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 March 21, 2016 at 12:30 p.m. **Location:** Governmental Center Annex, A337
Chair: Claudette Grant

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

2. **APPROVALS**: 3/21/16 Agenda and 2/22/16 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*
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.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #	*Action Items*
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 for Non-Hispanic Black heterosexual males 18-38 years old.
Case Management QI Network Update (WP 3.1)	**ACTION ITEM:** Update on Case Management QI Network's Barriers to Care Quality Improvement Project. Identify areas for improvement and potential QIPs.
Review accomplishments and challenges. (WP 2.3)	**ACTION ITEM:** Review at least 3 QMC accomplishments and challenges.
Review and update Work Plan and Policies & Procedures (WP 2.4)	**ACTION ITEM:** Review and update the work plan and policies and procedures.

6. **GRANTEE REPORTS**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: April 18, 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.*
QM Committee Retreat	**ACTION ITEM:** Review QM objectives, QM Committee mission/roles, PDSA process, and data measures.

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

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Meeting Minutes

Committee: Quality Management Committee
Date/Time: Monday, February 22, 2016 12:30 p.m. **Location:** Governmental Center Annex, A335
Chair: Claudette Grant

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Grantee Staff**
1	Grant, C.	**X**			Dennis, B.	Deraffenreidt, S.
2	Katz, H. B.	**X**			Popkin, J.	Jones, L.
3	DeHoyos, F.	**X**			Hatchett, P.	Morris, R.
4	Runkle, D.	**X**			Taveras, J.	
5	Earp, A.	**X**			Hill, A.	
6	Soto, T.	**X**			Wright, S.	Jackson, M.
7	Huggins, L.	**X**				Newton, A.
						Holloman, K.
	Quorum = 5	**7**				

1. CALL TO ORDER:

The Chair called the meeting to order at 12:35 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: Runkle, D. **Seconded by: Katz, H.B.**
Action: Passed Unanimously

Motion #2 To approve 1/25/16 meeting minutes
Proposed by: Runkle, D. **Seconded by: Katz, H.B.**
Action: Passed Unanimously

Motion #3 To approve Janelle Taveras to be added to the Committee
Proposed by: Runkle, D. **Seconded by: Katz, H.B.**
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 21, 2016

4. UNFINISHED BUSINESS:

Goal/Work Plan Objective #	*Action Items*

Update on the data request from the Needs Assessment Committee (WP 1.1)	Staff reminded the Committee that viral load data on Black Females were reviewed at the last meeting. Staff presented this information to the Needs Assessment Evaluation (NAE) Committee and the Committee had an in depth conversation about the data. NAE is interested in conducting focus groups specifically with Black females that are unsuppressed to get qualitative information on barriers to care, perceptions of ARVs, etc. Eligibility information that was requested by the Committee at the last meeting it not ready for review but will be available soon. The Grantee Representative stated the eligibility information was more difficult to collect from Provide Enterprise than expected but the information will be presented when it is ready.
Quarterly Data Review (WP 1.1)	Staff presented the Quarterly Data Review for the Broward EMA. The data represented performance measures for the Broward County Part A program. The Grantee representative stated there have been major updates to the data and will be revised for review next quarter. Staff stated that the definitions of each measure was attached in Handout C. An updated summary data review will be presented when the updates have been completed in Provide Enterprise.

5. MEETING ACTIVITIES/NEW BUSINESS

Goal/Work Plan Objective #:	*Action Items*
Explore the three target groups for the Needs Assessment Committee (WP 1.1)	Staff reminded the committee that they identified three target populations at a previous meeting, and this Committee would focus on Black females first followed by Non-Hispanic Black MSM 18-38, and Non-Hispanic Black heterosexual males 18-38. The CQM staff presented the "Drilling Down Data: Black MSM" data presentation. The Chair asked the Committee to save questions about the presentation until the end. The data includes 368 Black MSM clients (121 unsuppressed, 247 suppressed) 18-38 years olds for FY 14/15 with data on retention in care, core & support service utilization, medication adherence, co-morbidities, length of diagnosis, length of time in care, insurance status, and birth place/Country of origin. Staff identified some notable differences that were observed when comparing the data between Black Females and Black MSM. The data also compares differences between clients that are suppressed to those that are not suppressed. When comparing suppressed versus not suppressed clients, there are few notable differences. 39.2% of individuals not virally suppressed were retained in care compared to 67.2% of those who were virally suppressed. 54.7% of Part A OAMC clients not virally suppressed were retained in Part A OAMC compared to 79.1% of those who were virally suppressed. When looking at support service utilization there were considerable differences between clients that are suppressed to those that are not suppressed. 70.3% of individuals not virally suppressed utilized Part A OAMC compared to 79.8% of those who were virally suppressed. 40.5% of individuals not virally suppressed utilized Part A Case Management compared to 47.0% of those who were virally suppressed. 18.2% of individuals not virally suppressed utilized Part A Food Services compared to 22.3% of those who were virally suppressed. 11.6% of individuals not virally suppressed utilized Part A Oral Health Care compared to 39.3% of those who were virally suppressed. 28.9% of individuals not virally suppressed utilized Part A Pharmacy compared to 51.4% of those who were virally suppressed. There were low rates of utilization for mental health and substance abuse services regardless of viral suppression.

	Staff asked if there were any questions about the data. One committee member asked if the data represents only Ryan White Part A clients and if data was being collected on clients that have a difference source of primary insurance. The Grantee representative stated that they encourage each service provider to collect as much information on each client as possible but this is a challenge that we experience as an EMA. One committee member asked about the country of origin and how the specific countries that were presented in the data were chosen. Staff stated that the most commonly reported countries of origin were used and the least reported countries were put in the "other" category. Country of Origin is defined by HRSA and that is how this is reported. One member asked why black Hispanics were not included in this data. Staff reminded the Committee that based on the viral load analysis data that was initially collected, non-Hispanic groups were less likely to be suppressed than those that are Hispanic. A guest asked if the utilization data was based on Ryan White Part A services exclusively. Staff stated that this data does include only Ryan White Part A services and that is defined as having one billed services in the measurement period. The guest stated that the challenges for Black MSM are very different from other groups and asked if the committee is making an effort to address populations that are not utilizing services. Staff stated that the purpose of this data is to address clients that are least likely to be virally suppressed and then use this information to develop plans to make changes in the future. The Grantee representative stated that the committee is looking at this data to identify the problems and the NAE committee will conduct surveys or focus groups to find answers to the unknown. One member stated that it seems as clients who utilize Ryan White support services tend to be more likely to be virally suppressed regardless of demographics and risk factor. Staff agreed stating that when we are able to examine the eligibility information there will be a clearer conclusion concerning service utilization and viral load suppression. A guest from NQC stated that she works in other areas of the US and the Broward County QMC is ahead of the game compared to other places with drilling down data. Staff pointed out that the MHSA Network had a consultant at their last meeting that recently completed a mental health services evaluation and presented preliminary information to the Network. The consultant mentioned that MSM have issues with housing because they tend to live with boyfriend or partner and if they break up, they become unstably housed. A member stated another issue with housing for MSM is that men have less resources for housing compared to women. Staff asked the Committee if they would like the NAE to address any additional issues in their focus groups or surveys. One member asked if there is data on transportation and staff stated that data on transportation is not collected because that is not a Part A funded service. Transportation is funded through the Part B program. However, it is important for NAE to address transportation when collecting qualitative data because it is a

	barrier to care. Questions about the different modes of transportation and why clients are not utilizing these resources are important. Another member also stated the importance in collecting qualitative data on housing. Stable housing is a major issue for Black MSM clients and is also a barrier to care. One member stated there was one shelter available shelter for male HIV clients Broward and it has recently closed. QMC will request that NAE address issues concerning retention in care, MHSA services, transportation, and housing.

6. GRANTEE REPORTS

The Grantee representative stated that monitoring has started for Ryan White Part A agencies. They are introducing a quality review component this year to look at providers' quality procedures and processes. The CQM 3 year plan will also be updated this year.

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.*
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.
Review and update Work Plan and Policies & Procedures (WP 2.4)	**ACTION ITEM:** Review and update the work plan and policies and procedures.
Review and update 3-year Work Plan. (WP 2.5)	**ACTION ITEM:** Review and update the 3-year work plan.
Review accomplishments and challenges. (WP 2.3)	**ACTION ITEM:** Review at least 3 QMC accomplishments and challenges.
Quarterly Network Update (WP 3.1)	**ACTION ITEM**: Identify at least 2 areas for improvement and at least 2 potential QIPs.

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 1:45 pm.

Drilling Down Data: Black MSM

Quality Management Committee

2.22.16

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 MSM 18-38 years old

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

Total Non-Hispanic Black MSM: 769

Total Non-Hispanic Black MSM 18-38 years old: 370

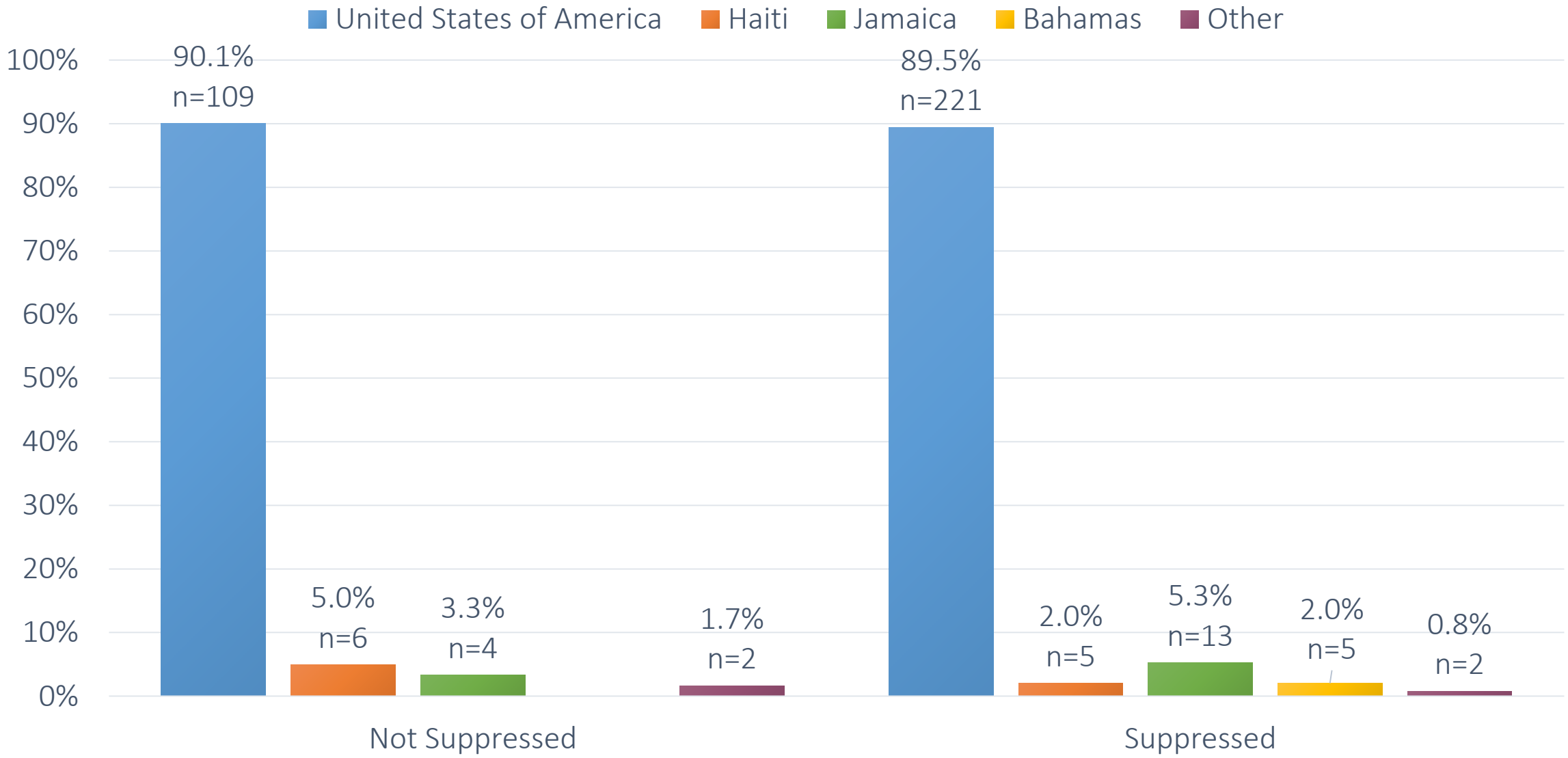
Viral Suppression Status	#	%
Unsuppressed (<200 copies/mL)	121	32.9%
Suppressed (>200 copies/mL)	247	67.1%
Unknown	2	0.5%
TOTAL	370	100

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

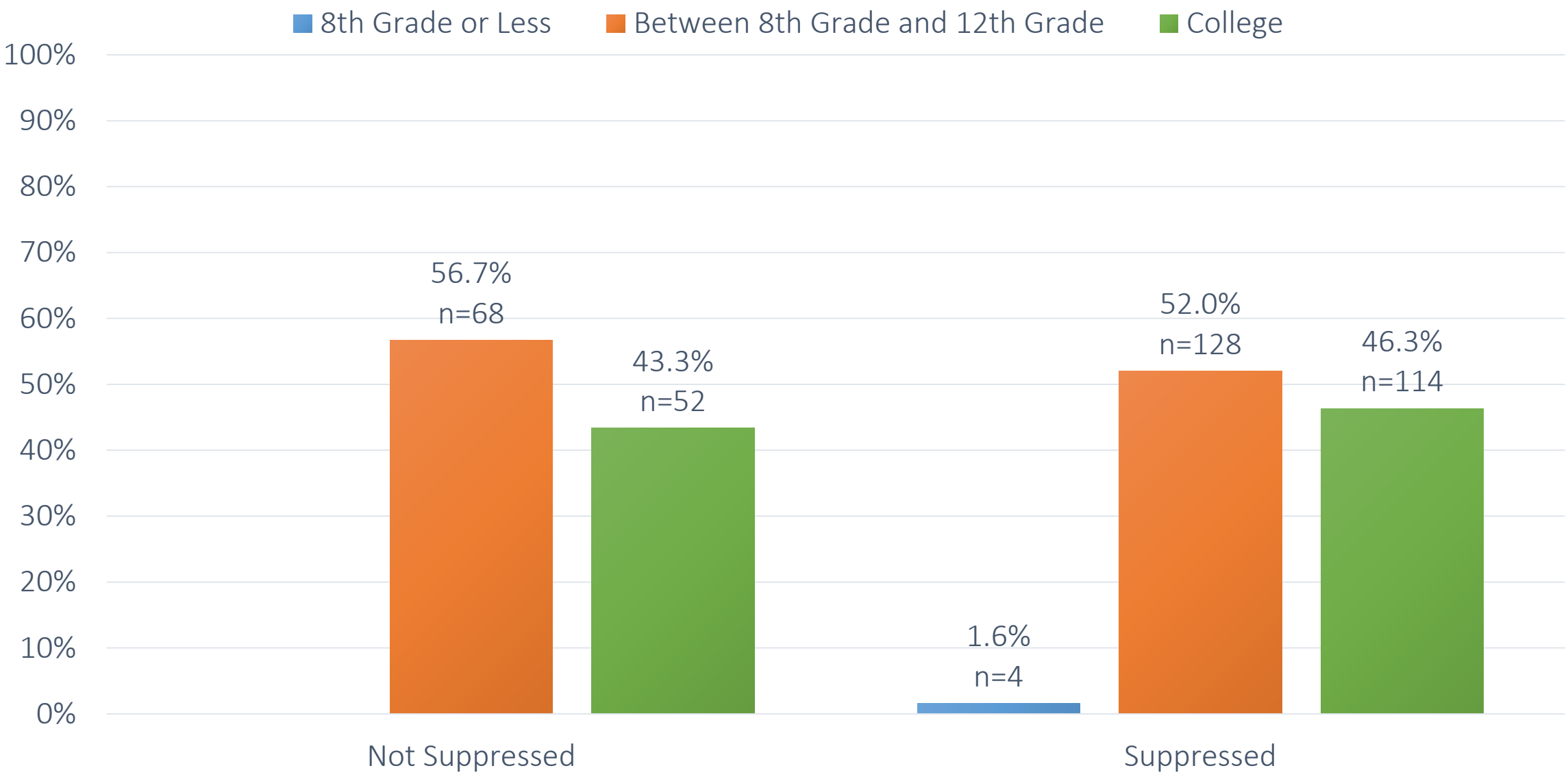
Demographic Characteristics

Country of Origin for Black MSM 18-38 Years Old



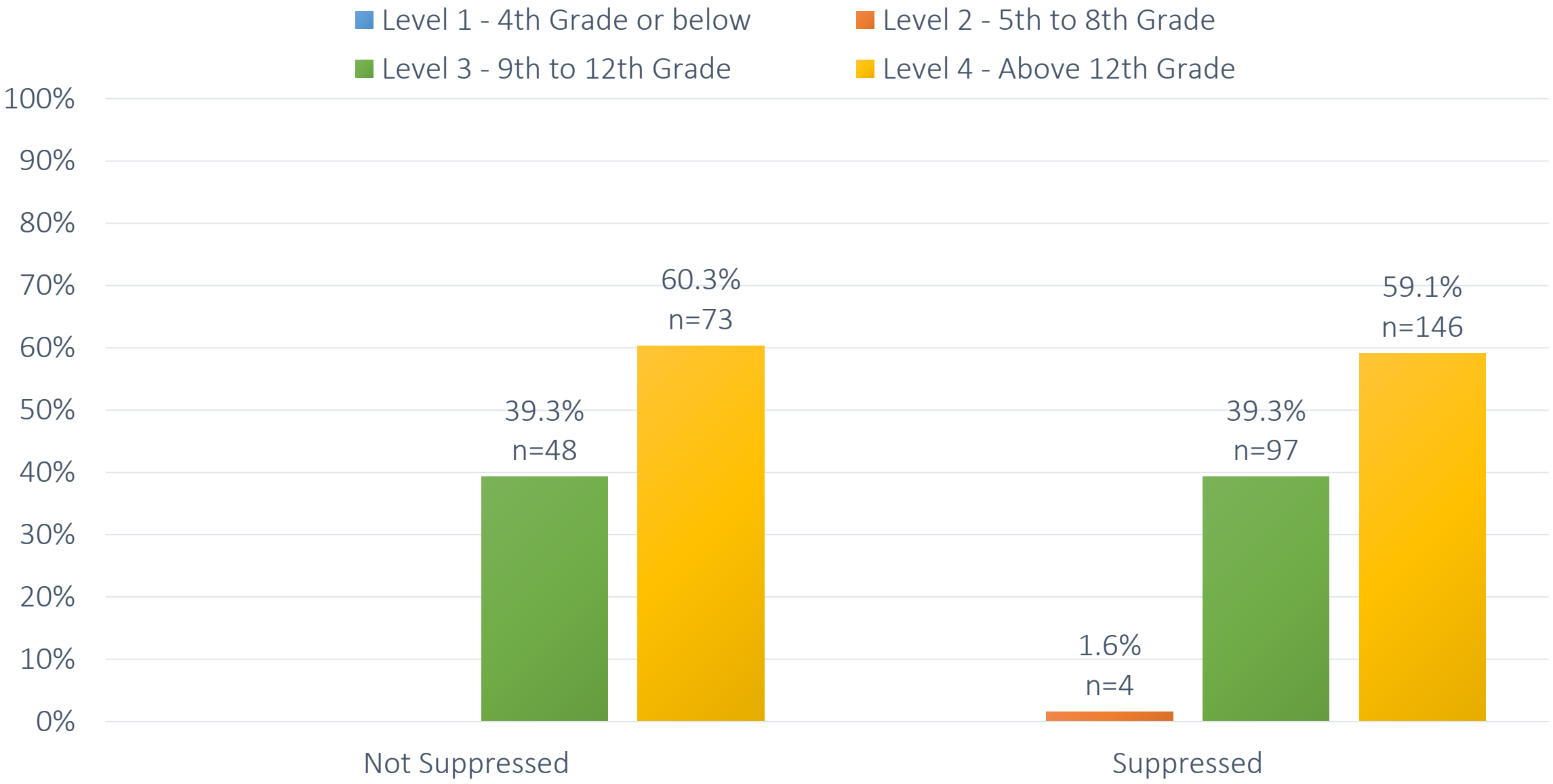
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None Recorded (1)

Education Level for Black MSM 18-38 Years Old



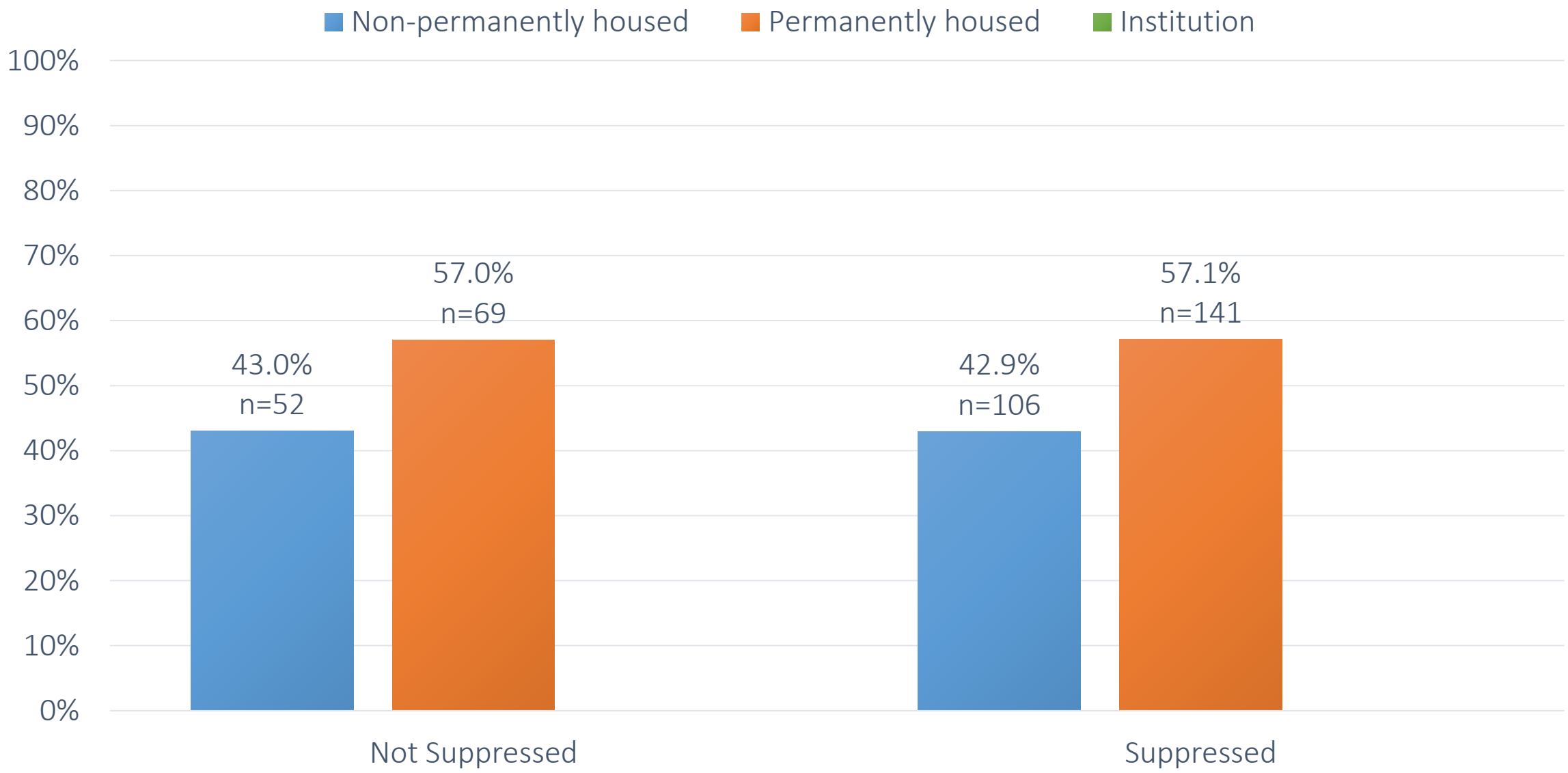
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 120
- Total Unduplicated Black MSM with Suppressed Viral Loads = 246
- Exclusions – Unknown (2)

Literacy Level for Black MSM 18-38 Years Old



- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads =247
- Exclusions – None.

