0%
n=4
86.4%
n=171
10.6%
n=21
1.0%
n=2
Not Suppressed
Suppressed
Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
Total Unduplicated Black Females with Suppressed Viral Loads = 198
Exclusions – None.


Length of Diagnosis for Black Females 18-38 Years Old
10 Years +
5-10 Years
1-5 Years
<1 Year
None Recorded
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
41.2% n=54
20.6% n=27
26.7% n=35
10.7% n=14
0.8% n=1
37.4% n=74
20.7% n=41
35.9% n=71
5.6% n=11
0.5% n=1
Not Suppressed
Suppressed
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.

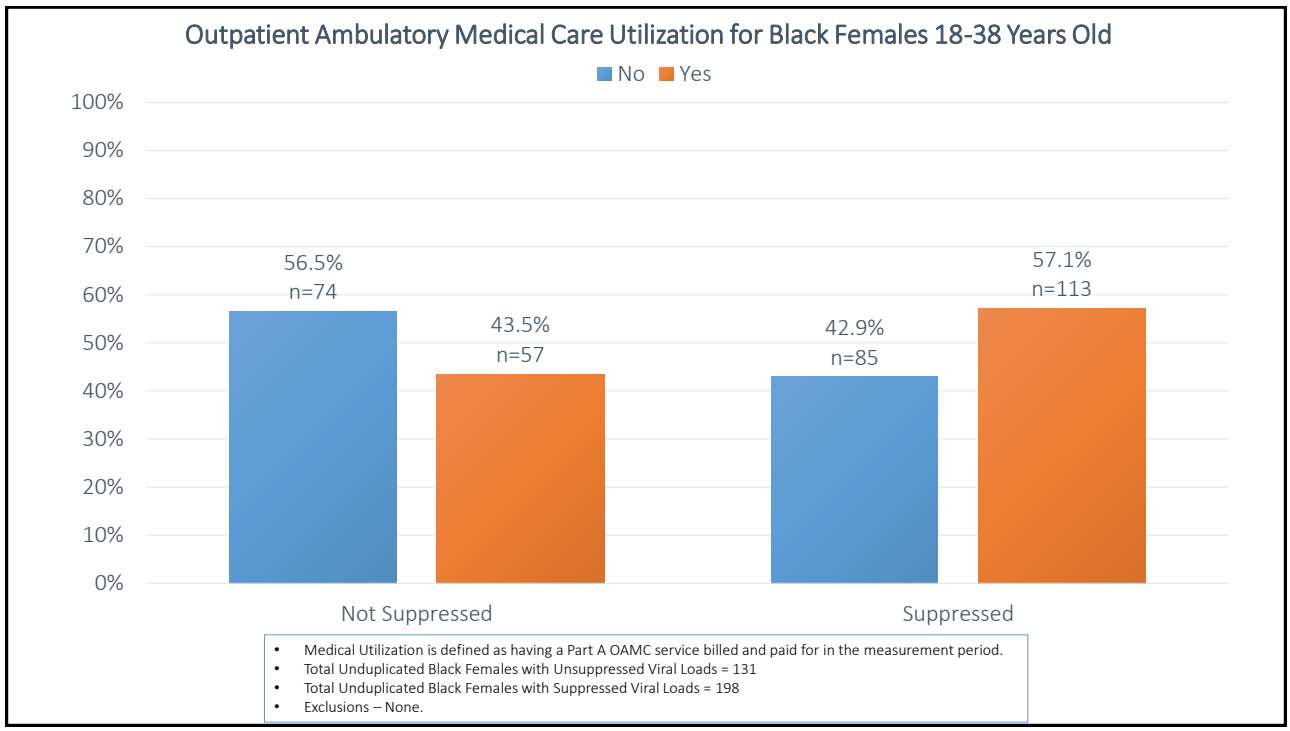

Primary Insurance Type for Black Females 18-38 Years Old
Medicaid
Medicare
Private
Ryan White
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
36.9% n=48
7.7% n=10
11.5% n=15
43.8% n=57
32.5% n=64
9.6% n=19
8.6% n=17
49.2% n=97
Not Suppressed
Suppressed
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 130
• Total Unduplicated Black Females with Suppressed Viral Loads = 197
• Exclusions – Unknown (n=2)

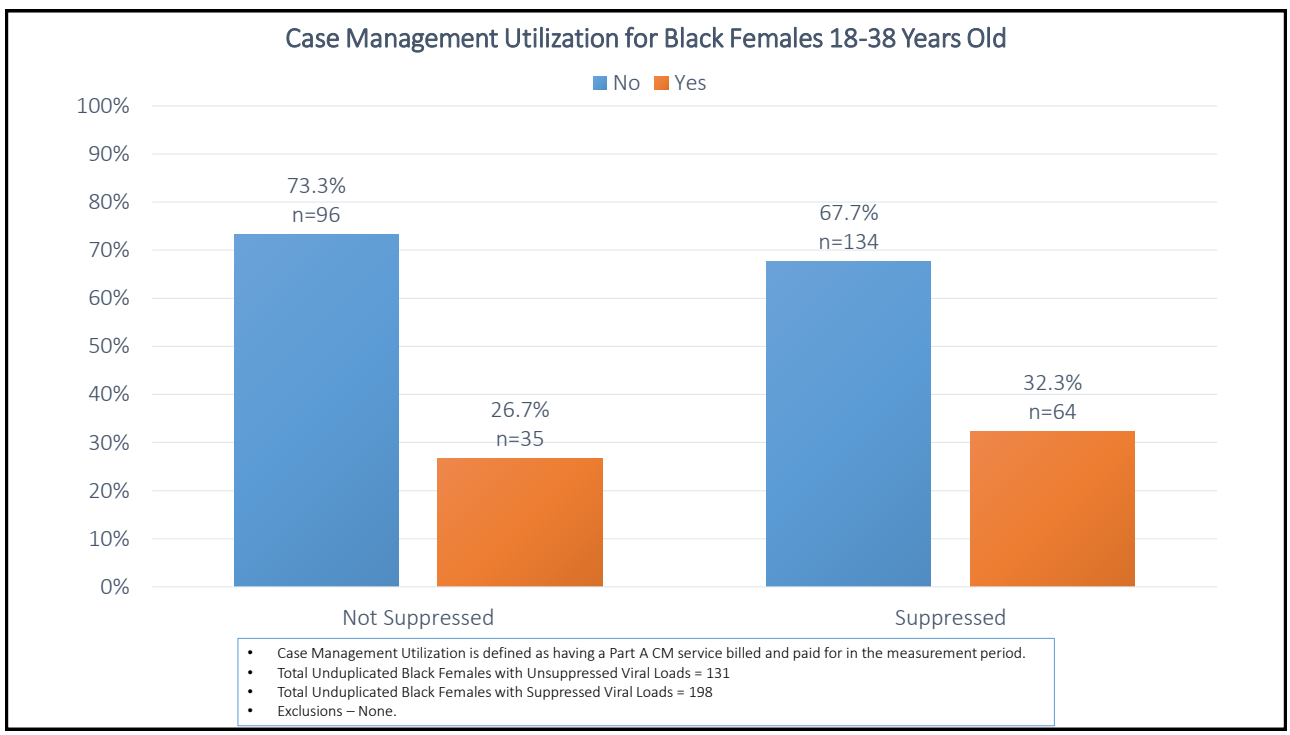

Care Status of Black Females 18-38 Years Old
New to Care < 1 year
In Care > 1 year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
17.7%
n=23
82.3%
n=107
12.8%
n=25
87.2%
n=171
Not Suppressed
Suppressed
New To Care is defined as receiving a Part A service for the first time within one year of the last day of the measurement period.
Total Unduplicated Black Females with Unsuppressed Viral Loads = 130
Total Unduplicated Black Females with Suppressed Viral Loads = 196
Exclusions – Unknown (n=3)