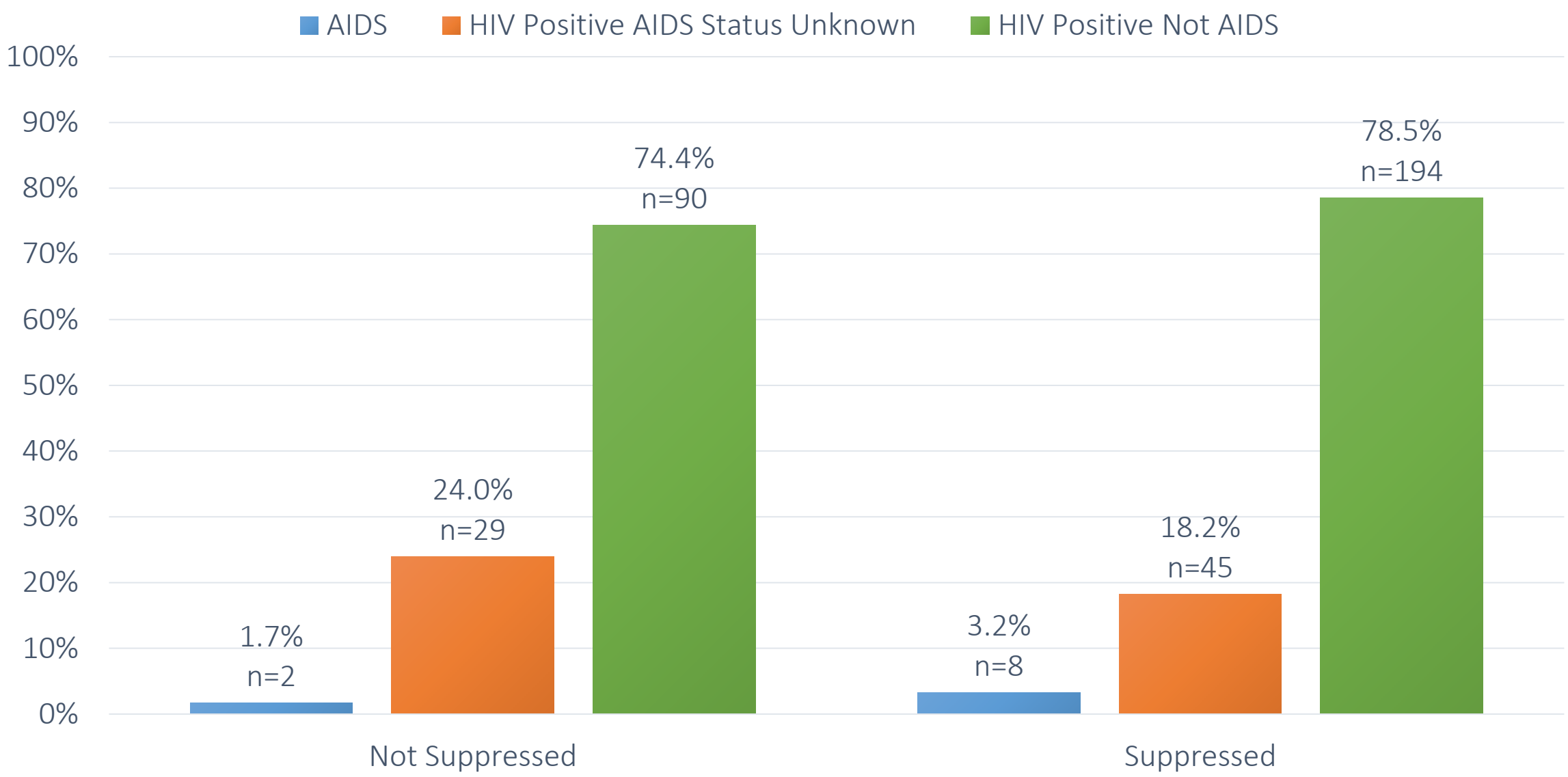
Living Arrangement for Black MSM 18-38 Years Old



- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

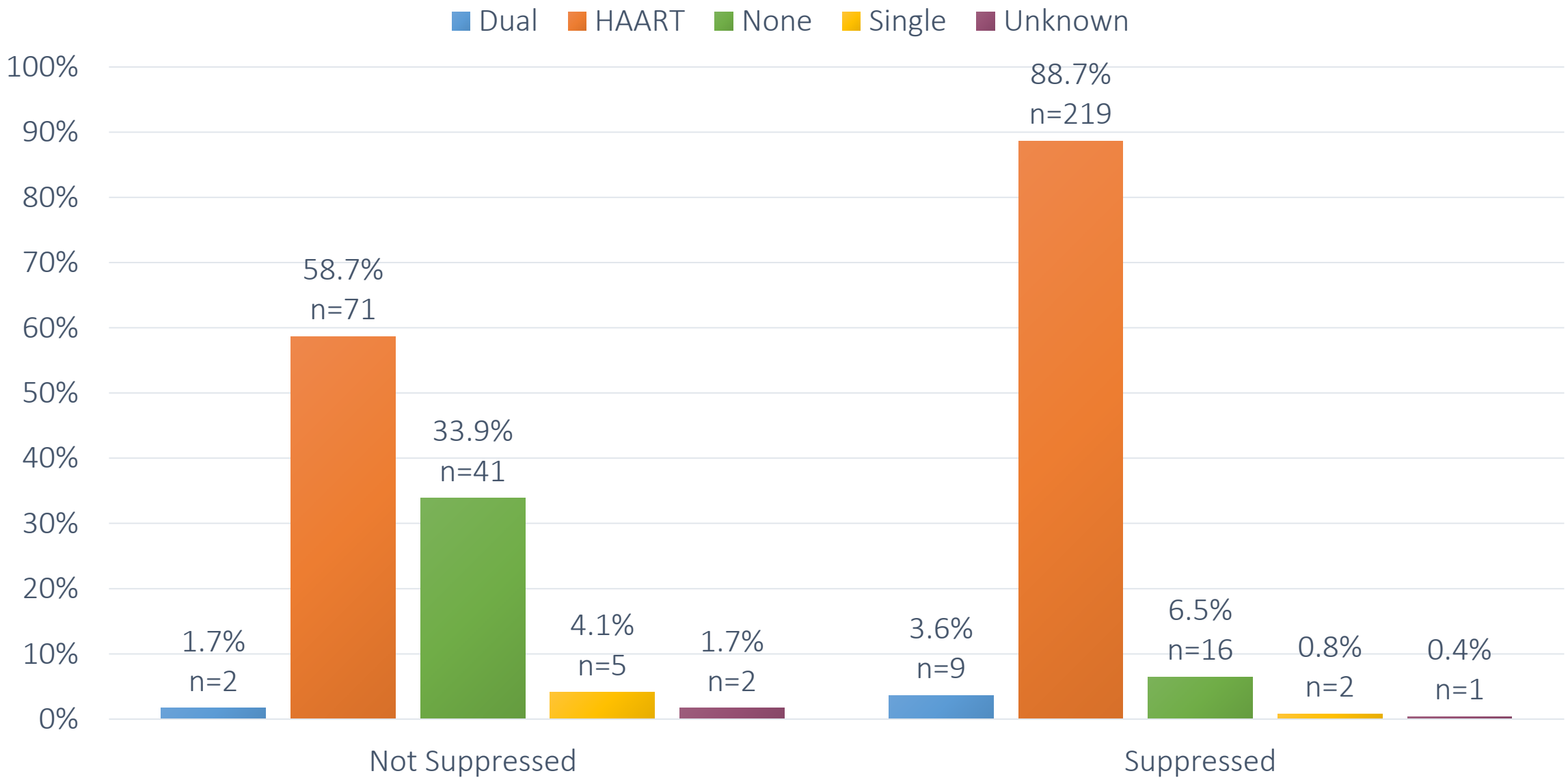
HIV Care Status and Treatment

HIV Stage for Black MSM 18-38 Years Old



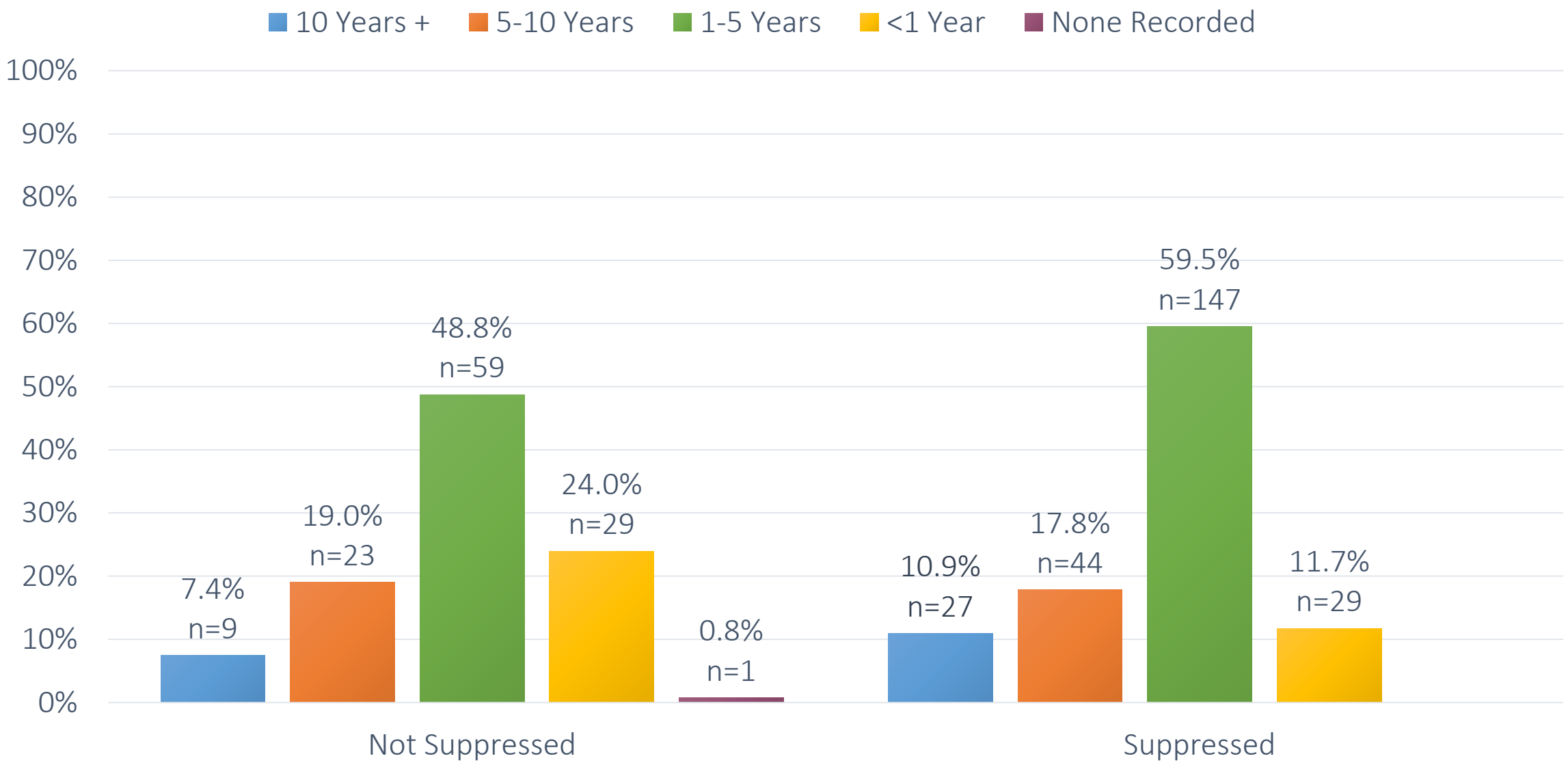
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

HIV Therapy for Black MSM 18-38 Years Old



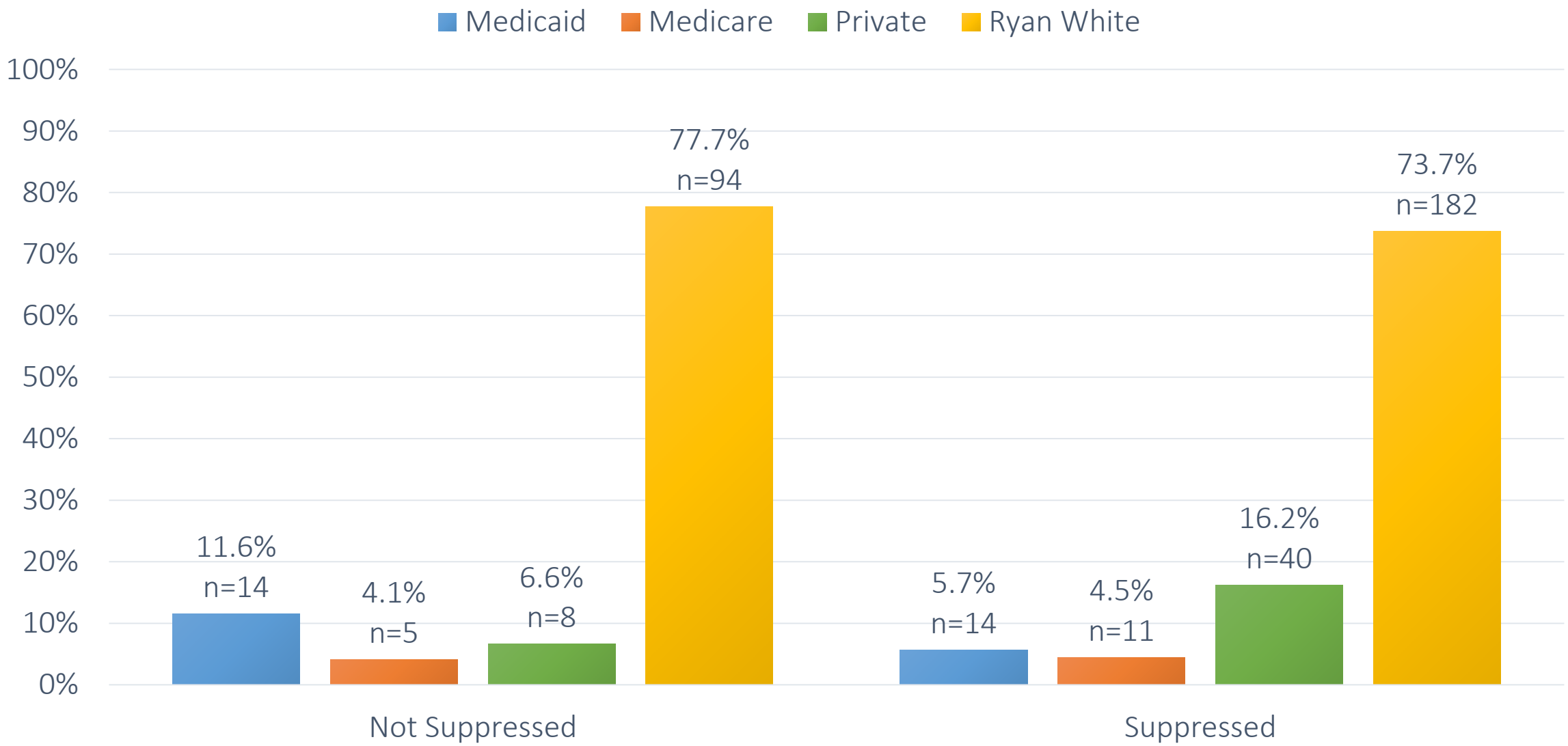
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Length of Diagnosis for Black MSM 18-38 Years Old



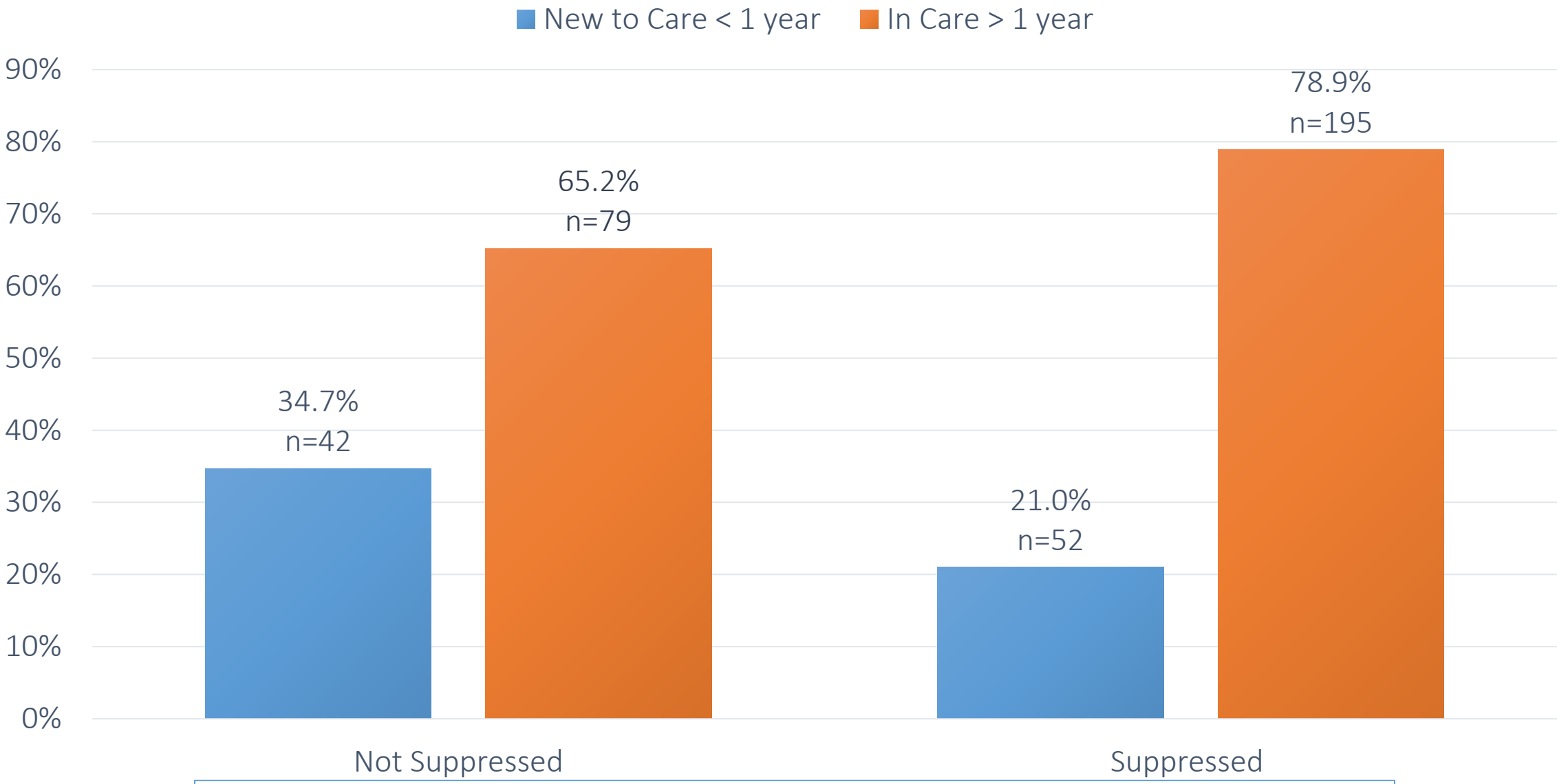
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Primary Insurance Type for Black MSM 18-38 Years Old



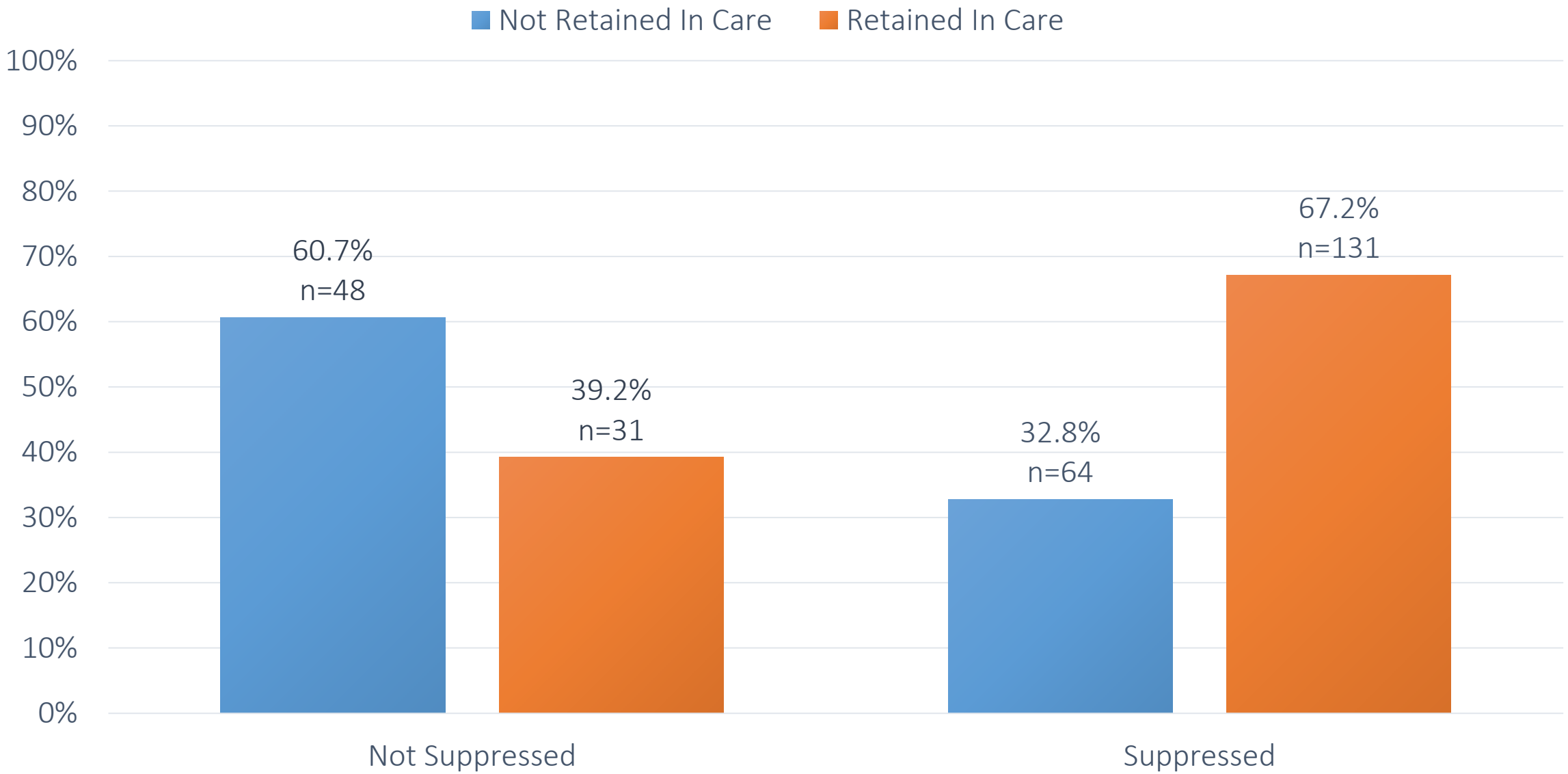
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Care Status of Black MSM 18-38 Years Old



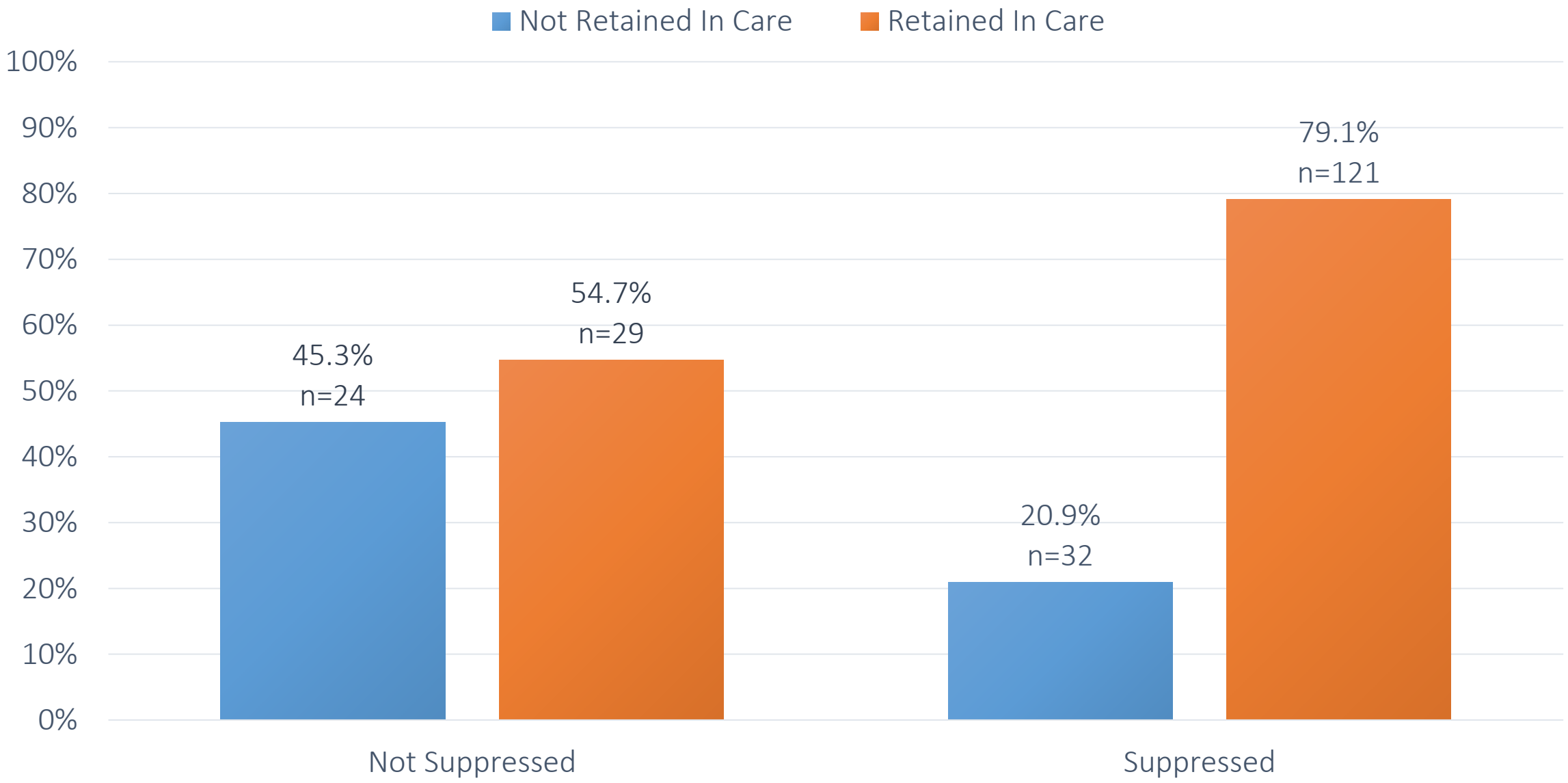
- New To Care is defined as receiving a Part A service for the first time within one year of the last day of the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Retention in Care of Black MSM 18-38 Years Old



- 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 MSM with Unsuppressed Viral Loads = 79
- Total Unduplicated Black MSM with Suppressed Viral Loads = 195
- Exclusions – New to Care (94)

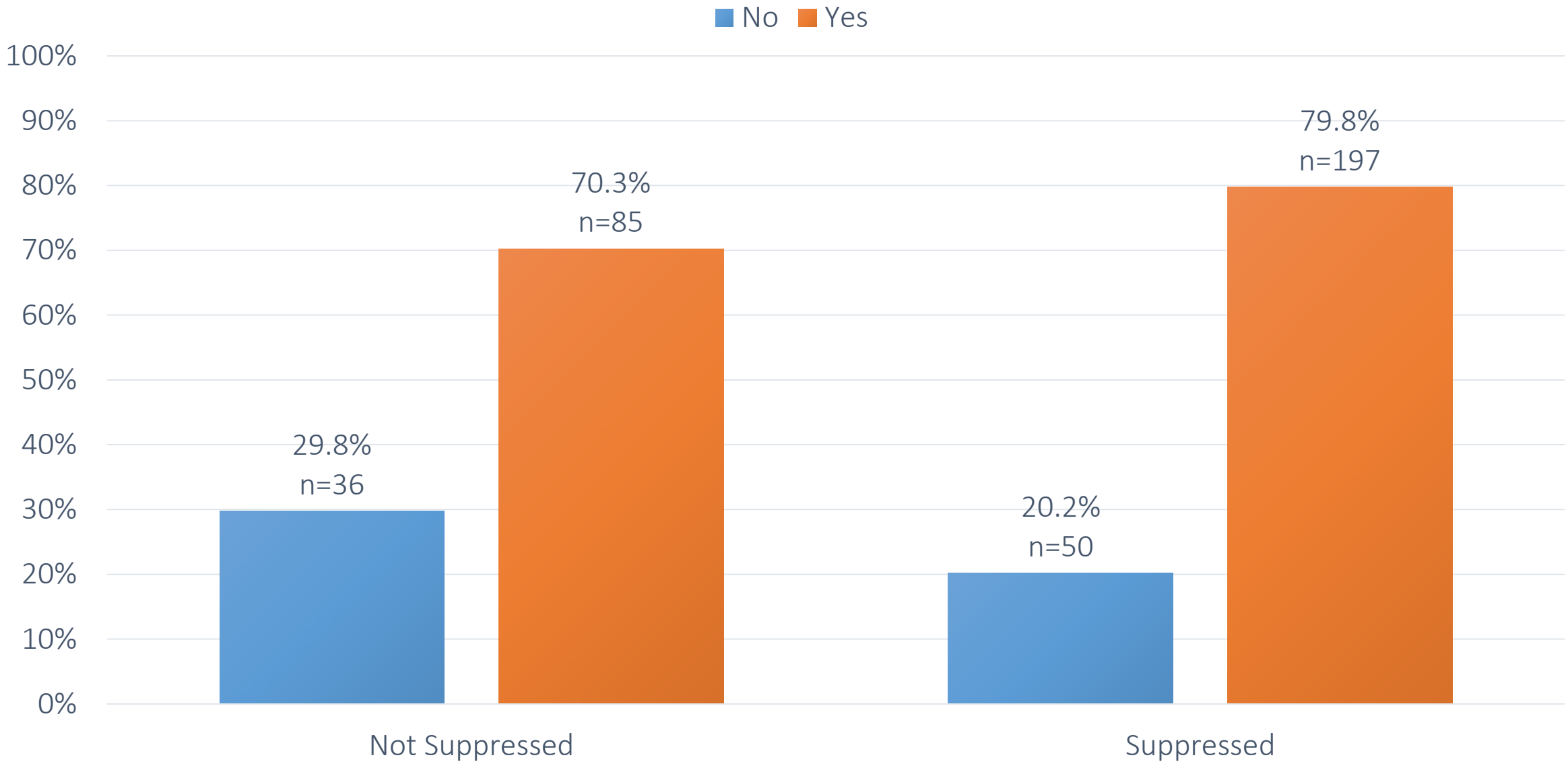
Retention in Part A Medical Care of Black MSM 18-38 Years Old



- Retention in Care is defined as two documented medical visits in each six month period of the measurement year.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 53
- Total Unduplicated Black MSM with Suppressed Viral Loads = 153
- Exclusions – New to Care (94), Clients not utilizing Part A medical (86)

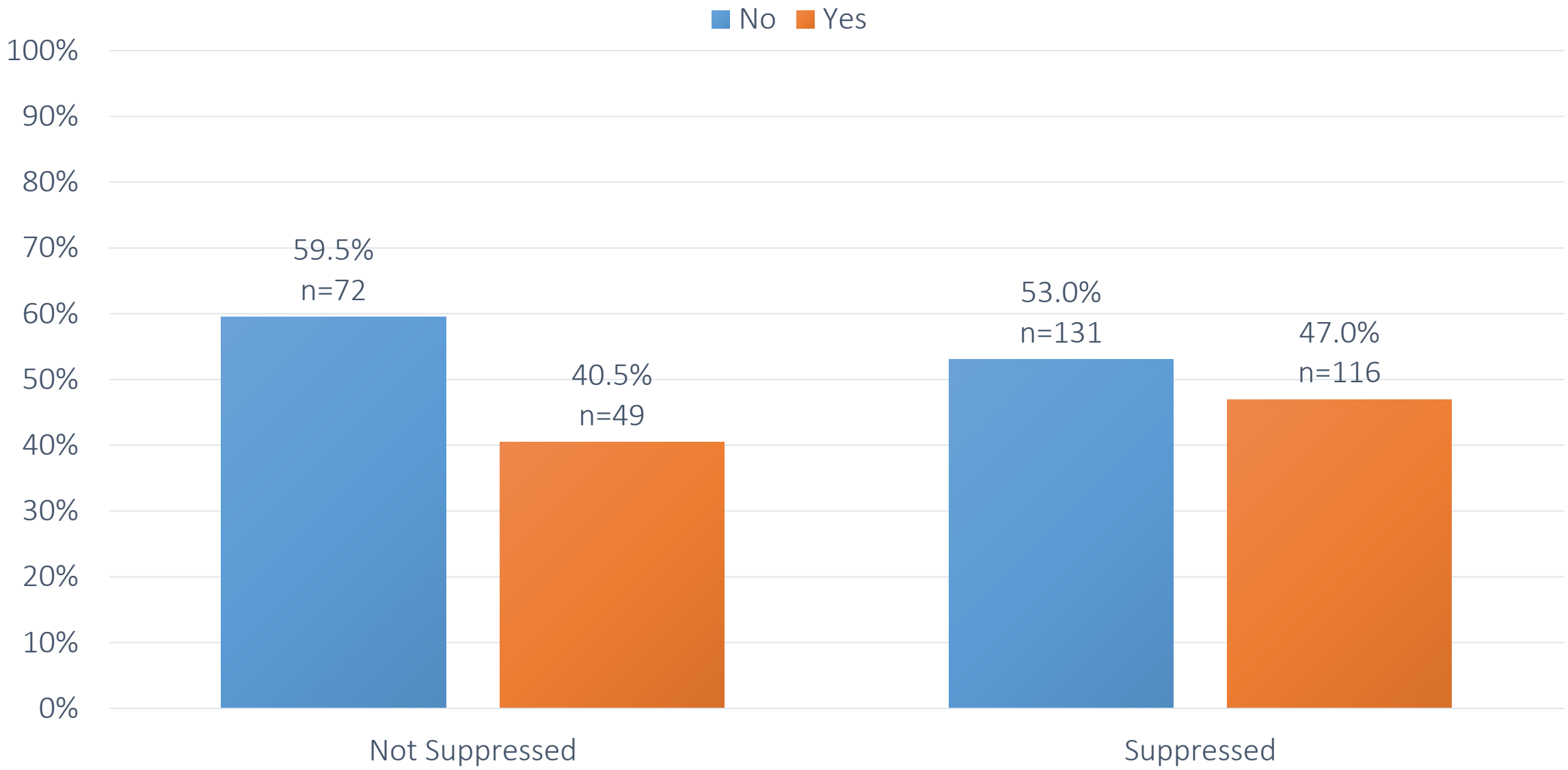
Core and Support Services Utilization

Outpatient Ambulatory Medical Care Utilization for Black MSM 18-38 Years Old



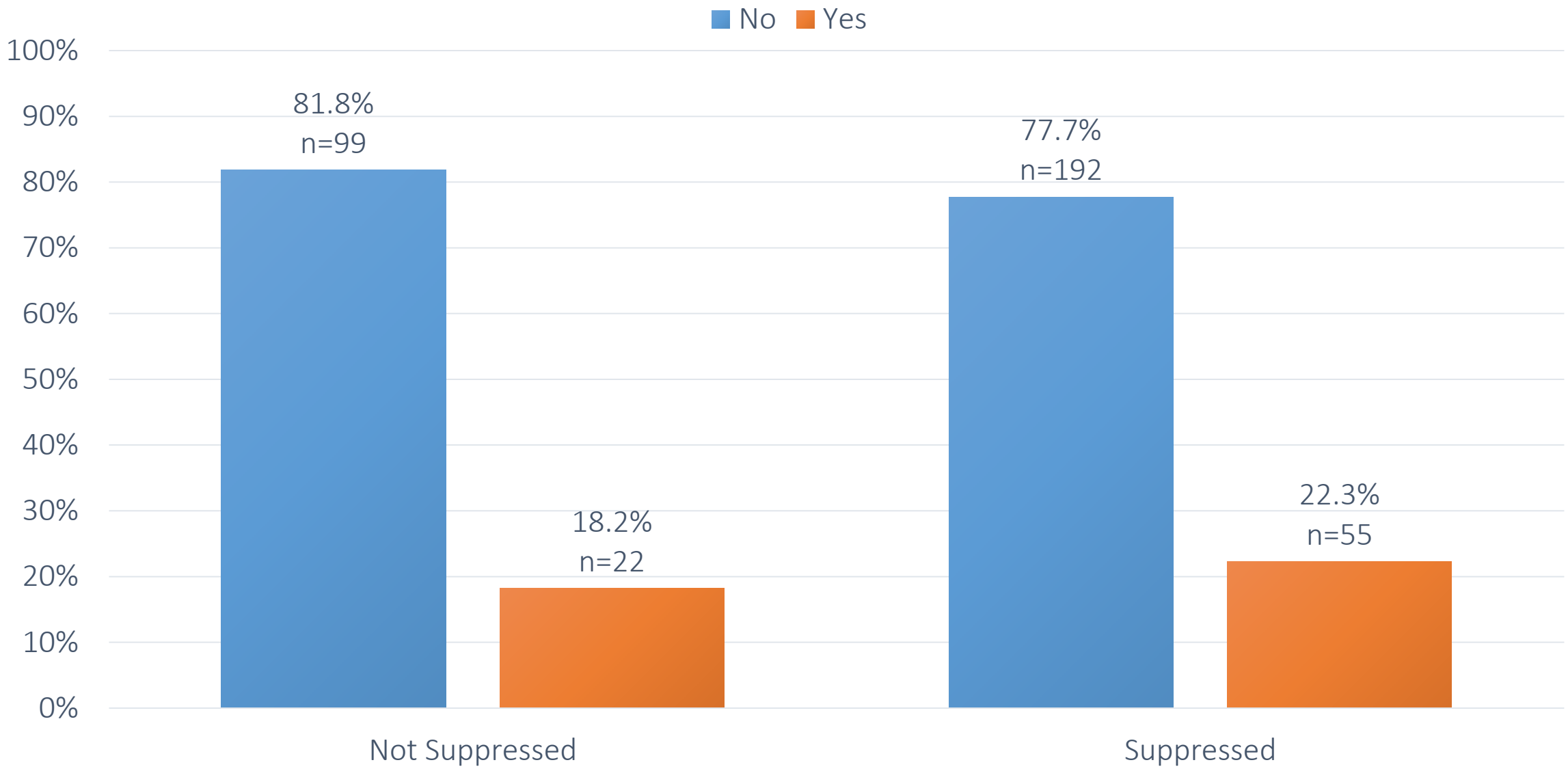
- Medical Utilization is defined as having a Part A OAMC service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Case Management Utilization for Black MSM 18-38 Years Old



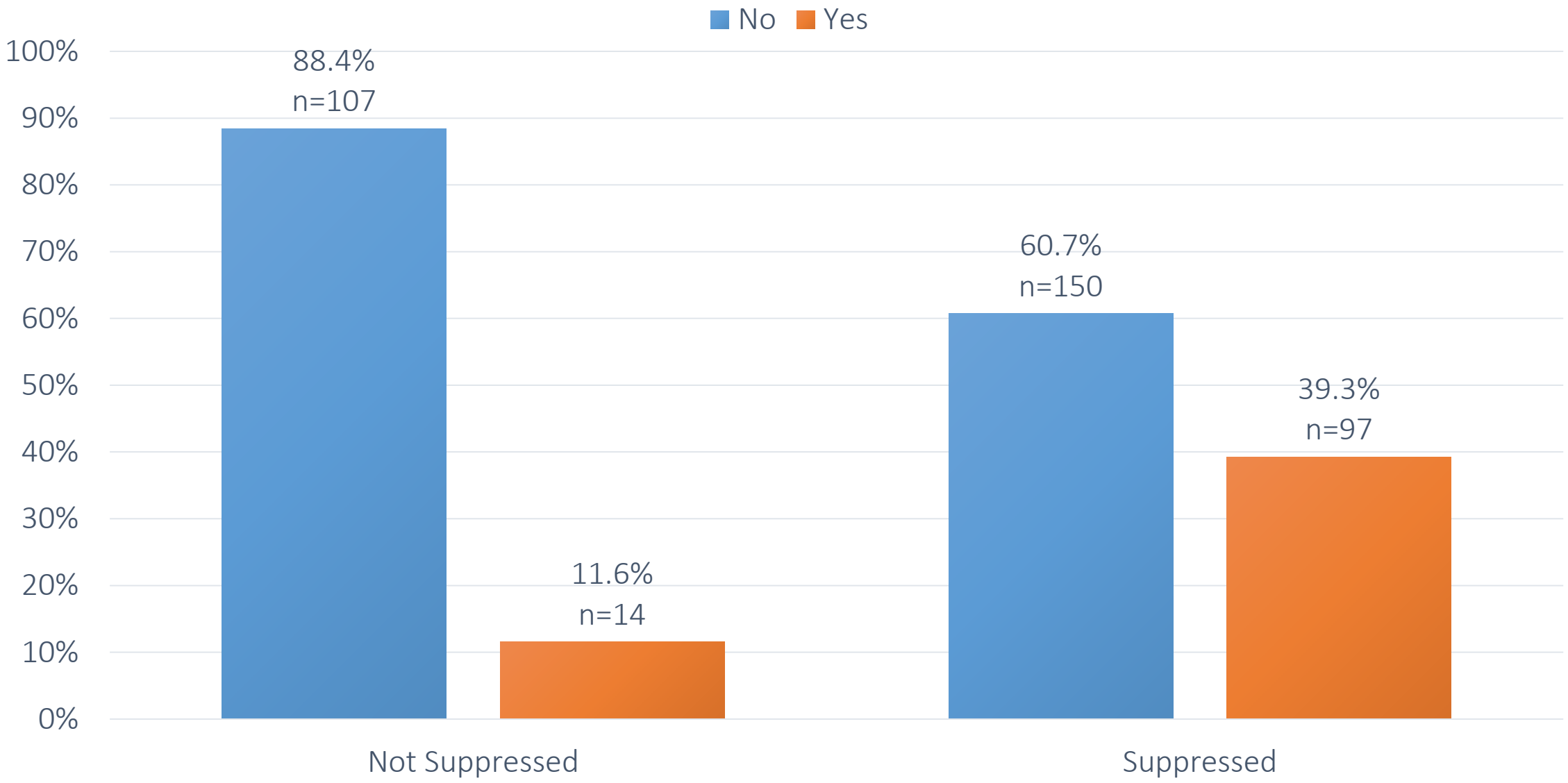
- Case Management Utilization is defined as having a Part A CM service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Food Services Utilization for Black MSM 18-38 Years Old



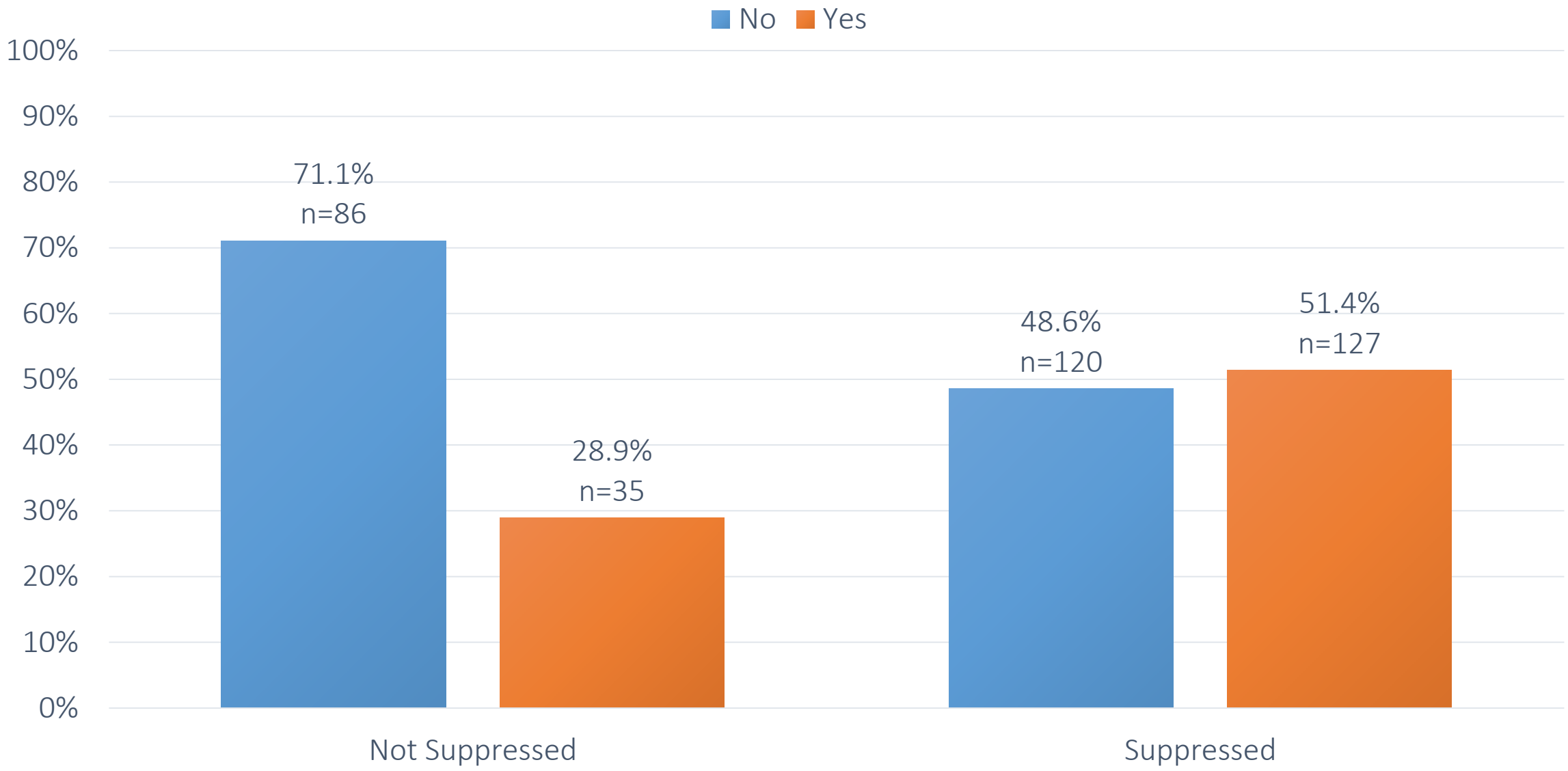
- Food Services Utilization is defined as having a Part A Food service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Oral Health Services Utilization for Black MSM 18-38 Years Old



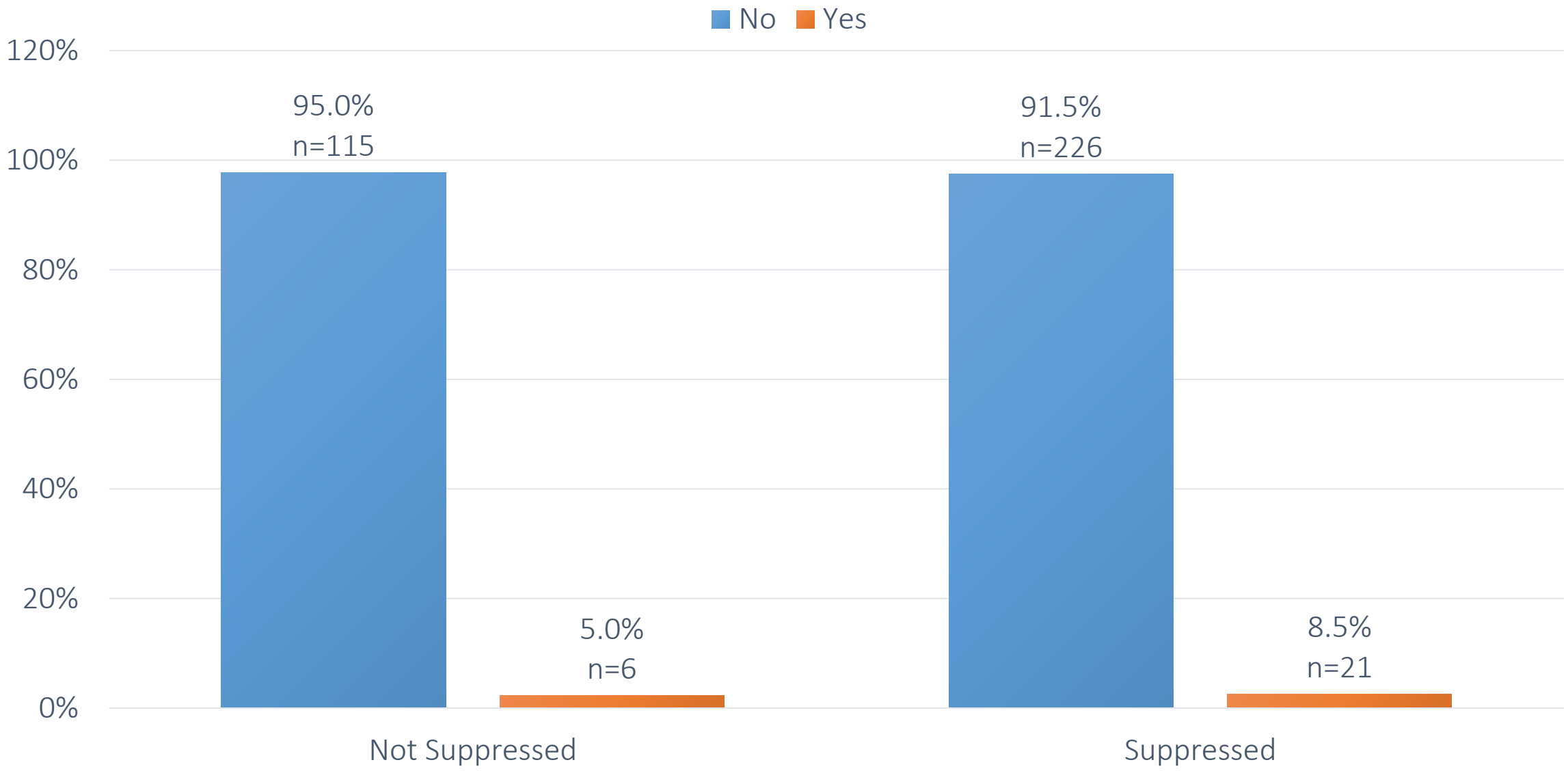
- Oral Health Utilization is defined as having a Part A OHC service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Pharmacy Services Utilization for Black MSM 18-38 Years Old