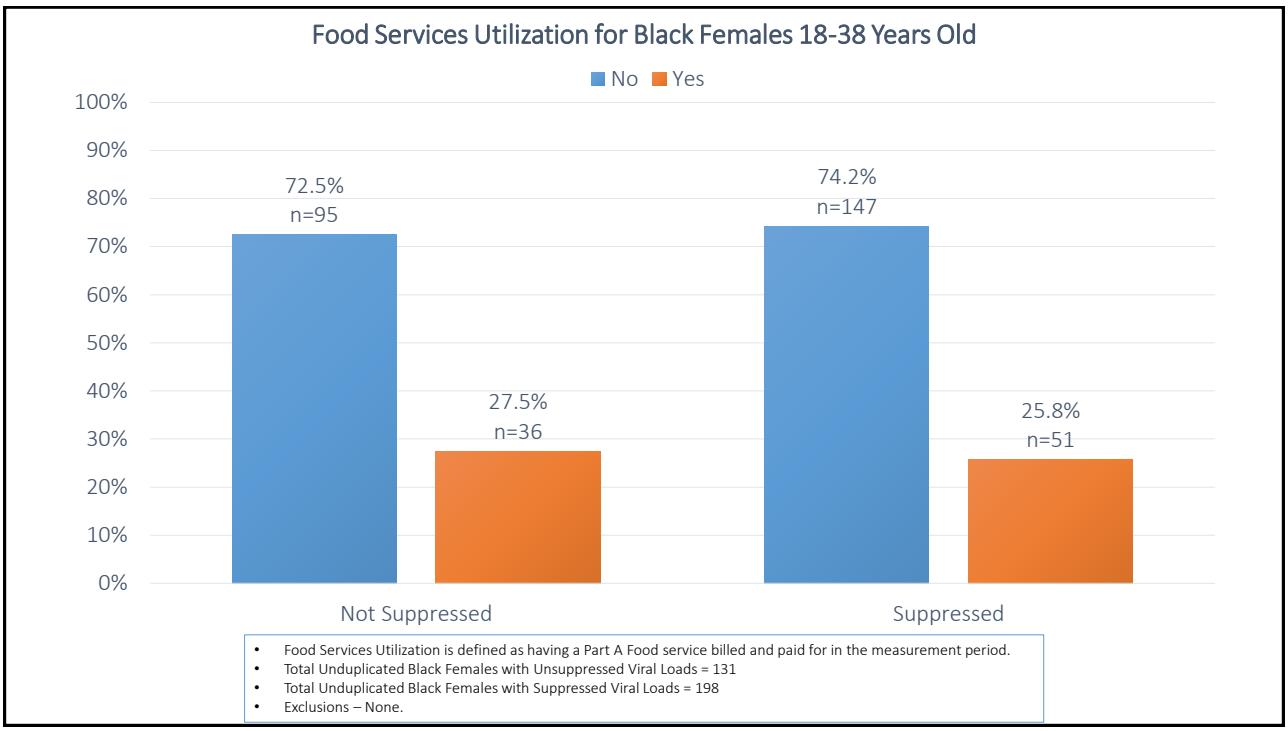

Retention in Care of Black Females 18-38 Years Old
Not Retained In Care
Retained In Care
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
65.4%
n=70
34.6%
n=37
46.8%
n=80
53.2%
n=91
Not Suppressed
Suppressed
Retention in Care for this report is defined as two documented medical visits in each six month period of the measurement year.
Total Unduplicated Black Females with Unsuppressed Viral Loads = 107
Total Unduplicated Black Females with Suppressed Viral Loads = 171
Exclusions – Unknown (n=3) and New to Care (n=48)