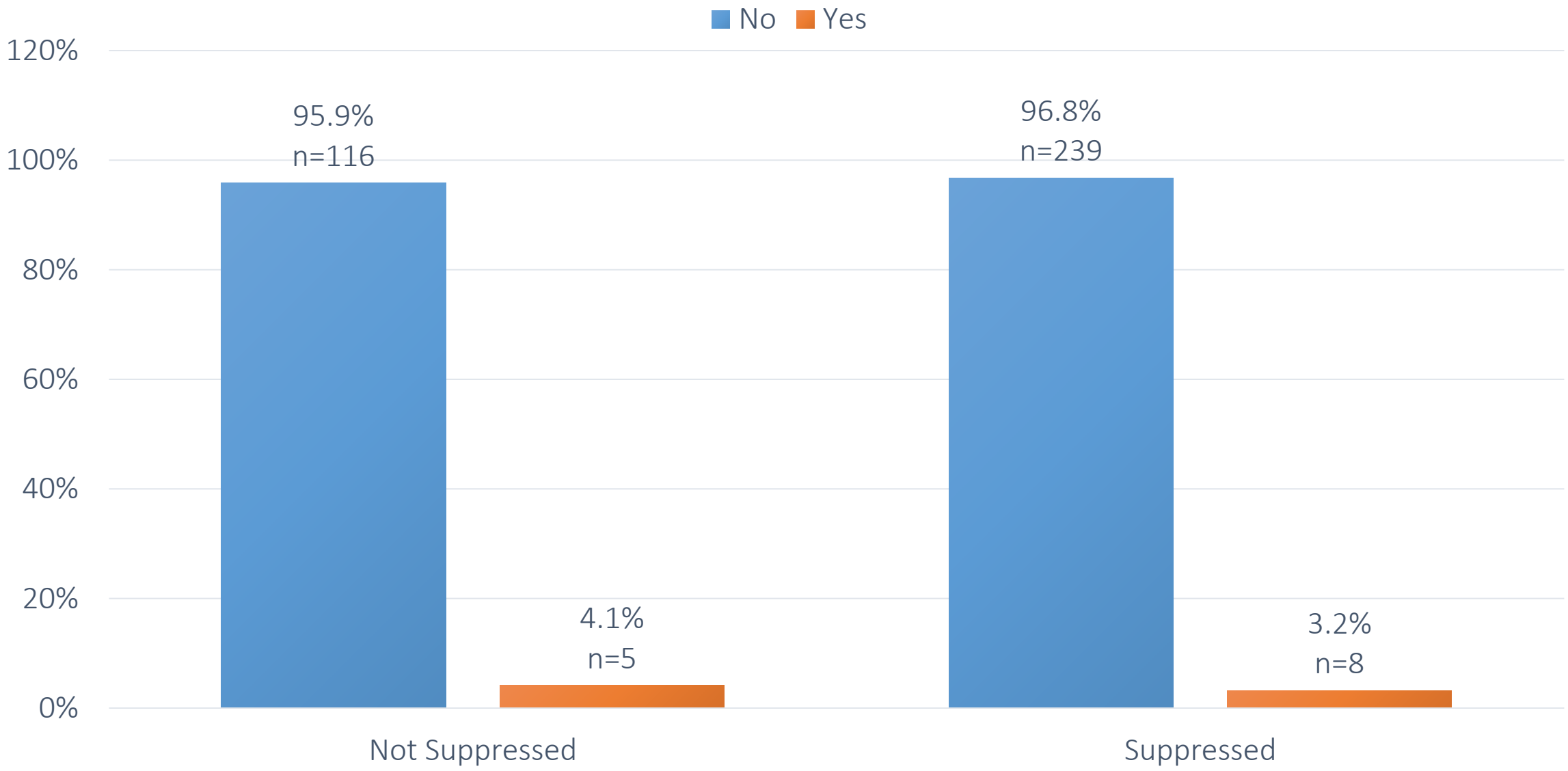
- Pharmacy Utilization is defined as having a Part A Pharmacy service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Mental Health Services Utilization for Black MSM 18-38 Years Old



- Mental Health Utilization is defined as having a Part A MH service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Substance Abuse Services Utilization for Black MSM 18-38 Years Old



- Substance Abuse Utilization is defined as having a Part A SA service billed and paid for in the measurement period.
- Total Unduplicated Black MSM with Unsuppressed Viral Loads = 121
- Total Unduplicated Black MSM with Suppressed Viral Loads = 247
- Exclusions – None.

Mental Health Diagnoses for Unsuppressed Black MSM

Primary

- Adjustment Disorder with Anxiety (1)
- Adjustment Disorder with Depressed Mood (1)
- Depressive Disorder NOS (1)
- Major Depressive Disorder Recurrent Moderate (1)
- Polysubstance Dependence (2)

Secondary

- Major Depressive Disorder Recurrent Severe With Psychotic Features- Mood-Congruent Psychotic Features (1)
- Major Depressive Disorder Recurrent Unspecified (1)

Substance Abuse Diagnoses for Unsuppressed Black MSM

Primary

- Cocaine Abuse (1)
- Polysubstance Dependence (3)
- Schizoaffective Disorder (1)

Secondary

- Amphetamine Abuse (1)
- Depressive Disorder NOS (1)
- Major Depressive Disorder Recurrent Severe With Psychotic Features- Mood-Congruent Psychotic Features (1)
- Major Depressive Disorder Recurrent Unspecified (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 MSM?

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

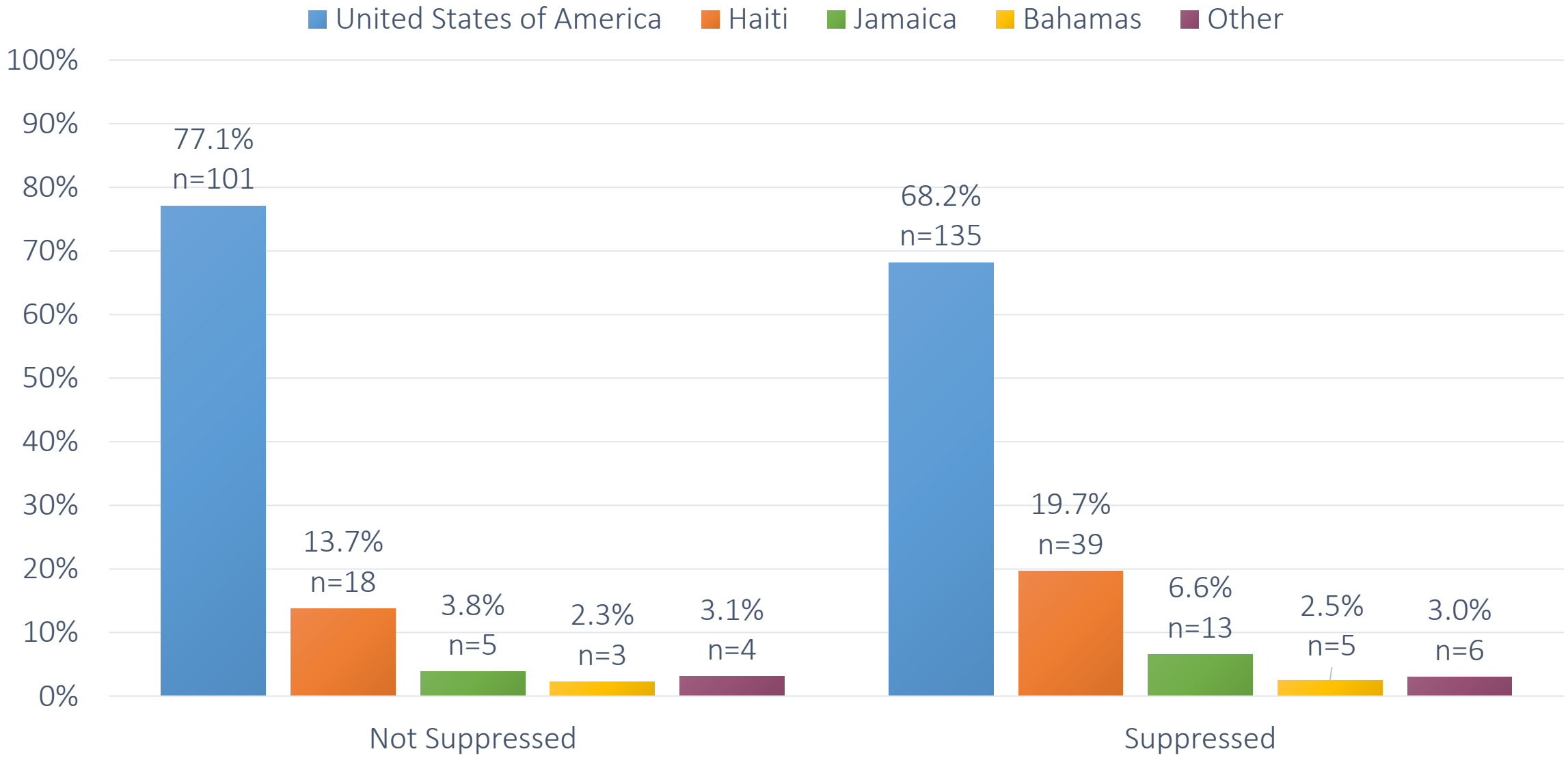
- **40% of Non-Hispanic Black Female are NOT virally suppressed.**

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

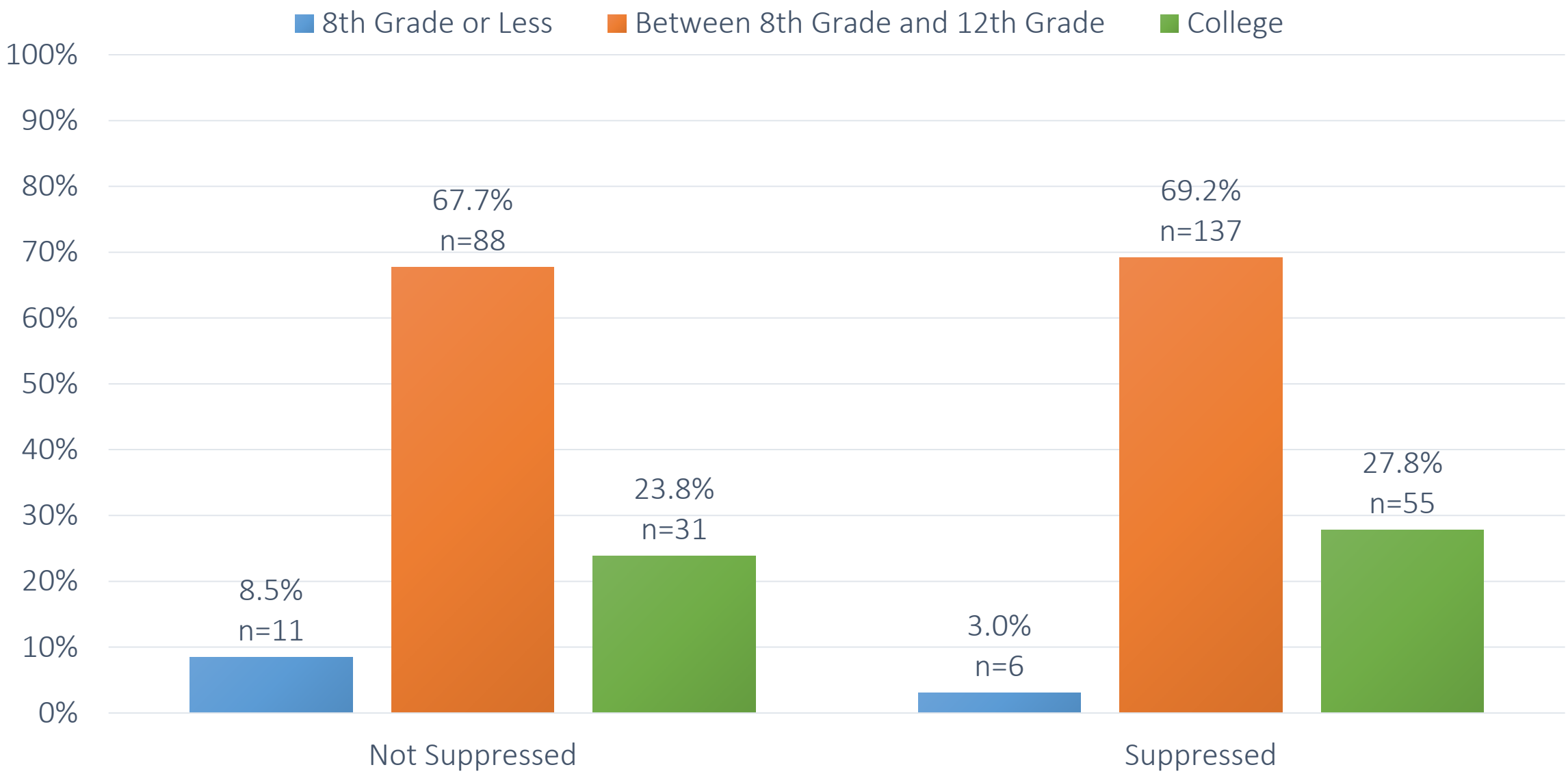
Demographic Characteristics

Country of Origin for Black Females 18-38 Years Old



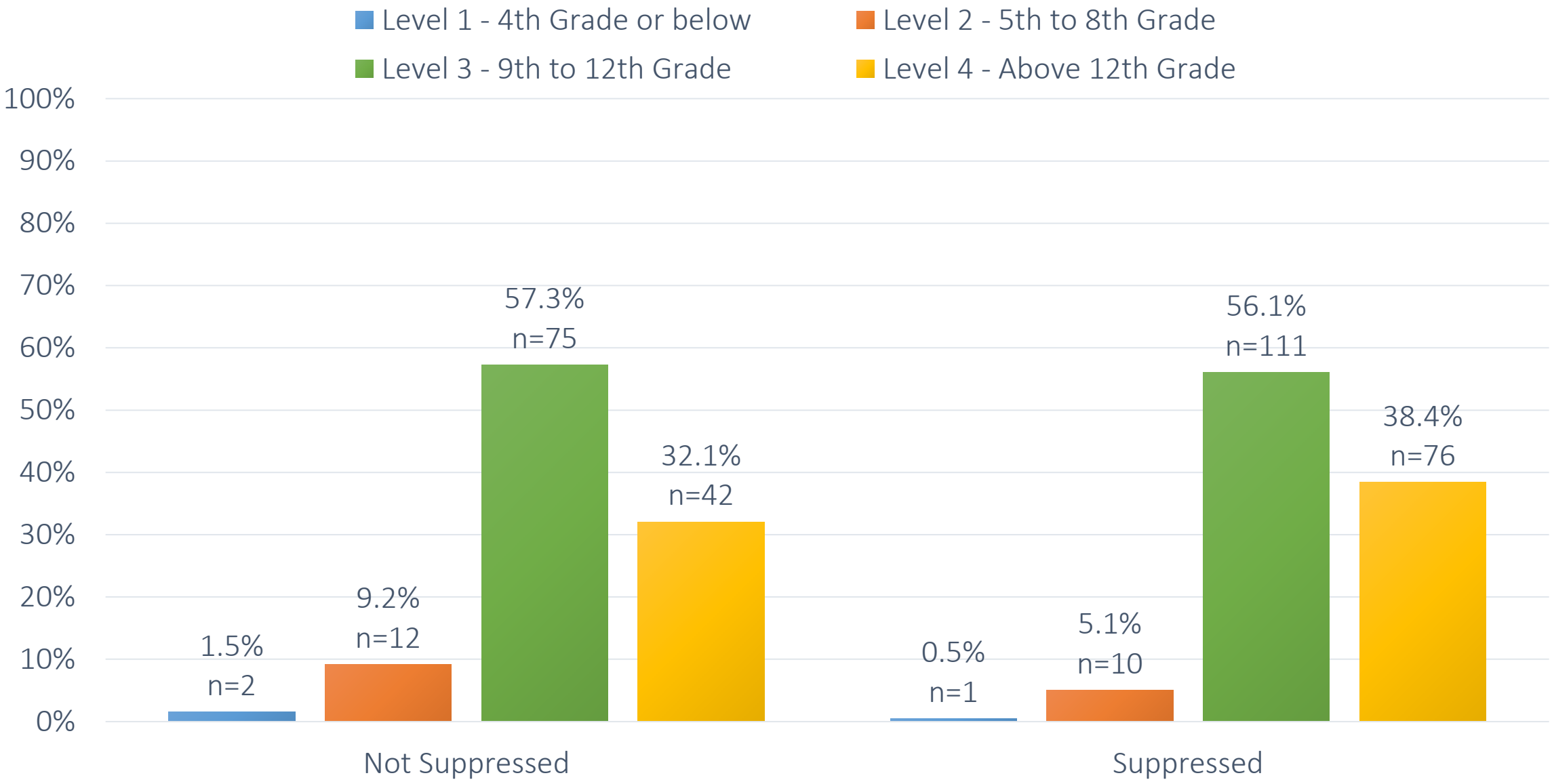
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Education Level for Black Females 18-38 Years Old



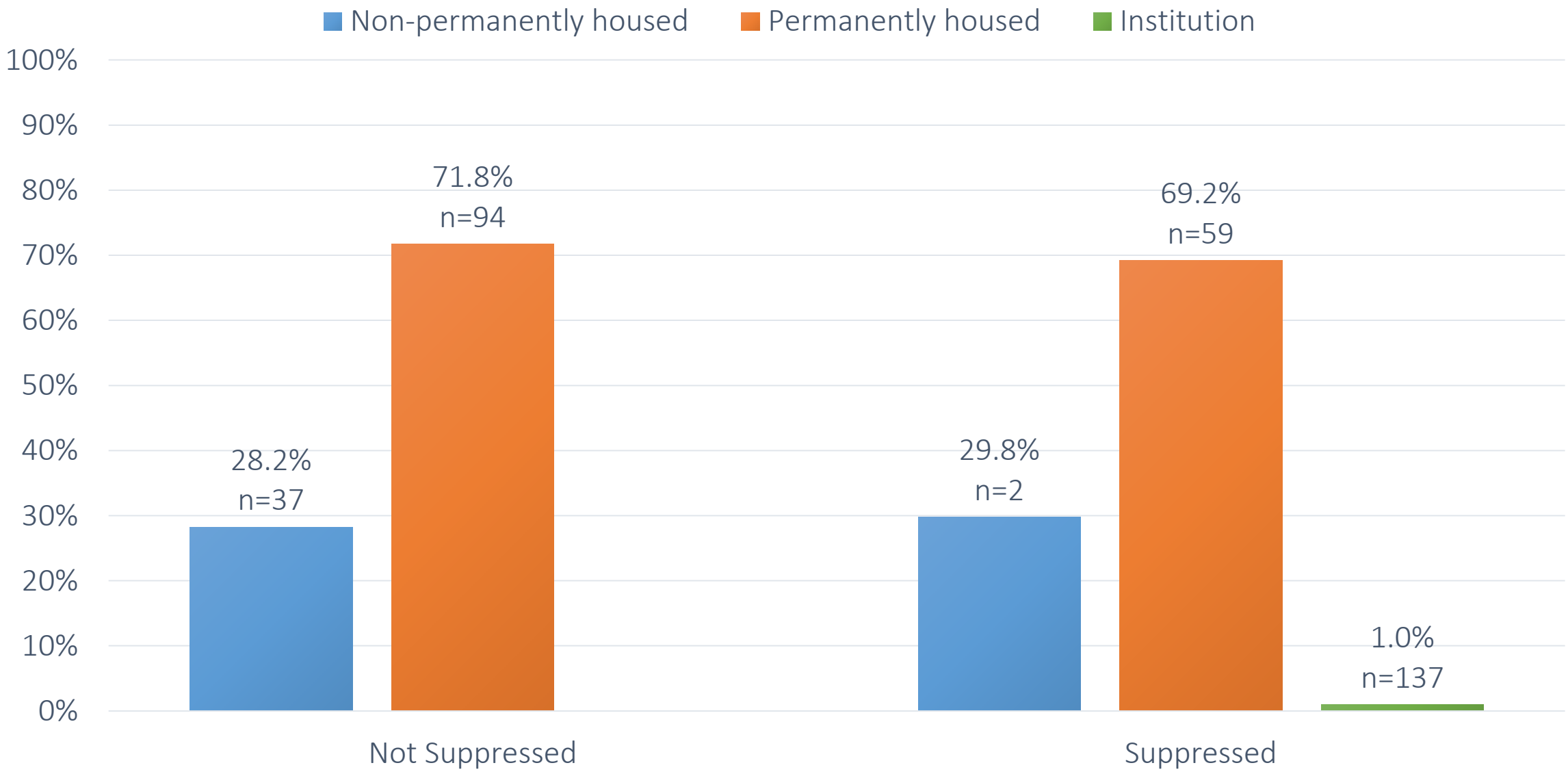
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Literacy Level for Black Females 18-38 Years Old



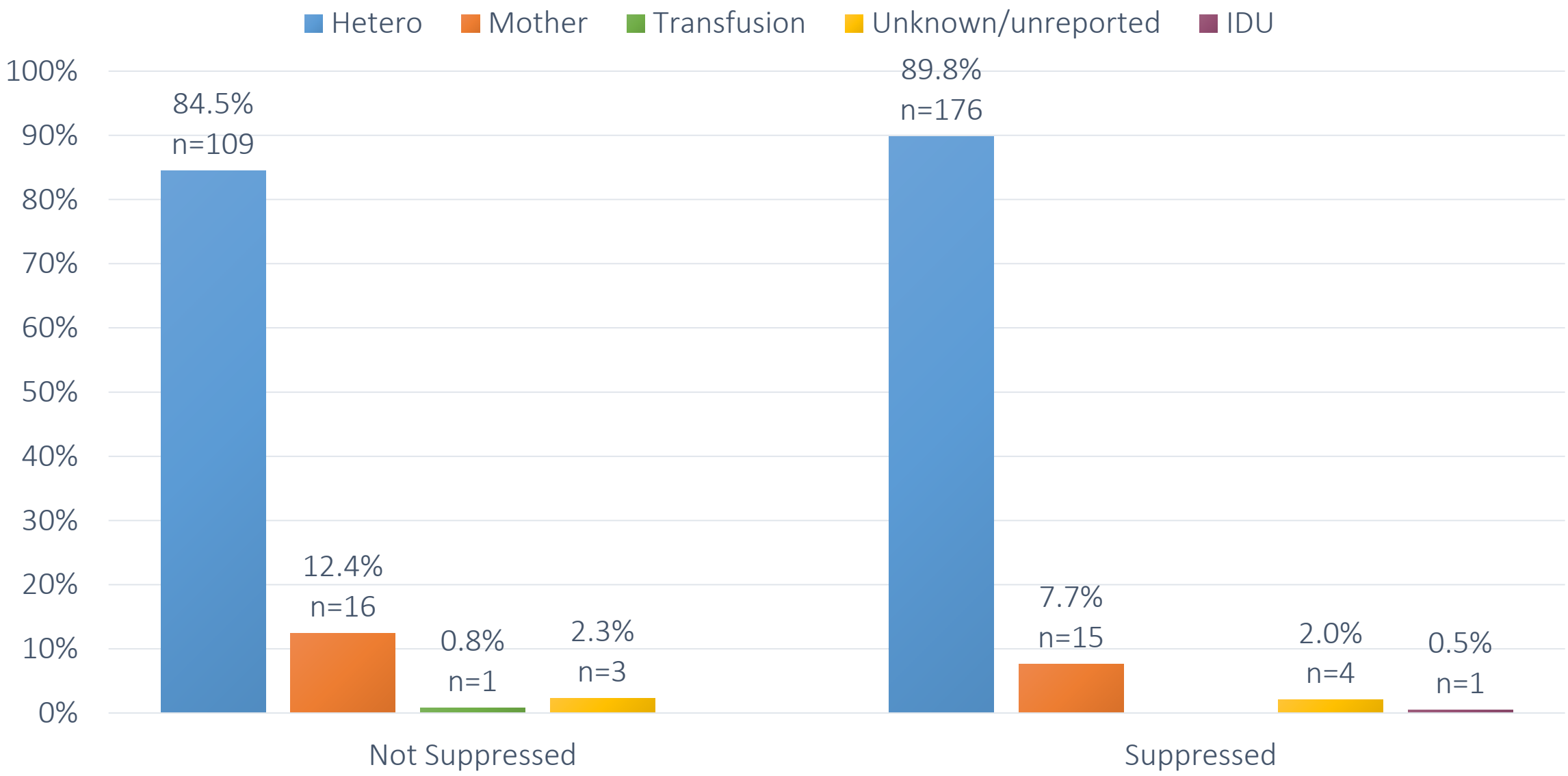
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Living Arrangement for Black Females 18-38 Years Old



- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

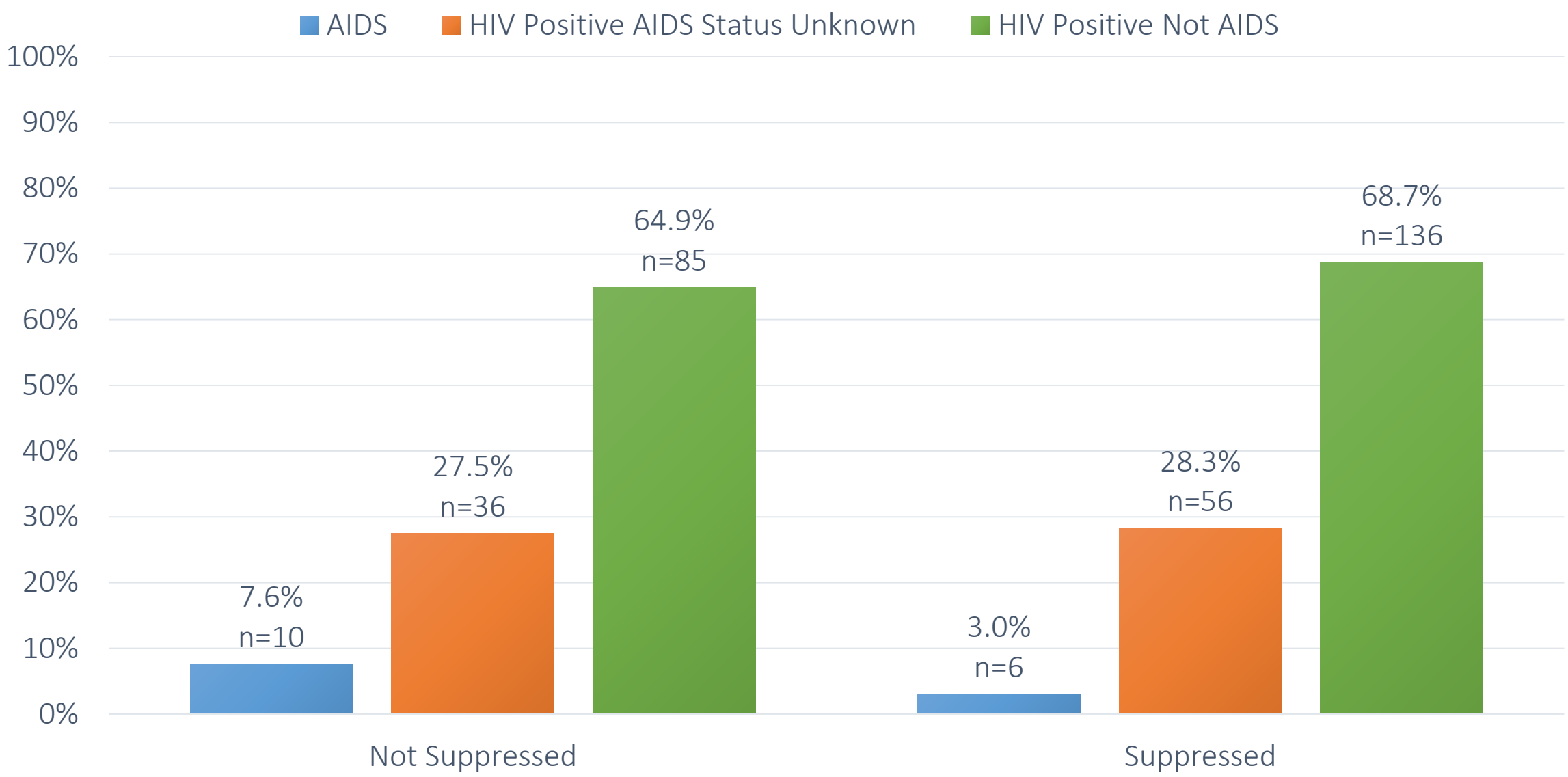
Risk Factor for Black Females 18-38 Years Old



- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

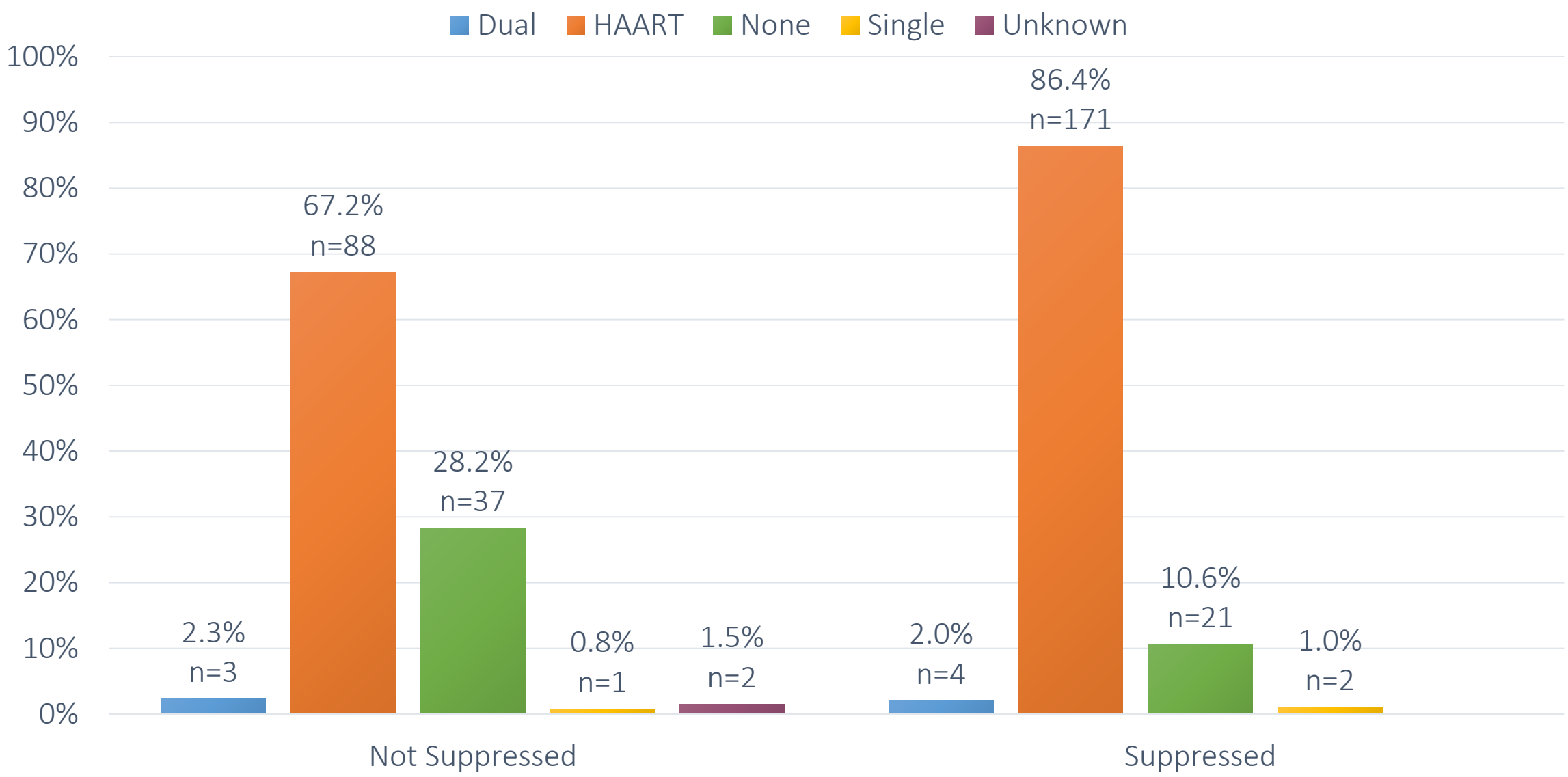
HIV Care Status and Treatment

HIV Stage for Black Females 18-38 Years Old



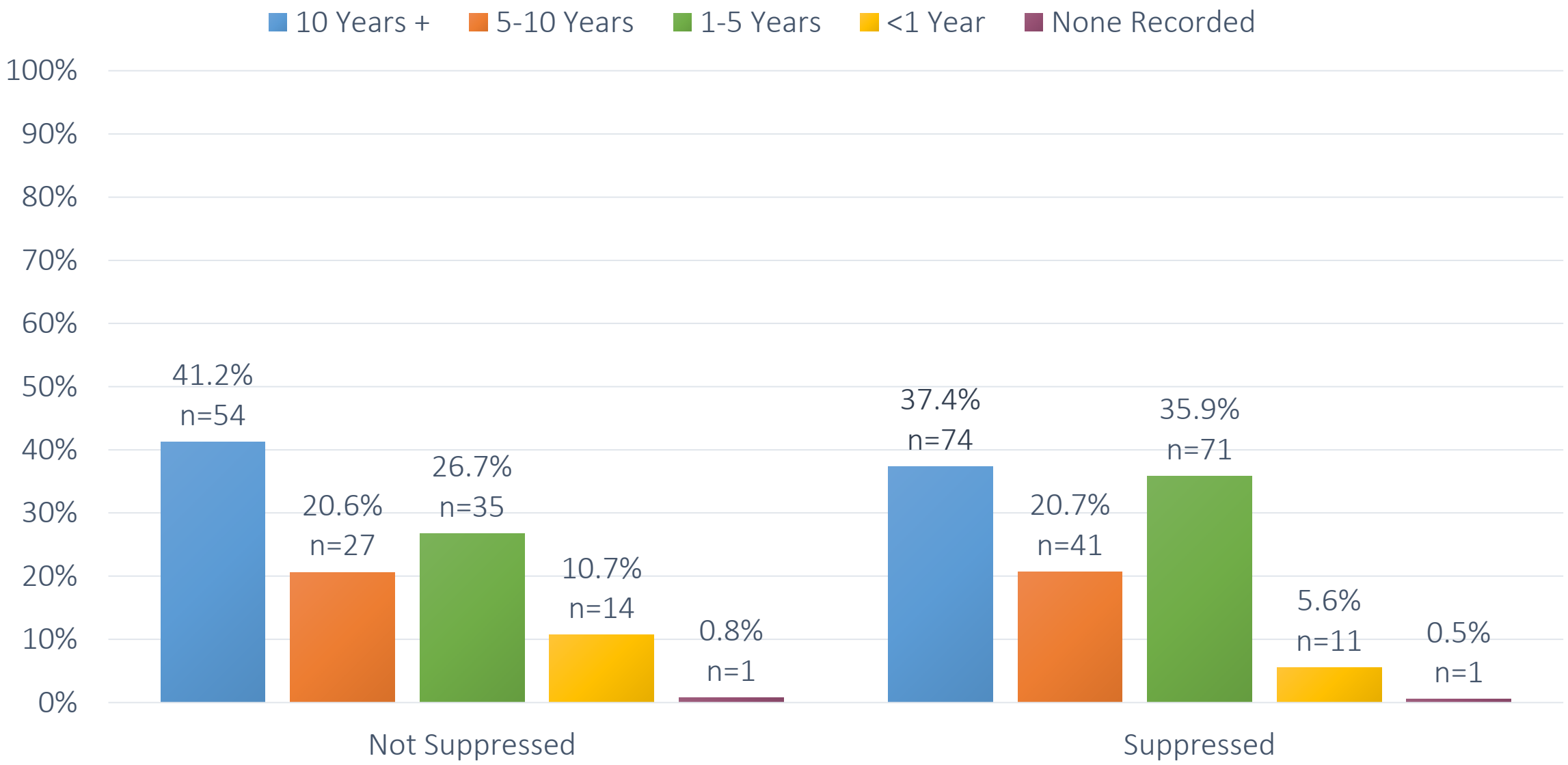
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

HIV Therapy for Black Females 18-38 Years Old



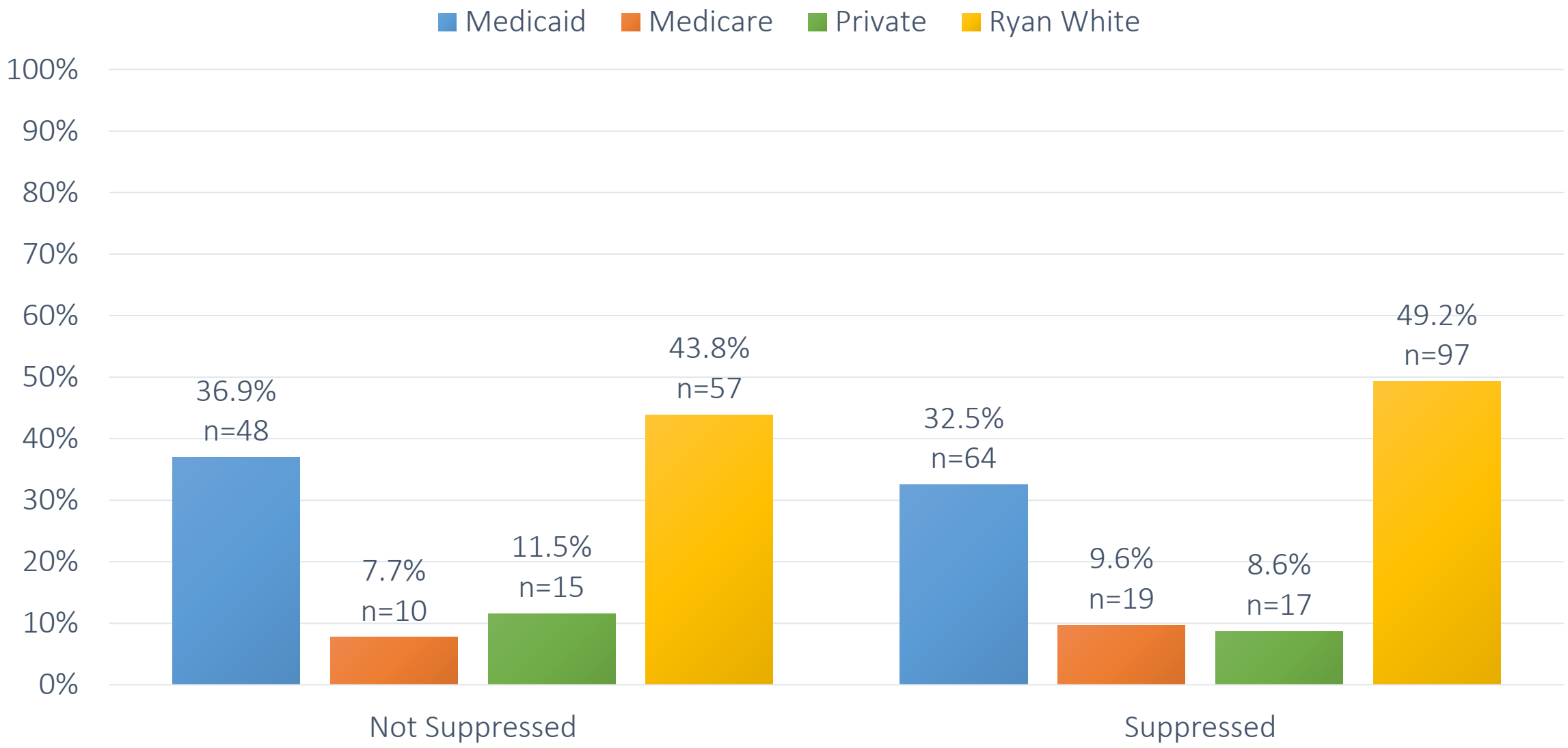
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Length of Diagnosis for Black Females 18-38 Years Old



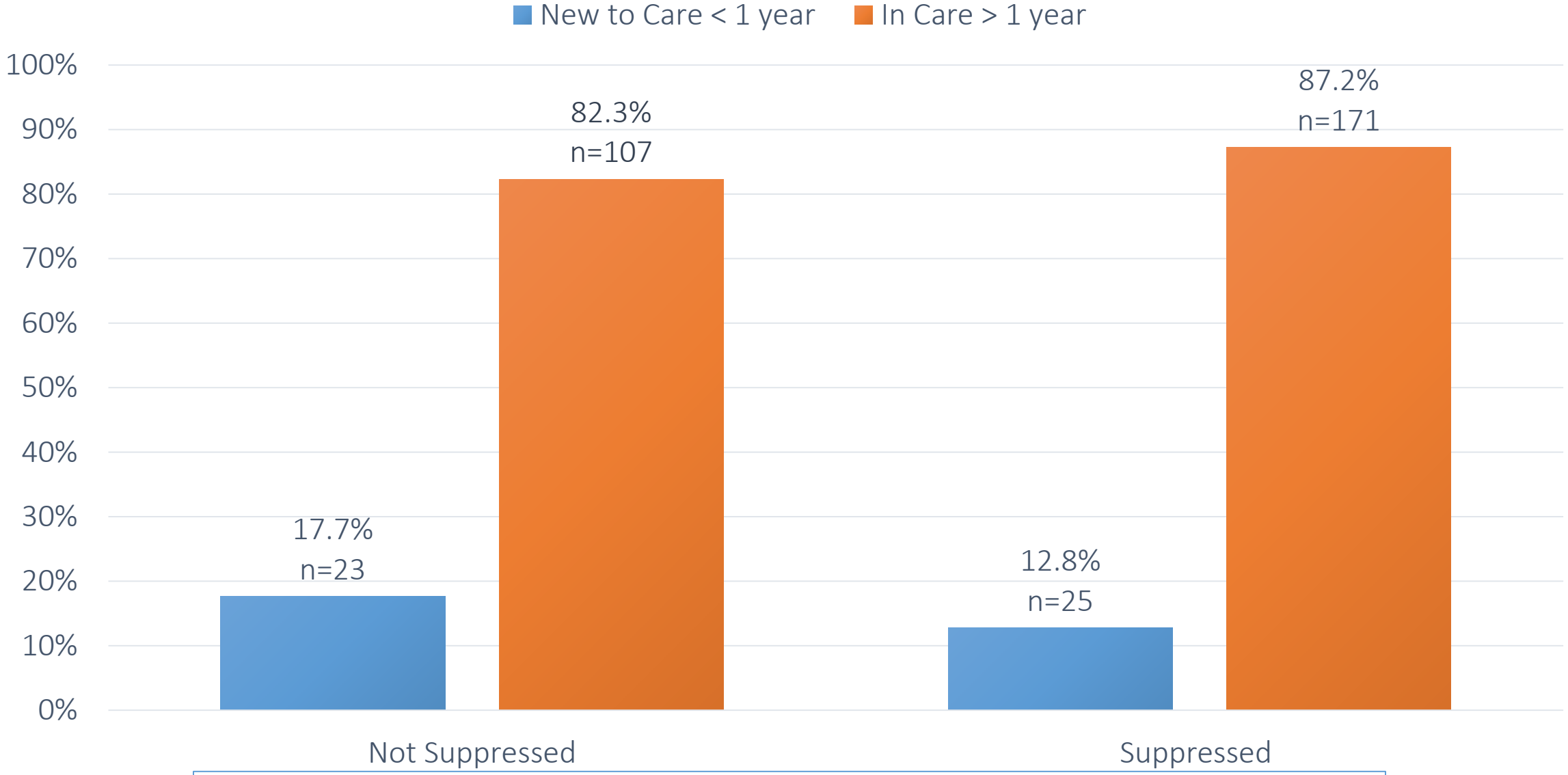
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Primary Insurance Type for Black Females 18-38 Years Old



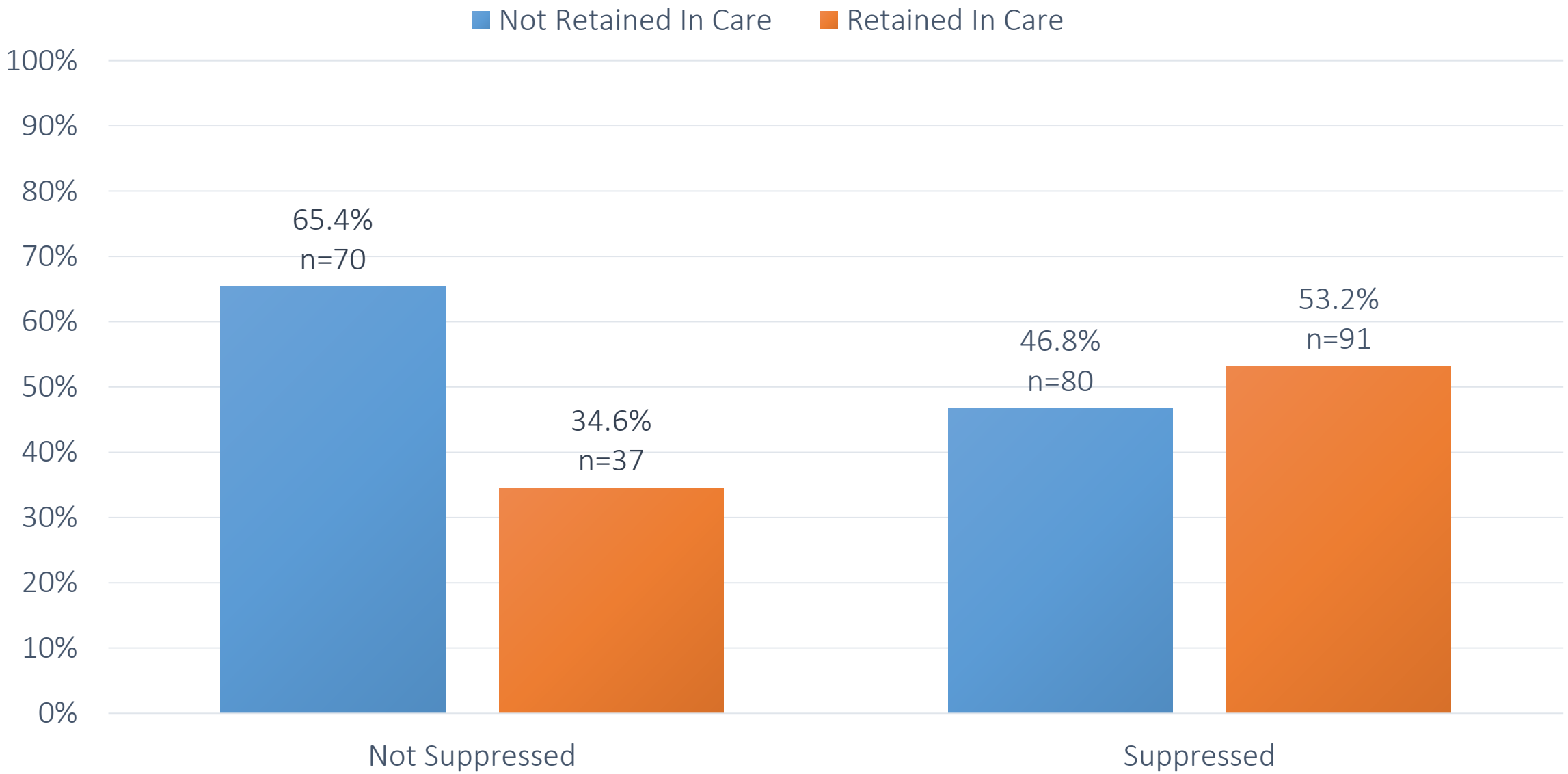
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 130
- Total Unduplicated Black Females with Suppressed Viral Loads = 197
- Exclusions – Unknown (n=2)