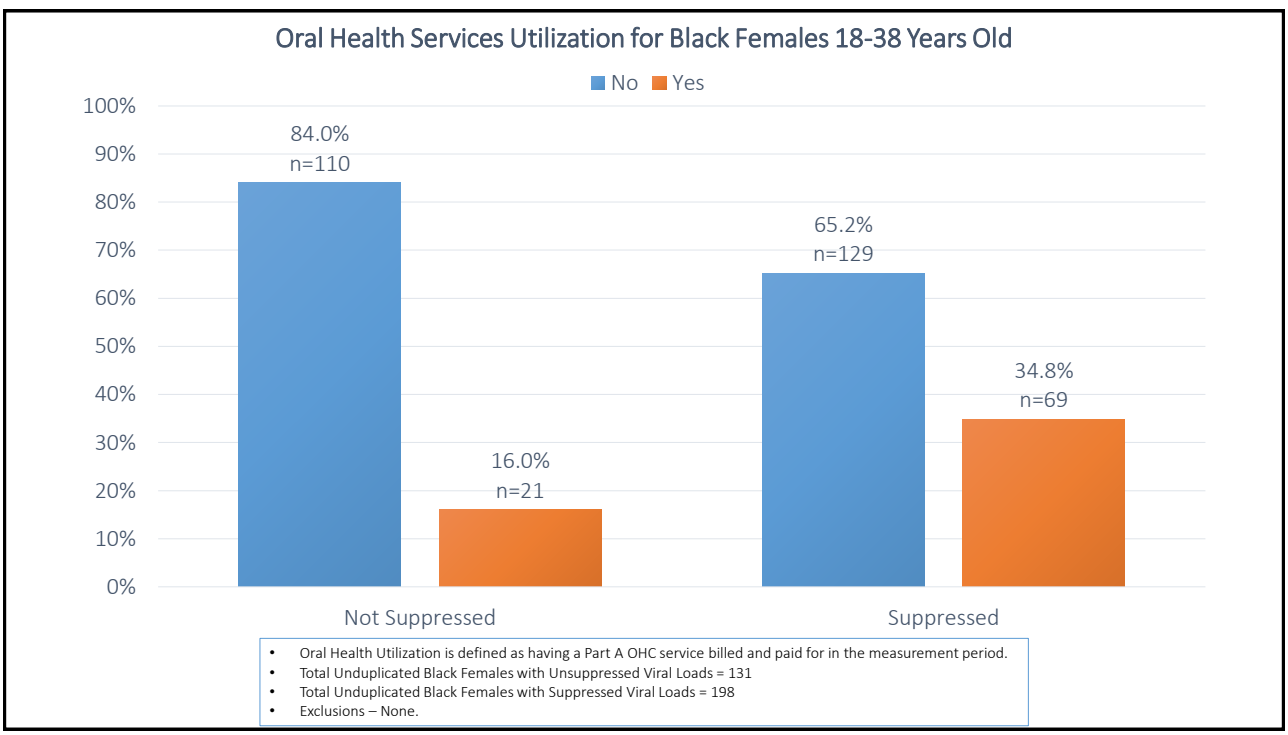


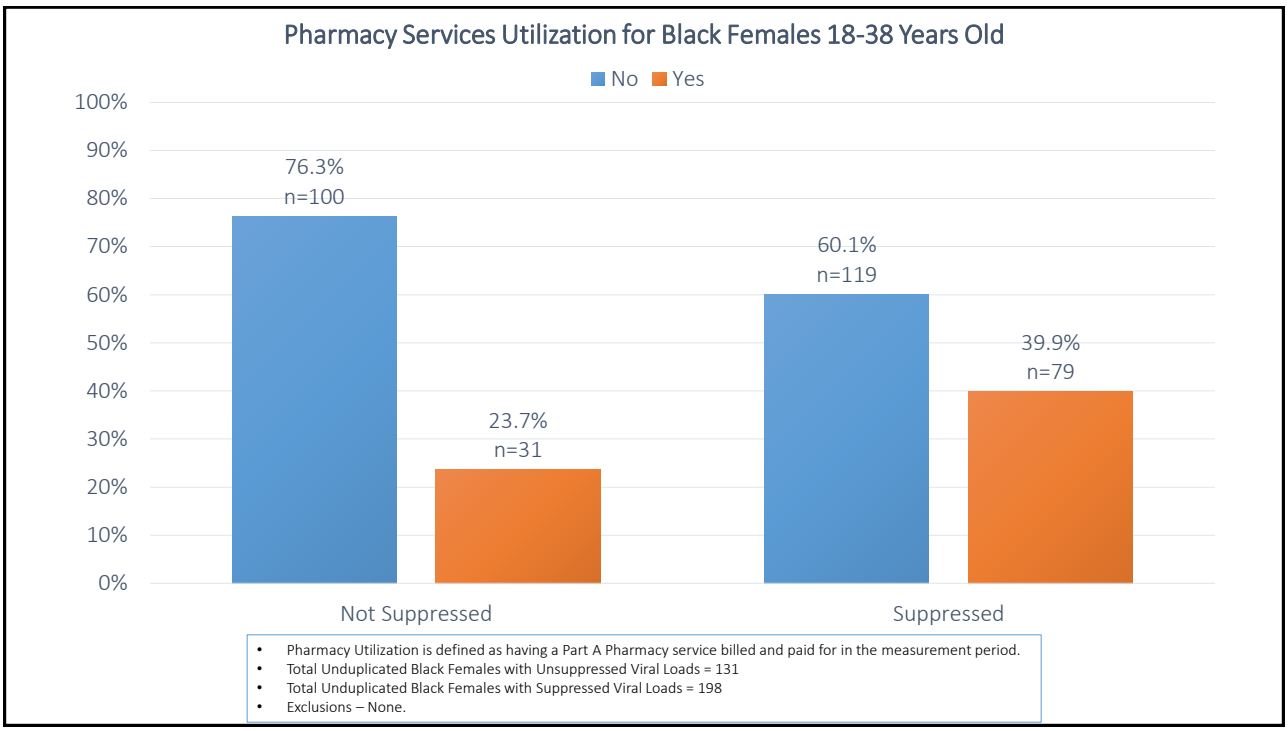
Core and Support Services Utilization

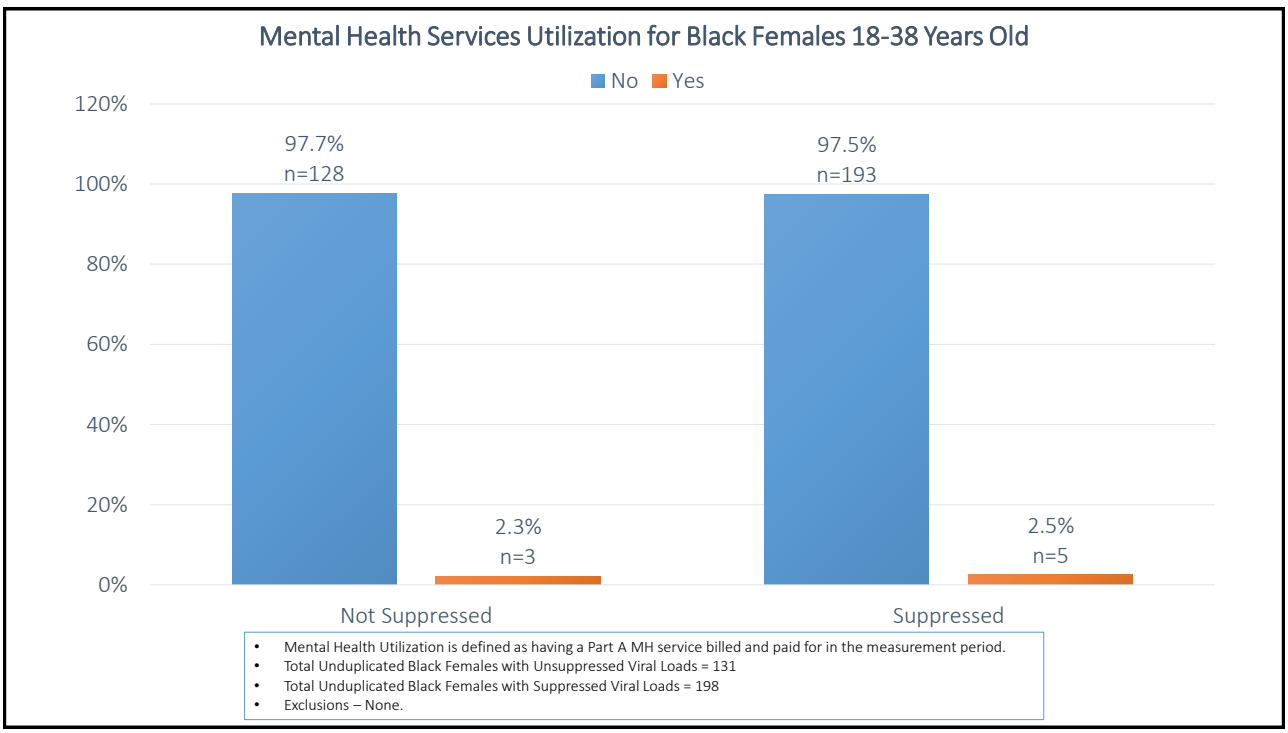

Outpatient Ambulatory Medical Care Utilization for Black Females 18-38 Years Old
No
Yes
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
56.5%
n=74
43.5%
n=57
42.9%
n=85
57.1%
n=113
Not Suppressed
Suppressed
Medical Utilization is defined as having a Part A OAMC service billed and paid for in the measurement period.
Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
Total Unduplicated Black Females with Suppressed Viral Loads = 198
Exclusions – None.