Care Status of Black Females 18-38 Years Old



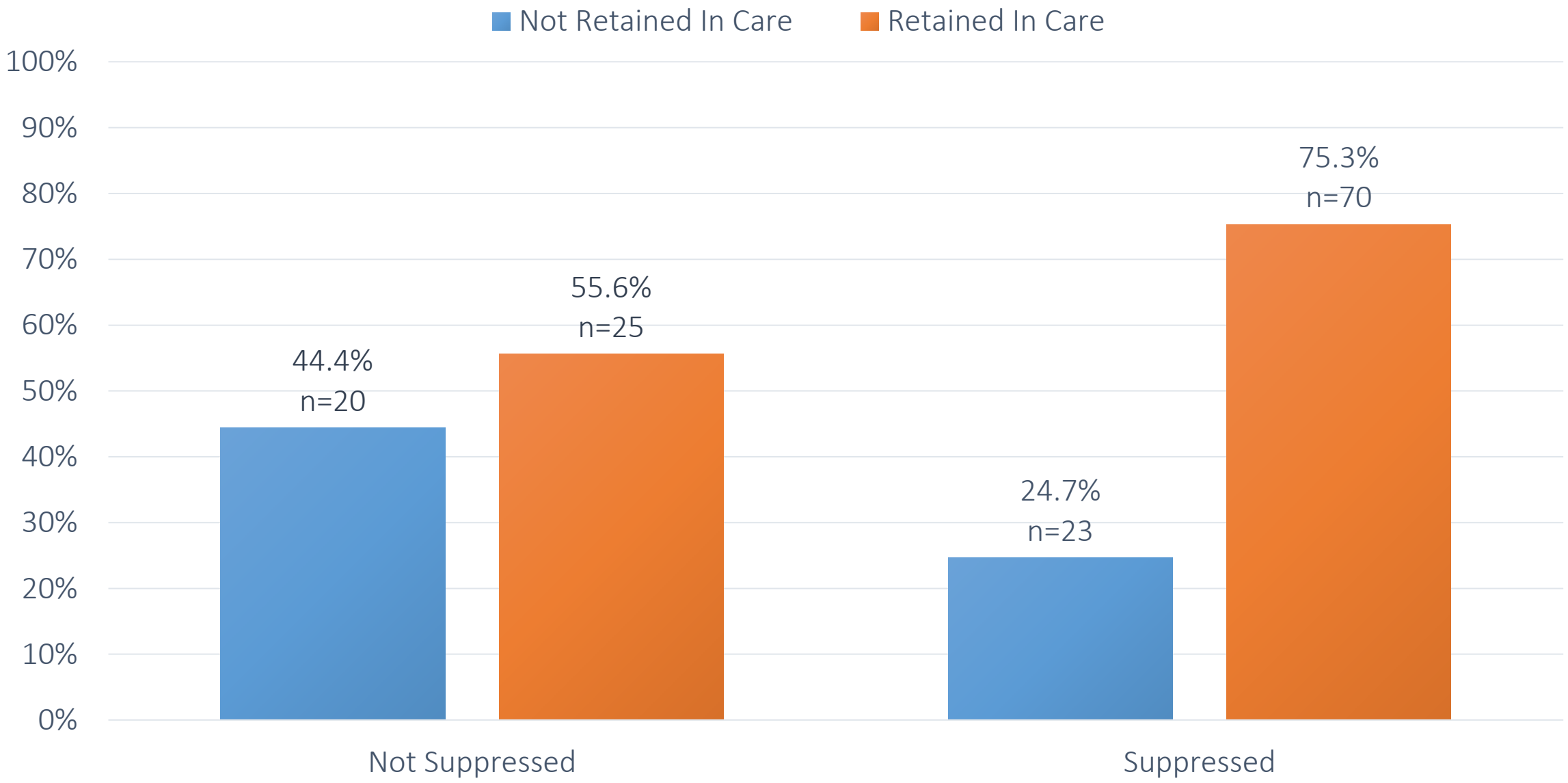
- New To Care is defined as receiving a Part A service for the first time within one year of the last day of the measurement period.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 130
- Total Unduplicated Black Females with Suppressed Viral Loads = 196
- Exclusions – Unknown (n=3)

Retention in Care of Black Females 18-38 Years Old



- 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)

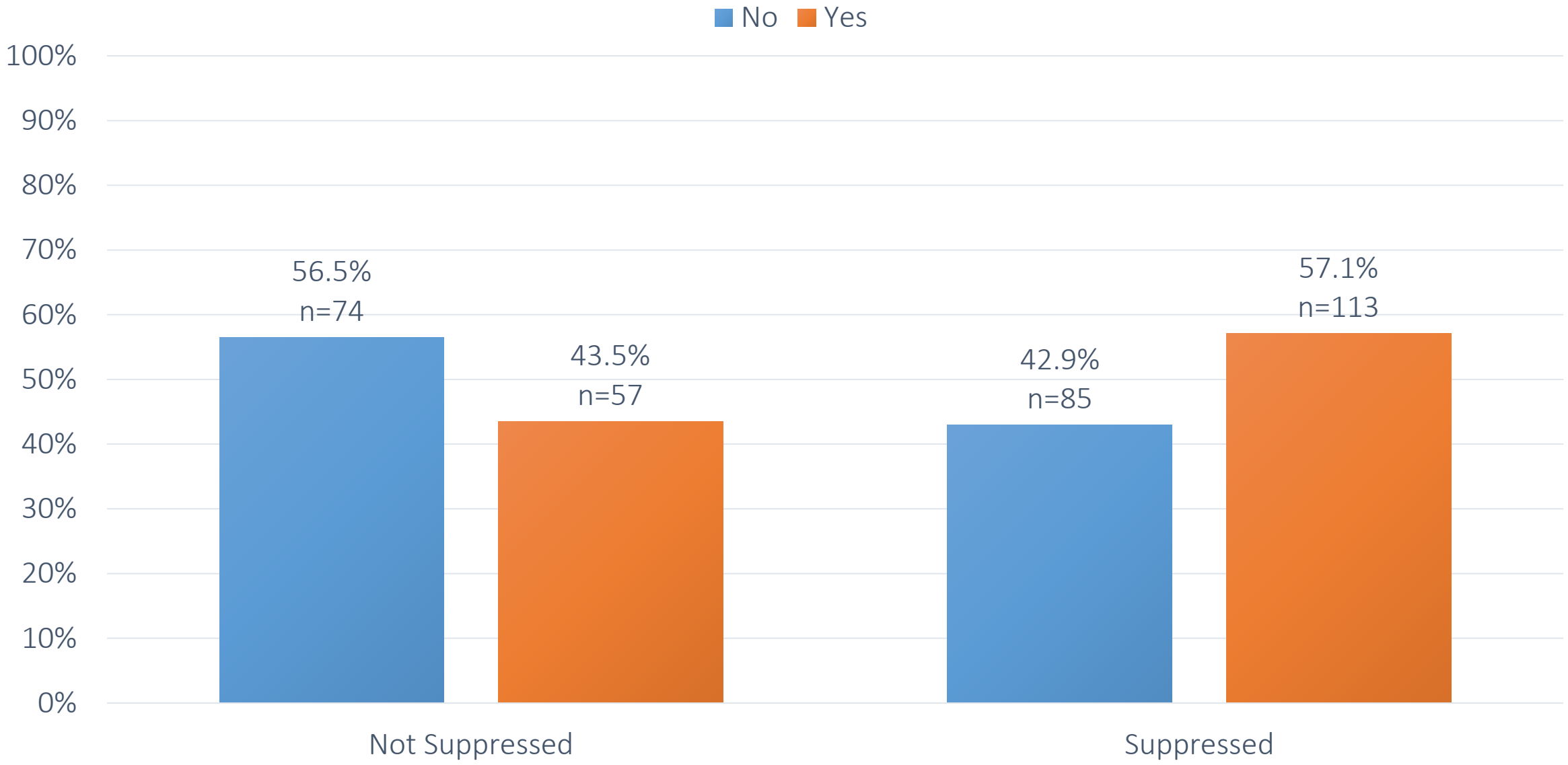
Retention in Part A Medical Care of Black Females 18-38 Years Old



- Retention in Care is defined as two documented medical visits in each six month period of the measurement year.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 45
- Total Unduplicated Black Females with Suppressed Viral Loads = 93
- Exclusions –Clients not utilizing Part A Medical (159), New to Care (30), and Unknown (2)

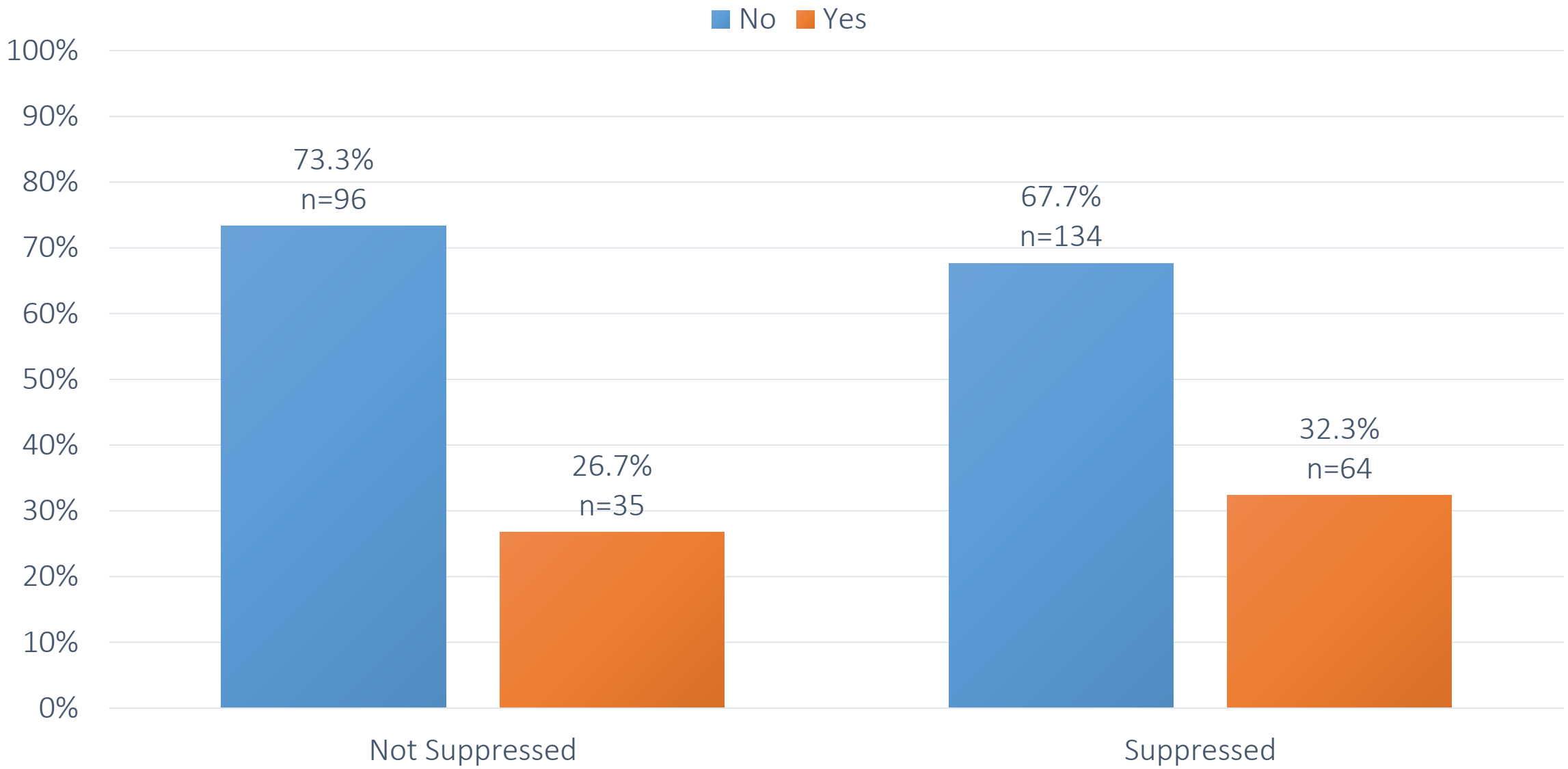
Core and Support Services Utilization

Outpatient Ambulatory Medical Care Utilization for Black Females 18-38 Years Old



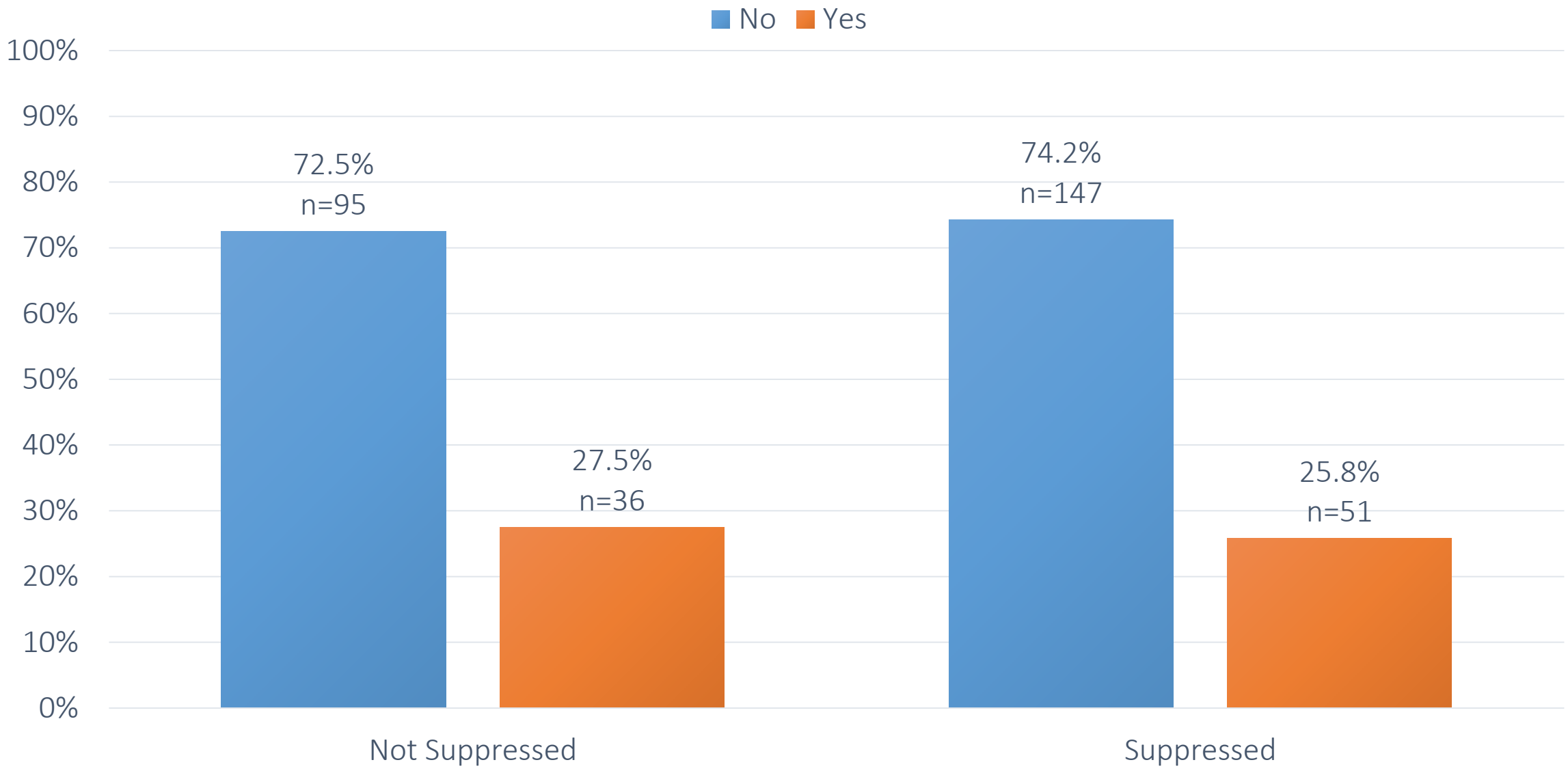
- Medical Utilization is defined as having a Part A OAMC service billed and paid for in the measurement period.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Case Management Utilization for Black Females 18-38 Years Old



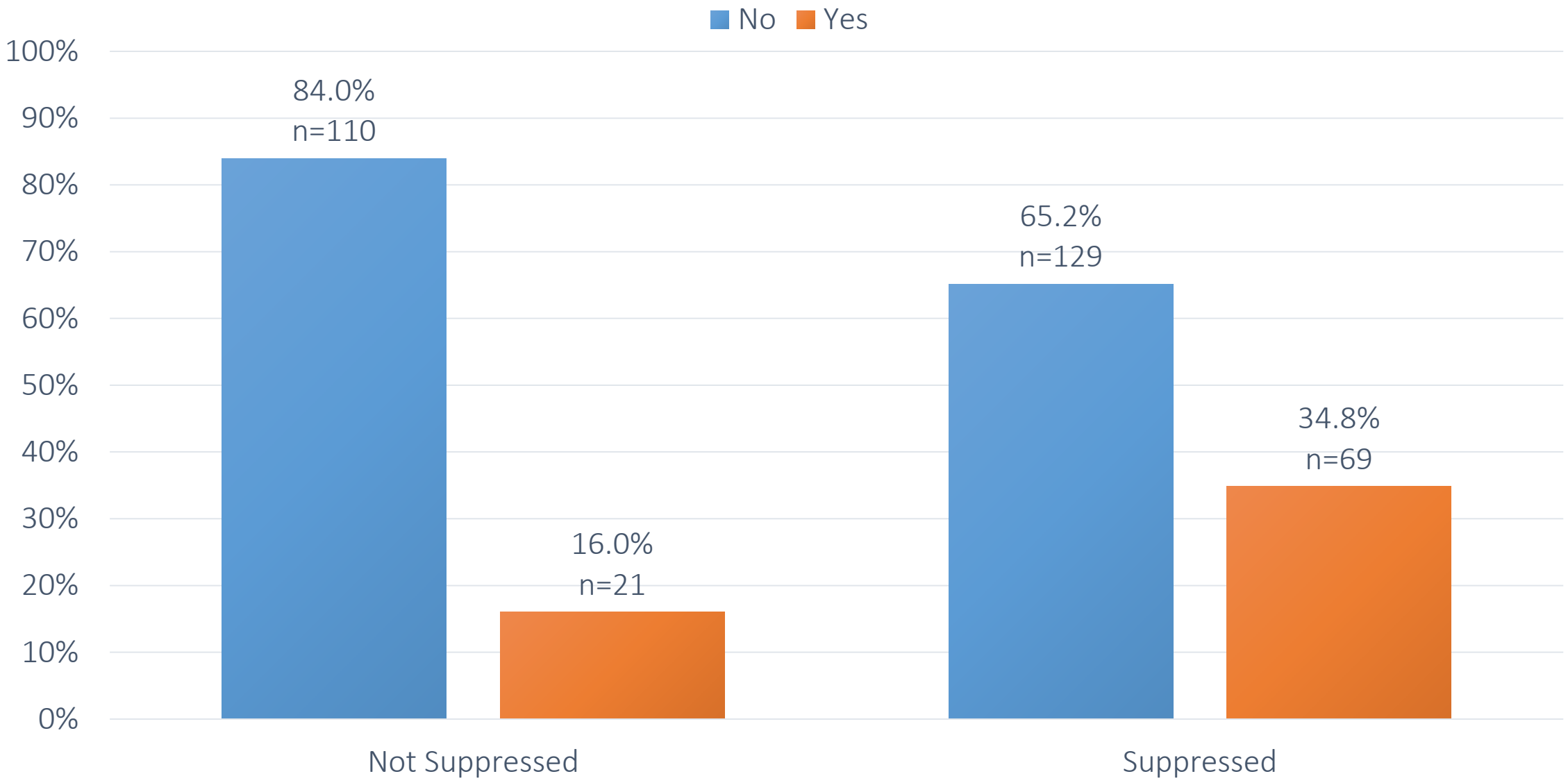
- Case Management Utilization is defined as having a Part A CM service billed and paid for in the measurement period.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Food Services Utilization for Black Females 18-38 Years Old



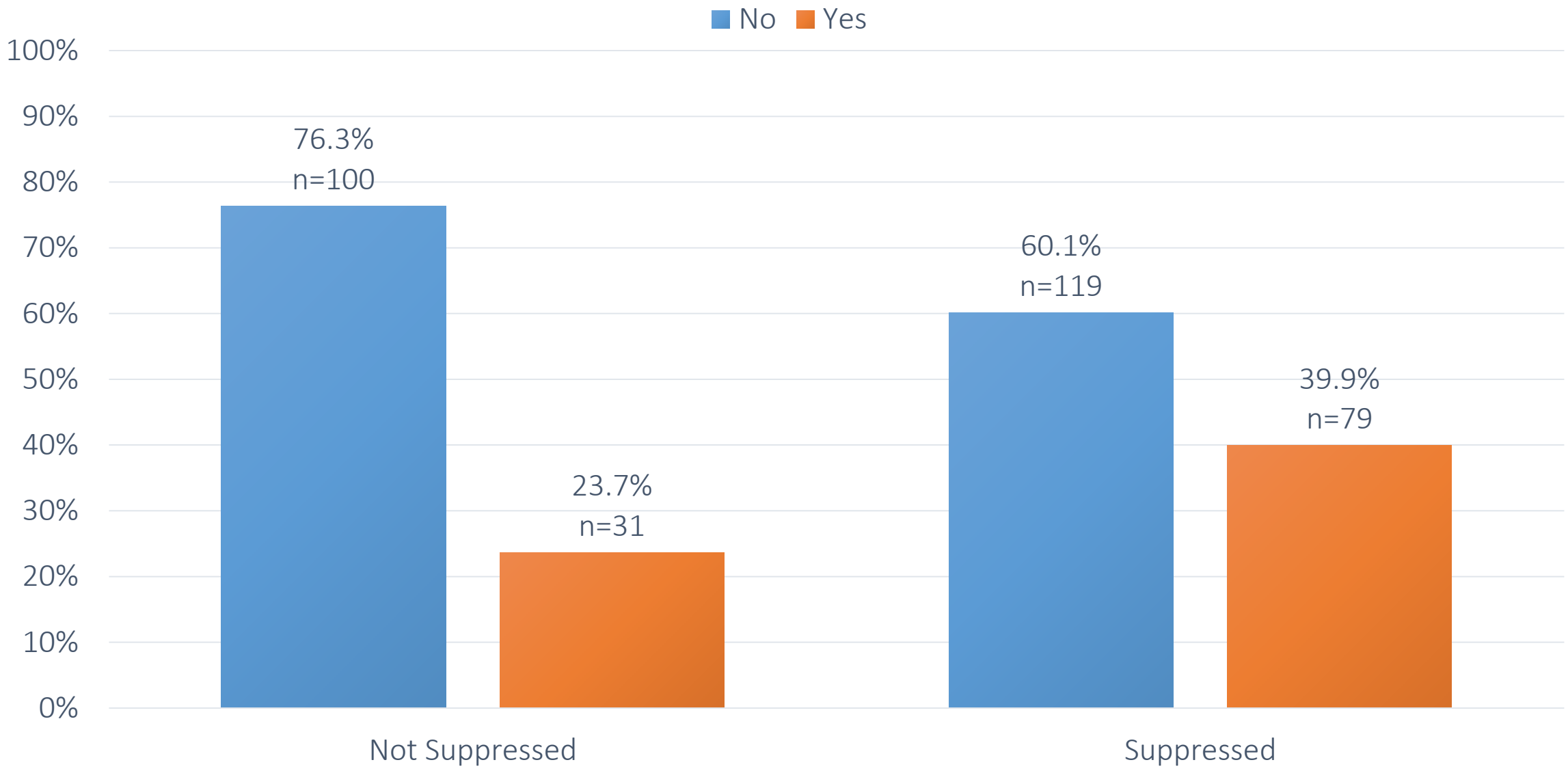
- Food Services Utilization is defined as having a Part A Food service billed and paid for in the measurement period.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Oral Health Services Utilization for Black Females 18-38 Years Old