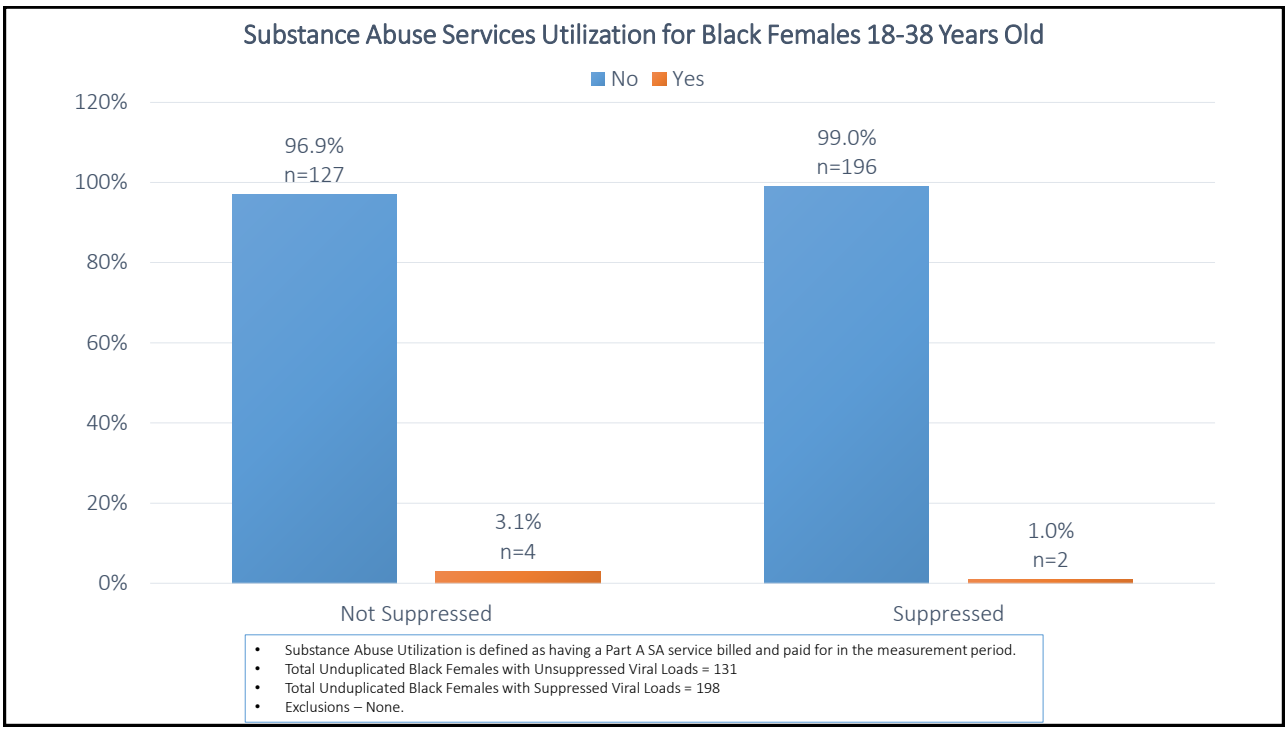

Case Management Utilization for Black Females 18-38 Years Old
No
Yes
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
73.3%
n=96
26.7%
n=35
67.7%
n=134
32.3%
n=64
Not Suppressed
Suppressed
Case Management Utilization is defined as having a Part A CM service billed and paid for in the measurement period.
Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
Total Unduplicated Black Females with Suppressed Viral Loads = 198
Exclusions – None.


Food Services Utilization for Black Females 18-38 Years Old
No
Yes
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
72.5%
n=95
27.5%
n=36
74.2%
n=147
25.8%
n=51
Not Suppressed
Suppressed
• Food Services Utilization is defined as having a Part A Food service billed and paid for in the measurement period.
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.


Oral Health Services Utilization for Black Females 18-38 Years Old
No
Yes
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
84.0%
n=110
16.0%
n=21
65.2%
n=129
34.8%
n=69
Not Suppressed
Suppressed
• Oral Health Utilization is defined as having a Part A OHC service billed and paid for in the measurement period.
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.


Pharmacy Services Utilization for Black Females 18-38 Years Old
No
Yes
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
76.3%
n=100
23.7%
n=31
60.1%
n=119
39.9%
n=79
Not Suppressed
Suppressed
• Pharmacy Utilization is defined as having a Part A Pharmacy service billed and paid for in the measurement period.
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.


Mental Health Services Utilization for Black Females 18-38 Years Old
No
Yes
120%
100%
80%
60%
40%
20%
0%
97.7%
n=128
2.3%
n=3
97.5%
n=193
2.5%
n=5
Not Suppressed
Suppressed
• Mental Health Utilization is defined as having a Part A MH service billed and paid for in the measurement period.
• Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
• Total Unduplicated Black Females with Suppressed Viral Loads = 198
• Exclusions – None.



Mental Health Diagnoses

Primary

- Adjustment Disorder with Depressed Mood (1)
- Bipolar I Disorder Most Recent Episode Depressed Unspecified (1)
- Major Depressive Disorder Recurrent Moderate (1)

Secondary

- Cocaine Abuse (1)
- Posttraumatic Stress Disorder - Chronic - With Delayed Onset (1)

Substance Abuse Diagnoses

Primary
- Bipolar I Disorder Most Recent Episode Depressed Unspecified (1)
- Polysubstance Dependence (2)
- Schizoaffective Disorder (1)

Secondary
- Cannabis Dependence (1)
- Cocaine Abuse (1)
- Major Depressive Disorder Recurrent Moderate (1)
- Schizophrenia Paranoid Type (1)

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 Black Females?