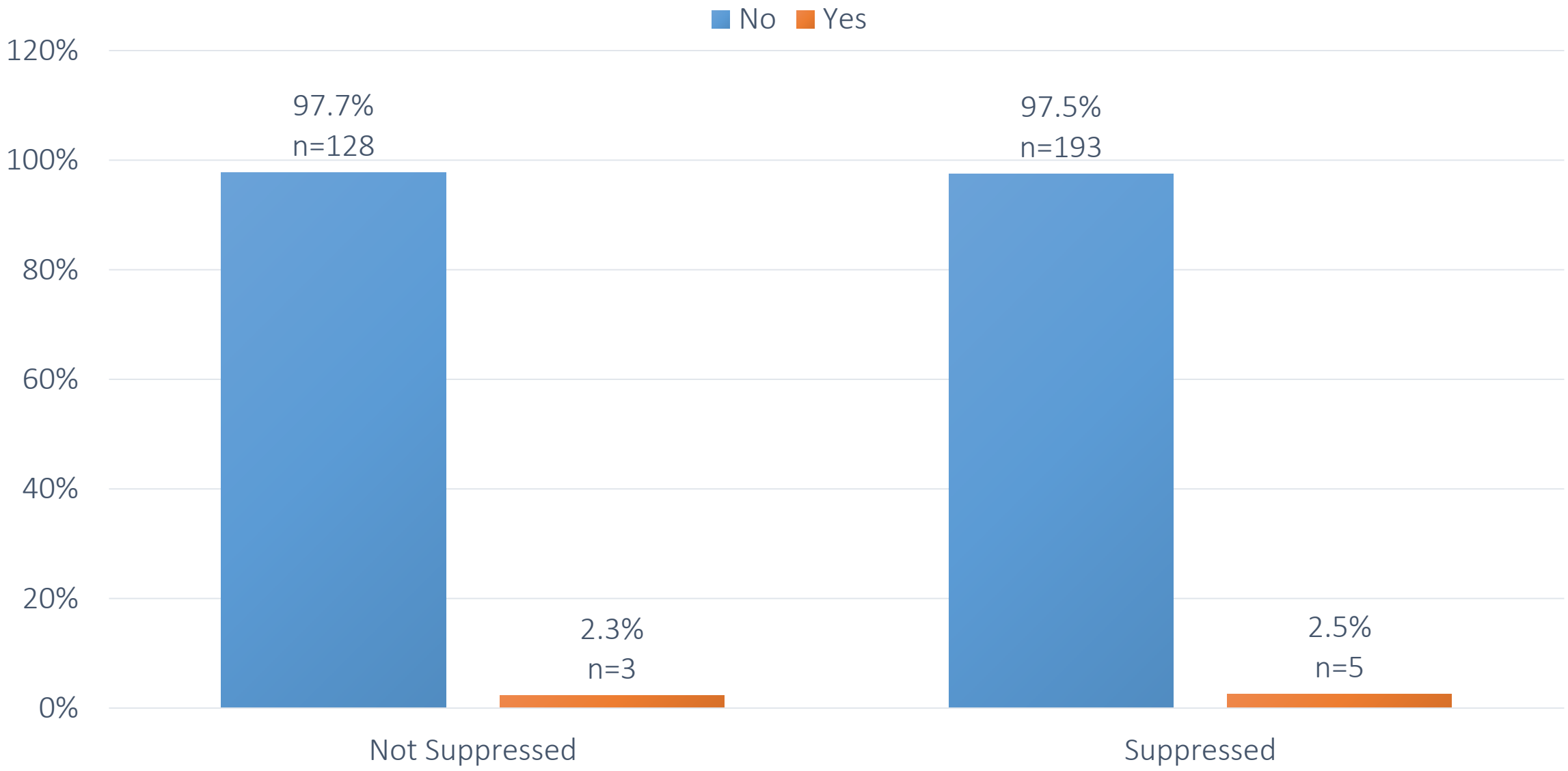
- Oral Health Utilization is defined as having a Part A OHC service billed and paid for in the measurement period.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Pharmacy Services Utilization for Black Females 18-38 Years Old



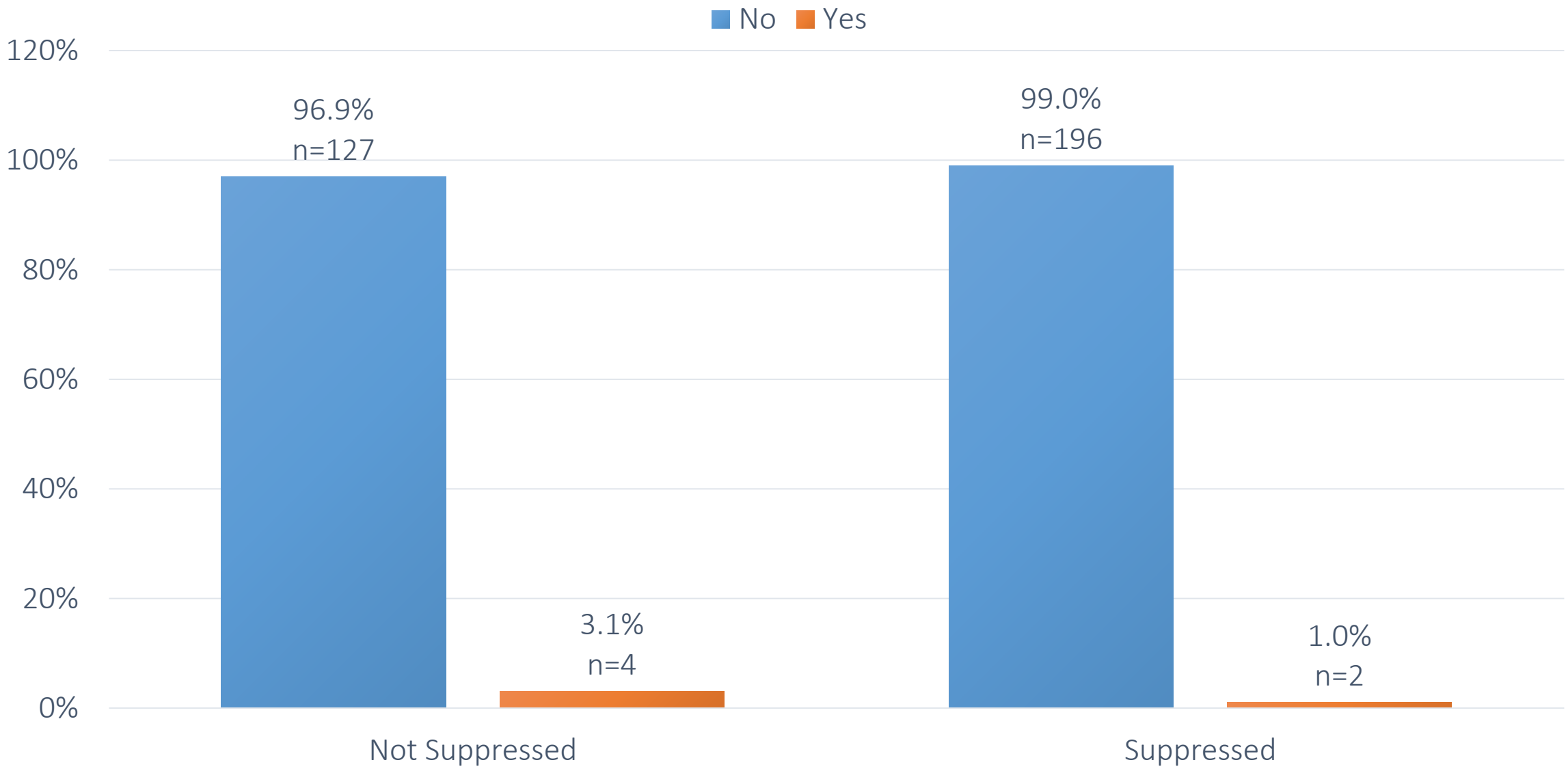
- Pharmacy Utilization is defined as having a Part A Pharmacy service billed and paid for in the measurement period.
- Total Unduplicated Black Females with Unsuppressed Viral Loads = 131
- Total Unduplicated Black Females with Suppressed Viral Loads = 198
- Exclusions – None.

Mental Health Services Utilization for Black Females 18-38 Years Old



- 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.

Substance Abuse Services Utilization for Black Females 18-38 Years Old



- Substance Abuse Utilization is defined as having a Part A SA 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?

Drilling Down Data: Black Heterosexual Males

Quality Management Committee

3.21.16

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 Males 18-38 years old

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

Total Non-Hispanic Black Heterosexual Males: 1,261

Total Non-Hispanic Black Heterosexual Males 18-38 years old: 152

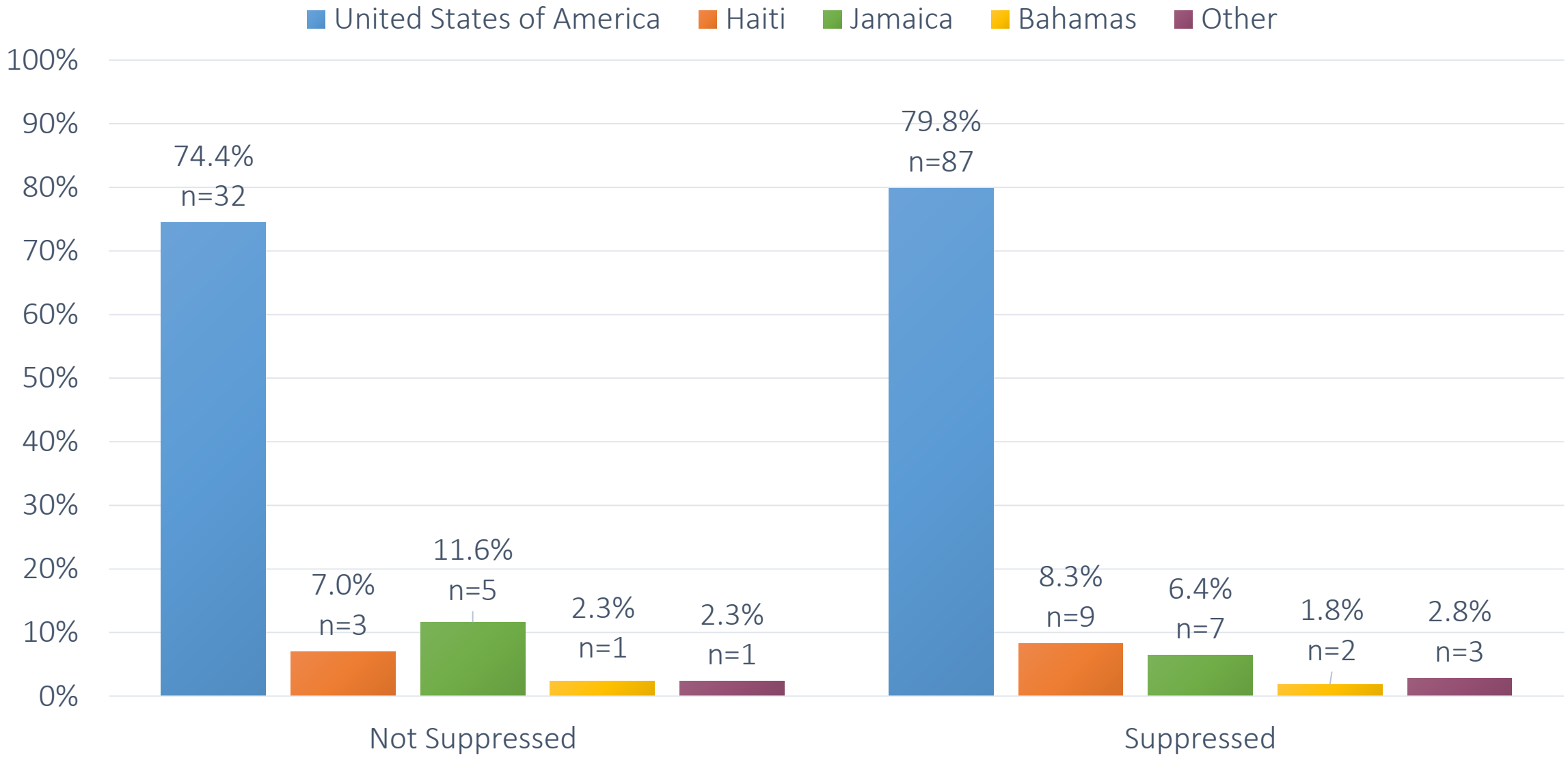
Viral Suppression Status	#	%
Unsuppressed (<200 copies/mL)	43	28%
Suppressed (>200 copies/mL)	109	72%
Unknown	0	0%
TOTAL	**152**	**100%**

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

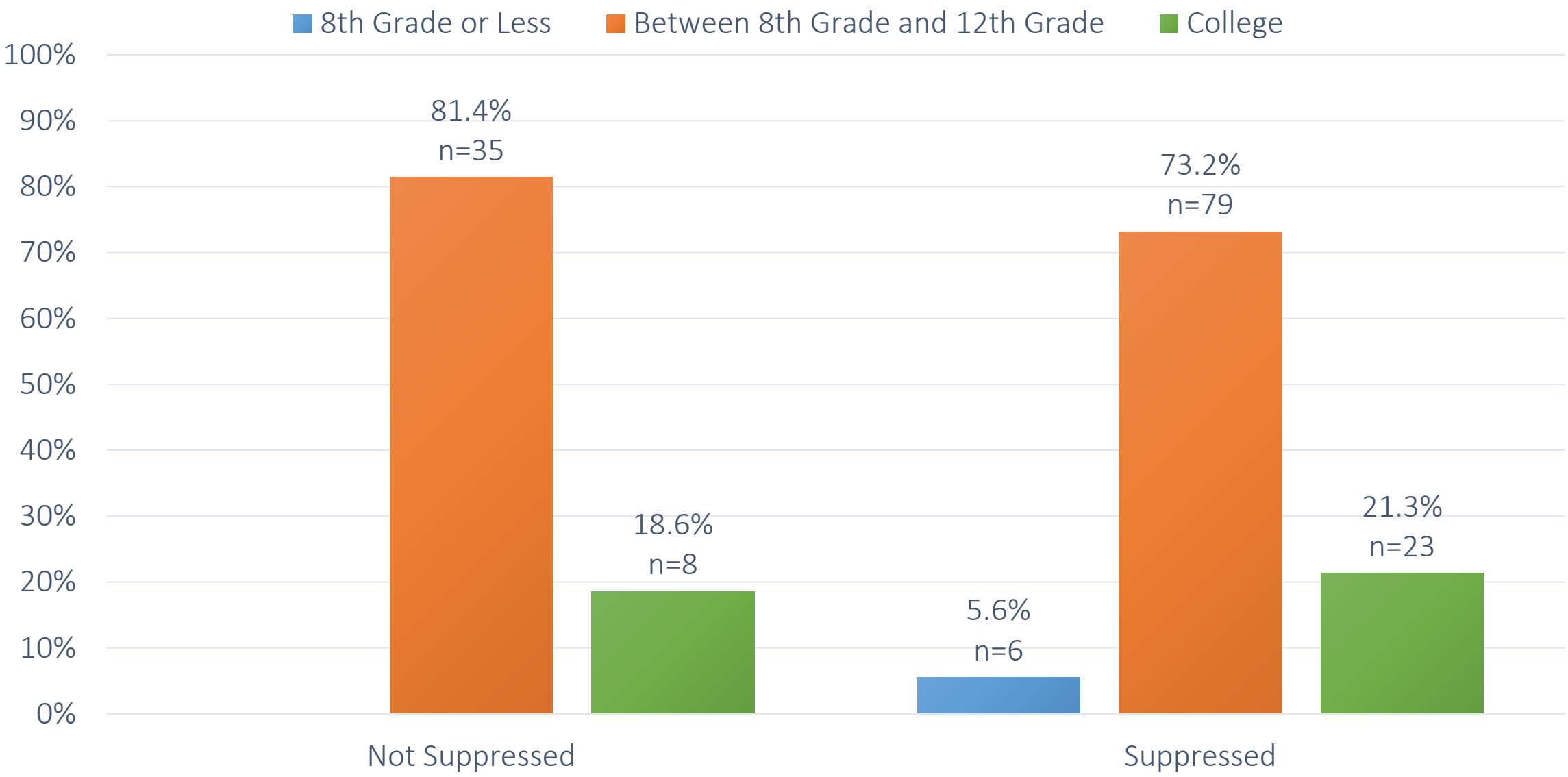
Demographic Characteristics

Country of Origin for Black Males 18-38 Years Old



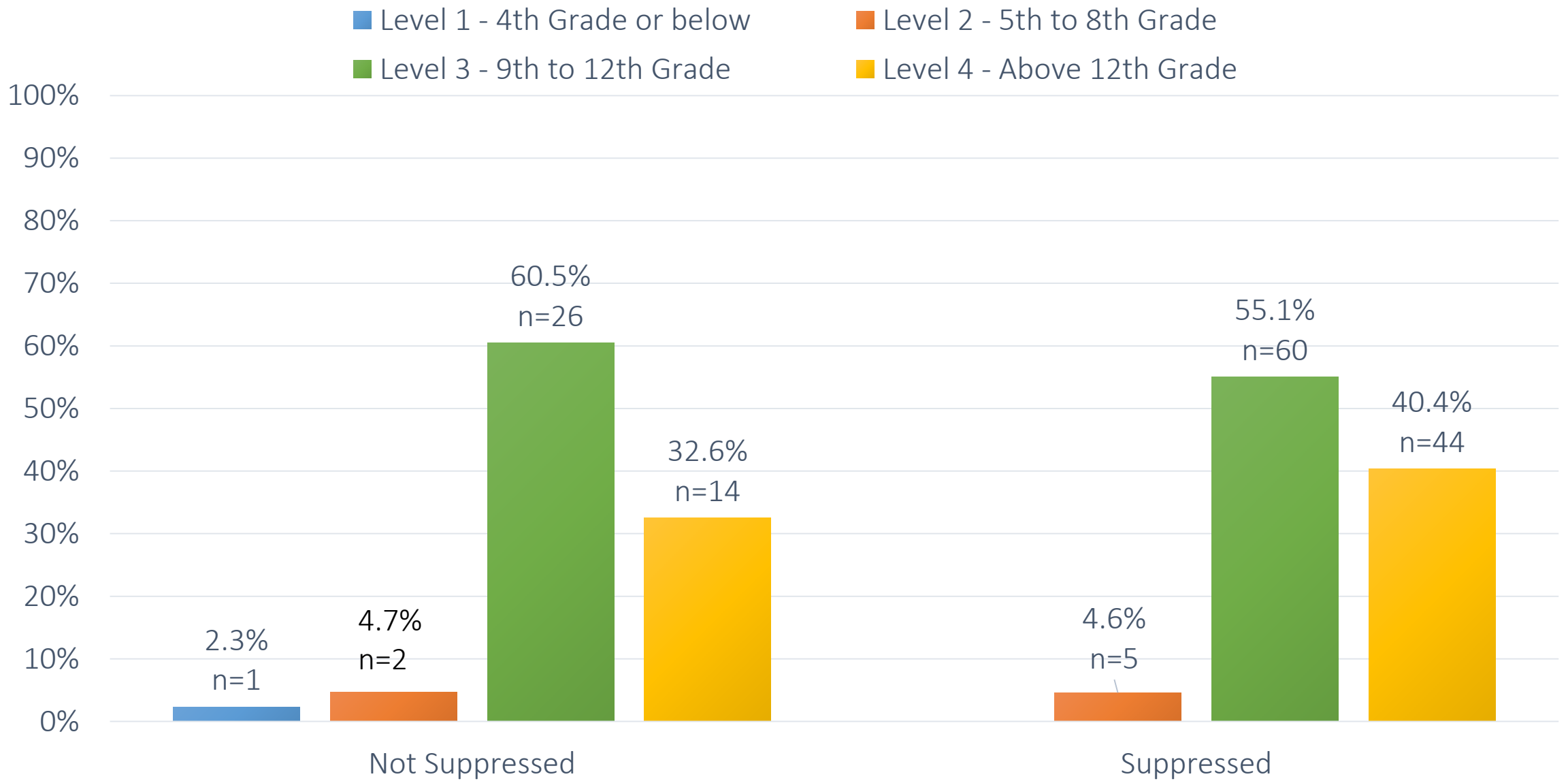
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 42
- Total Unduplicated Black Males with Suppressed Viral Loads = 108
- Exclusions – None Recorded (2)

Education Level for Black Males 18-38 Years Old



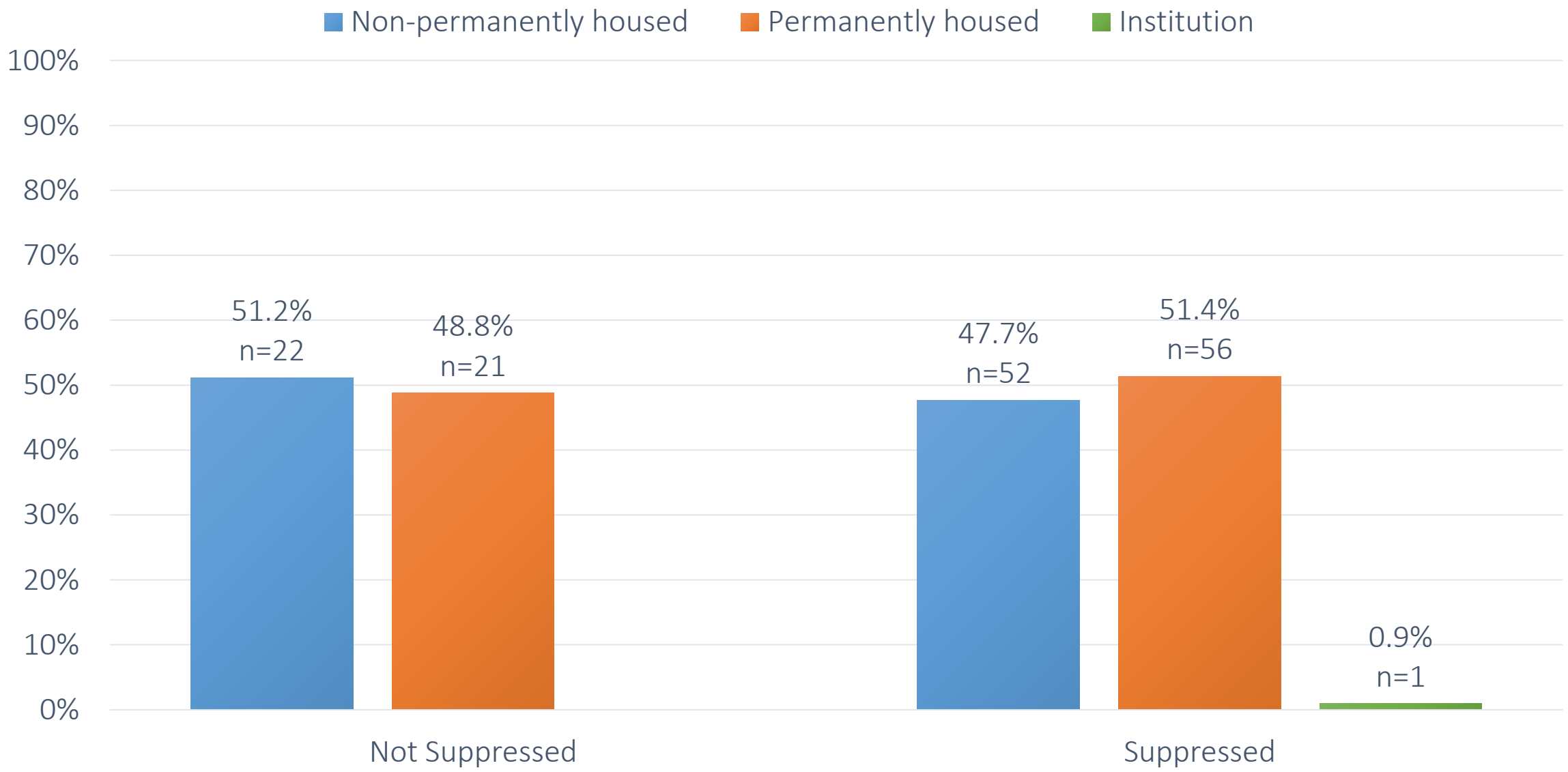
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 108
- Exclusions – Unknown (1)

Literacy Level for Black Males 18-38 Years Old



- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

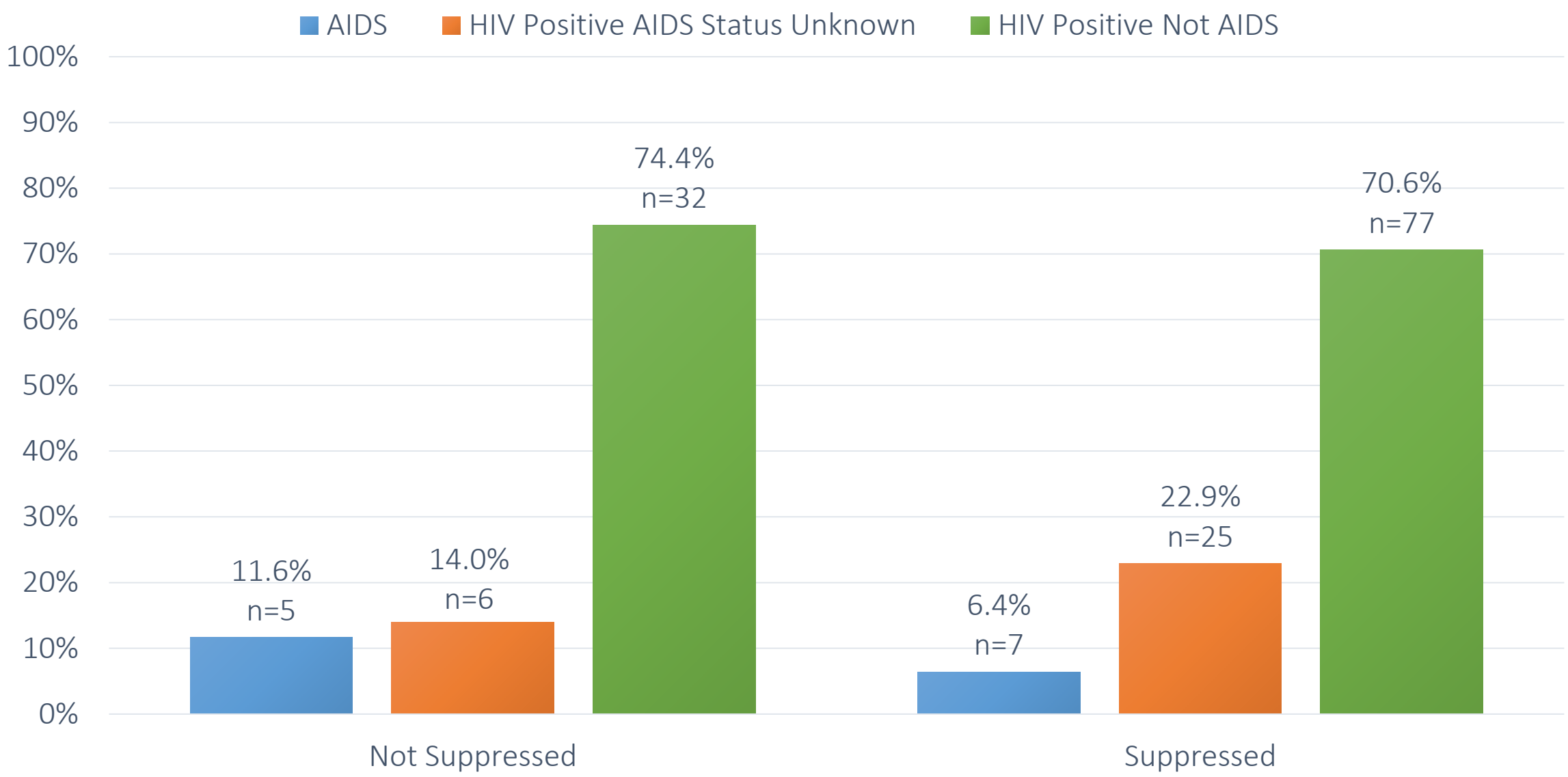
Living Arrangement for Black Males 18-38 Years Old



- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

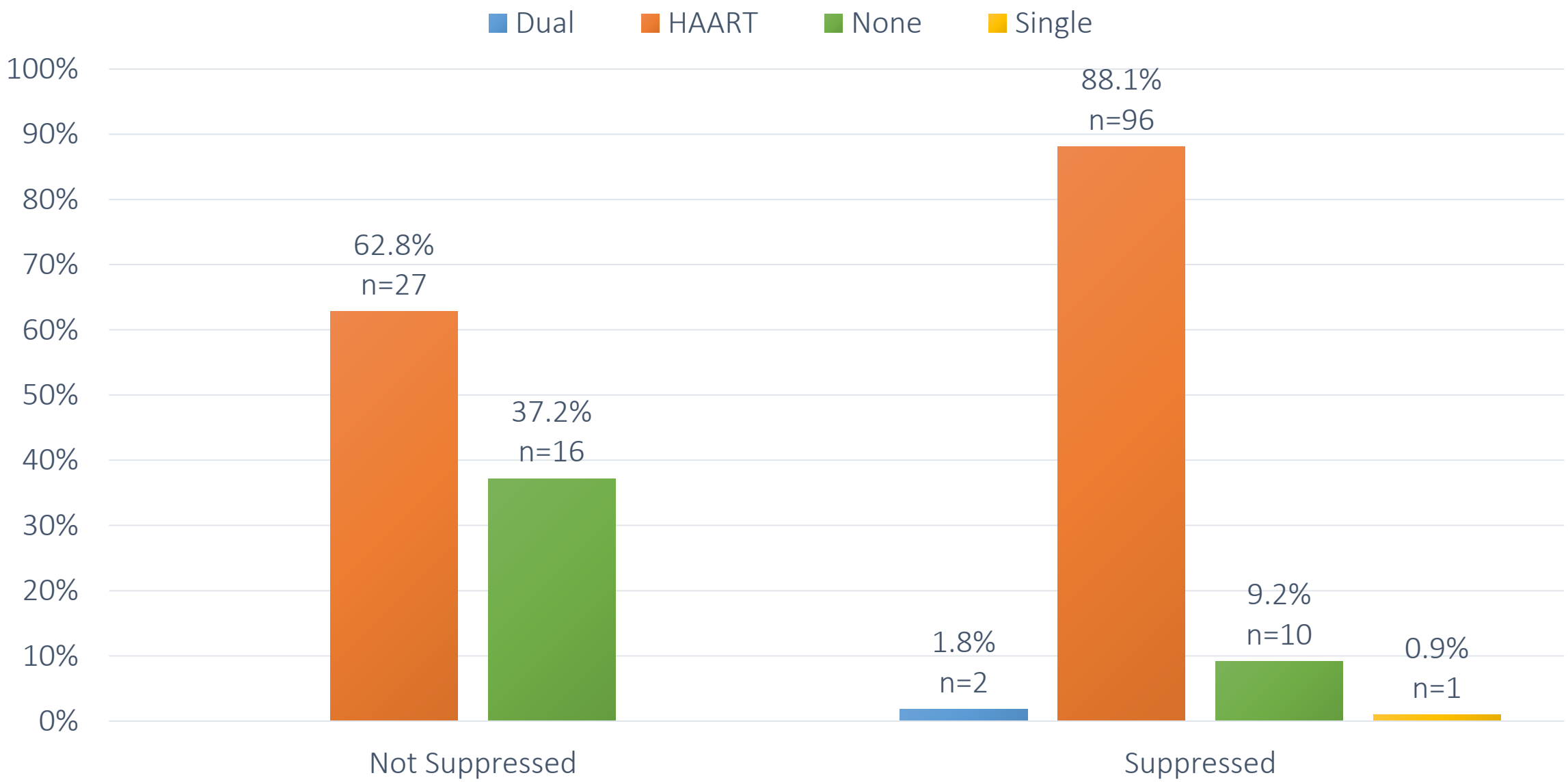
HIV Care Status and Treatment

HIV Stage for Black Males 18-38 Years Old



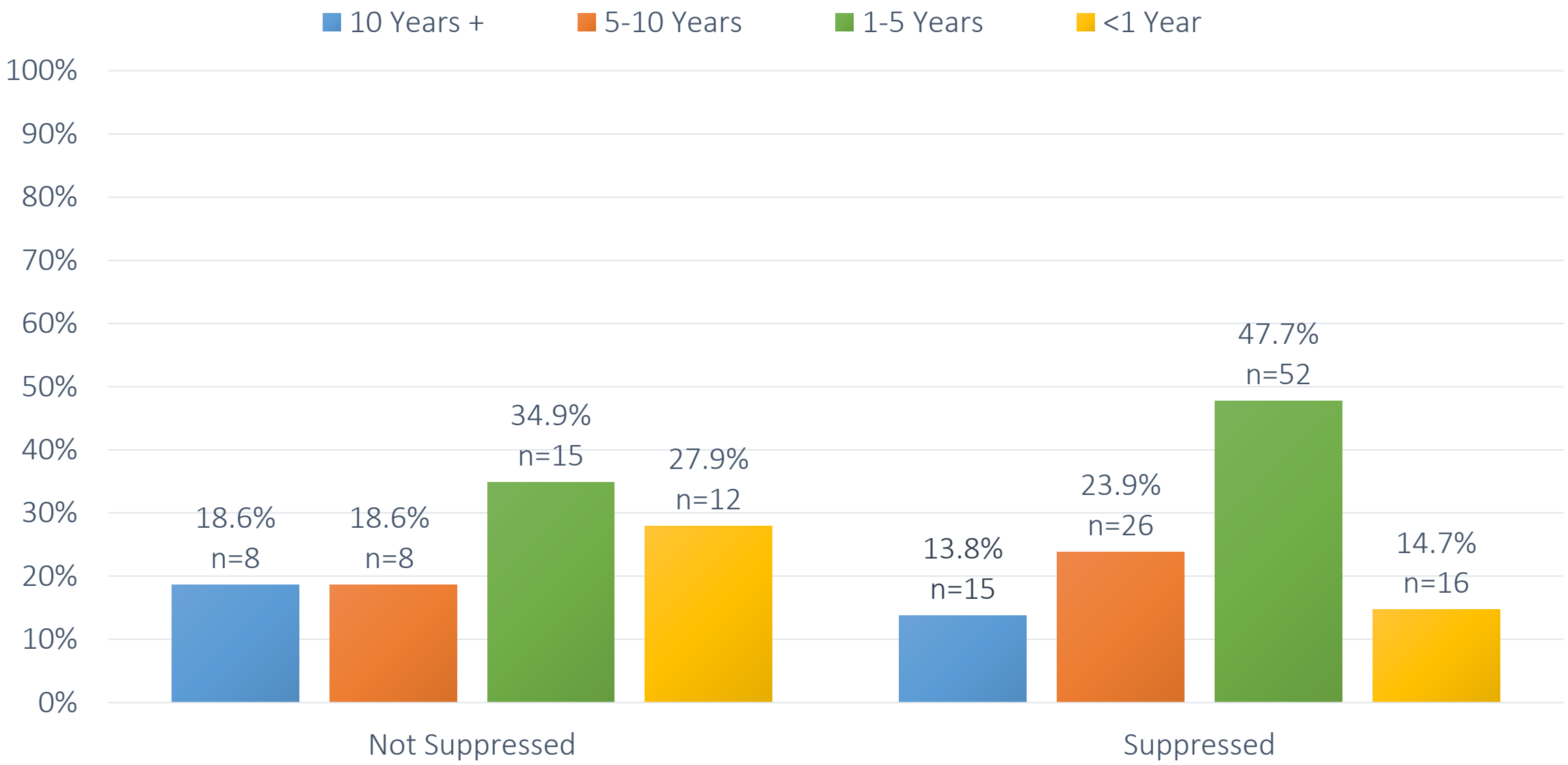
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

HIV Therapy for Black Males 18-38 Years Old



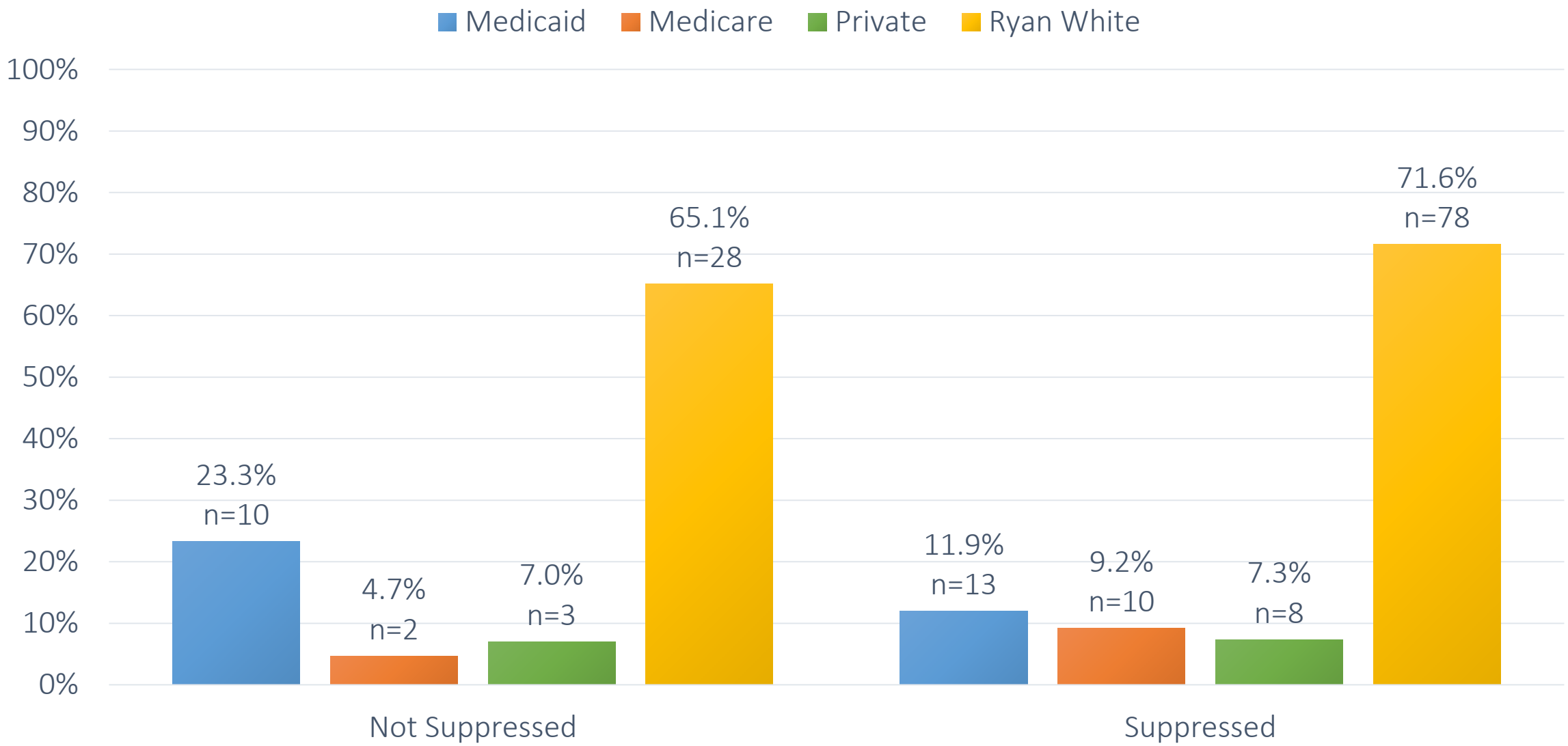
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Length of Diagnosis for Black Males 18-38 Years Old



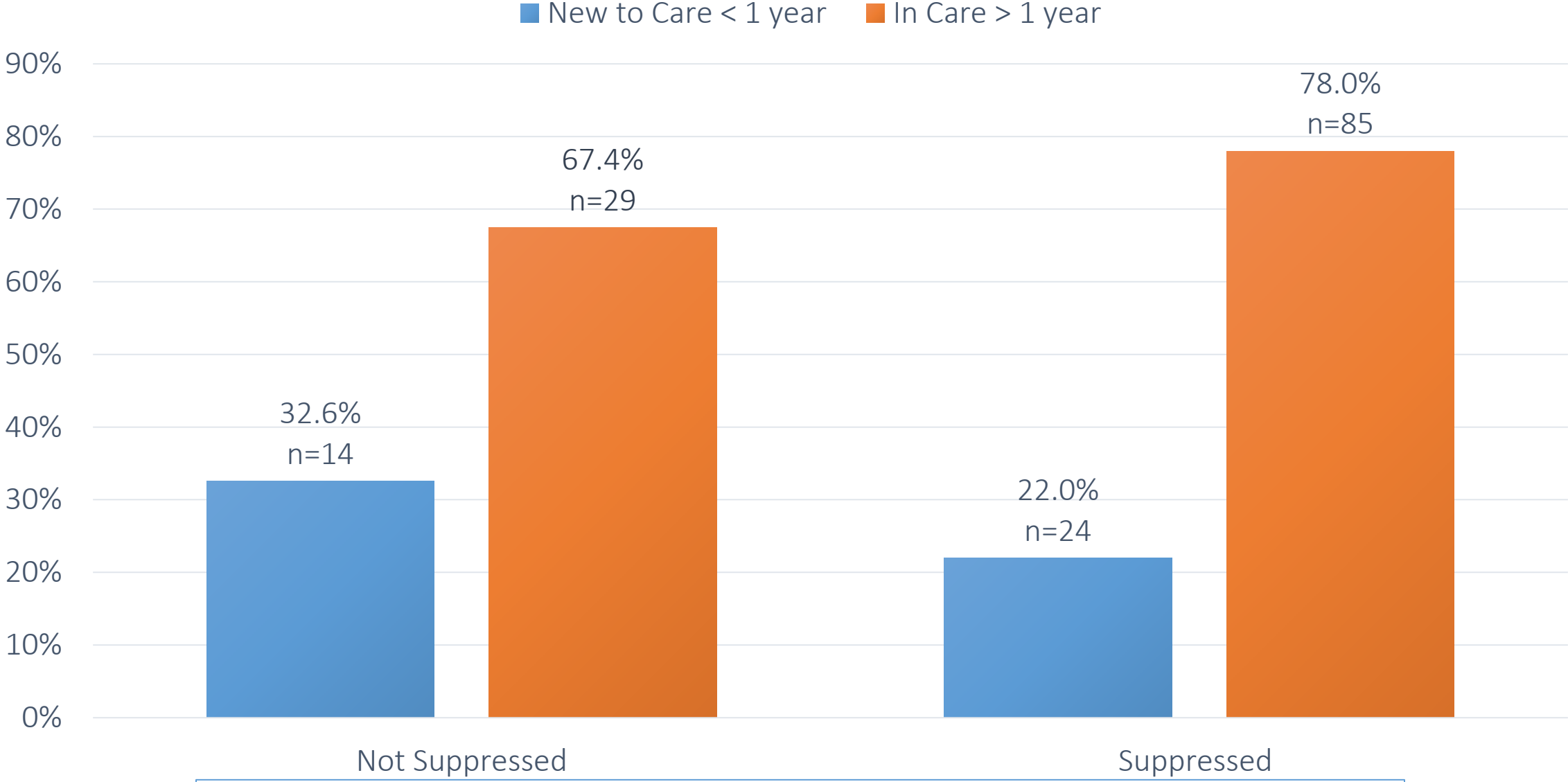
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Primary Insurance Type for Black Males 18-38 Years Old



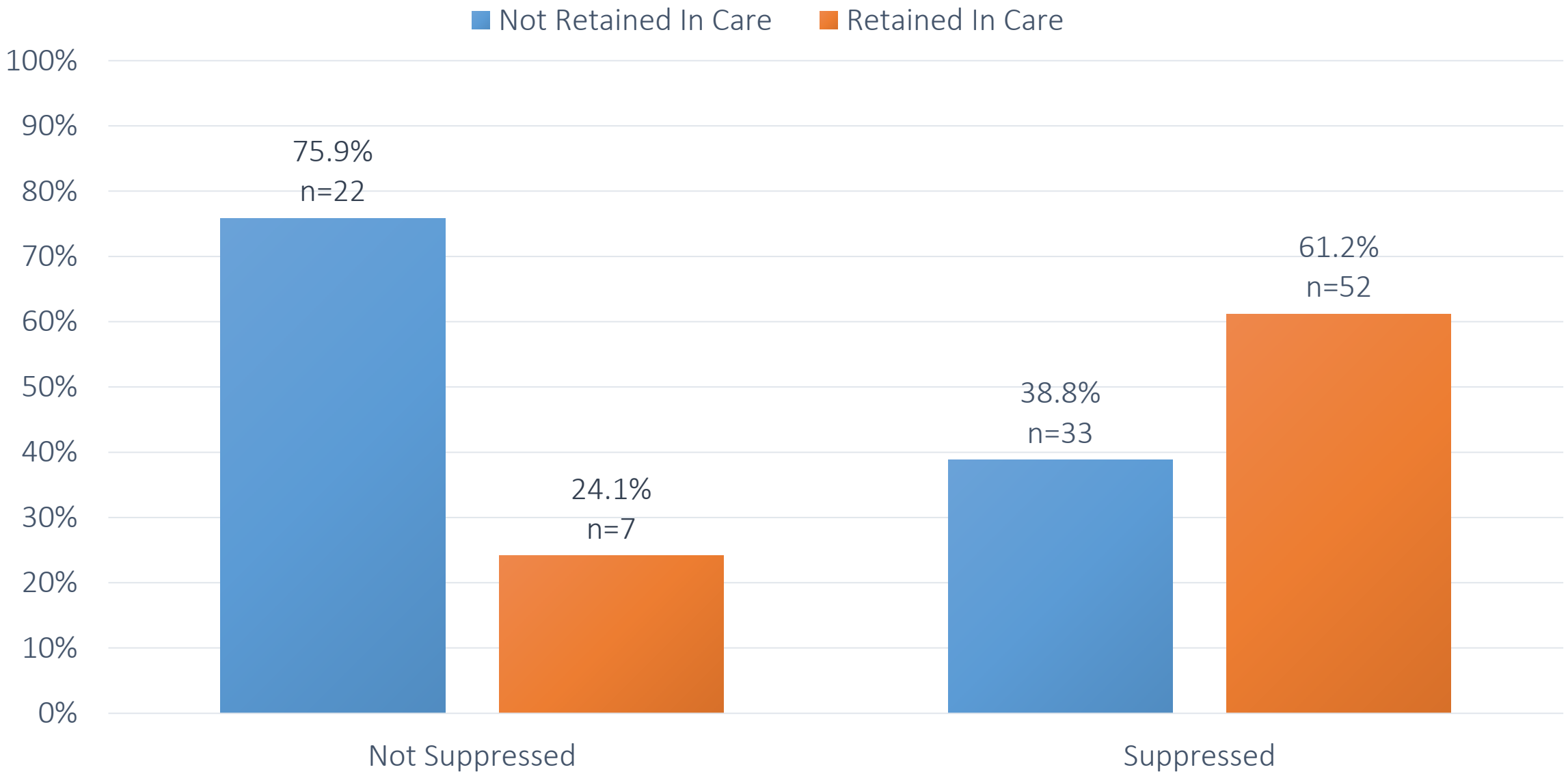
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Care Status of Black Males 18-38 Years Old



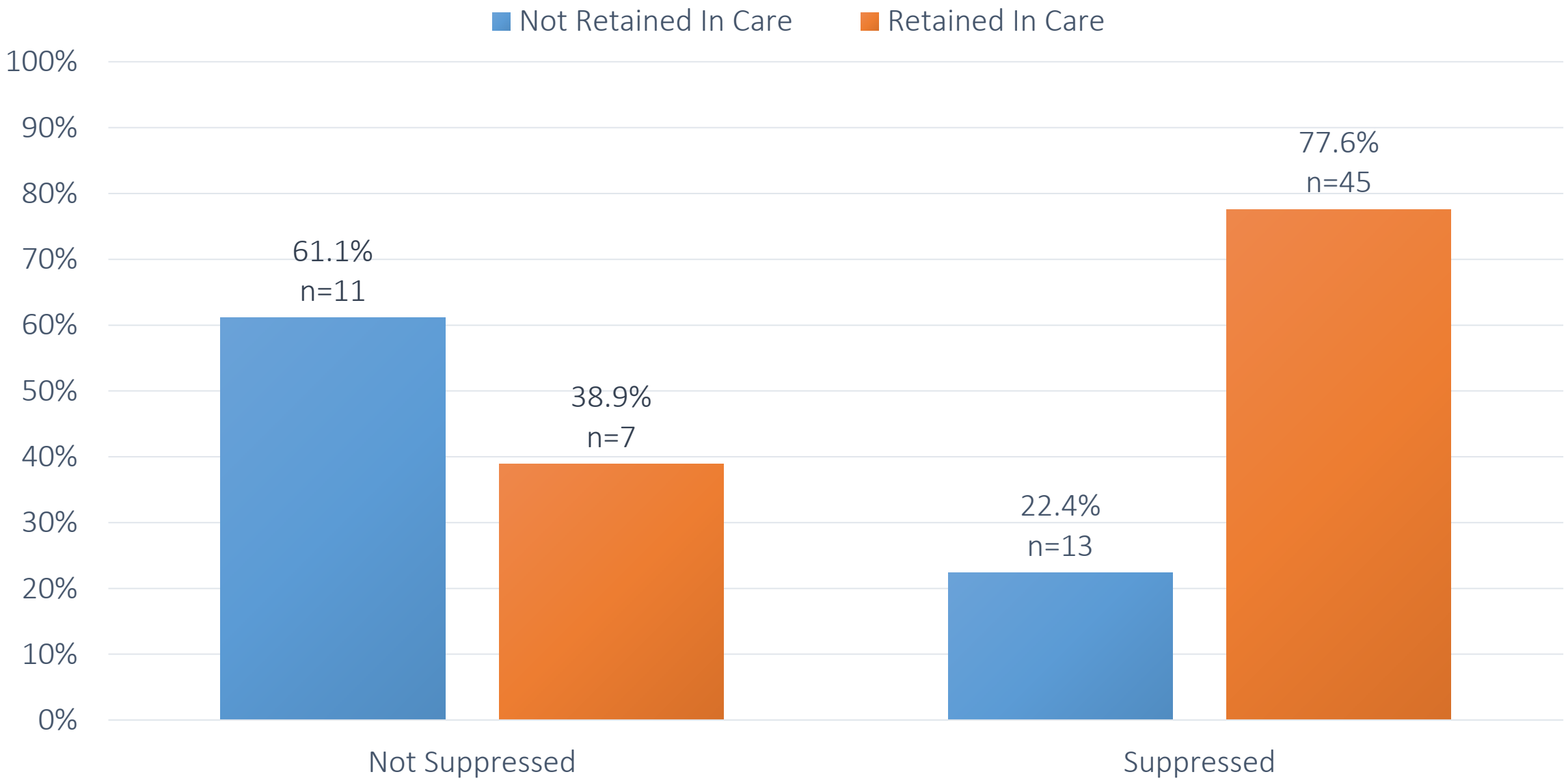
- New To Care is defined as receiving a Part A service for the first time within one year of the last day of the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Retention in Care of Black Males 18-38 Years Old



- 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 Males with Unsuppressed Viral Loads = 29
- Total Unduplicated Black Males with Suppressed Viral Loads = 85
- Exclusions – New to Care (38)

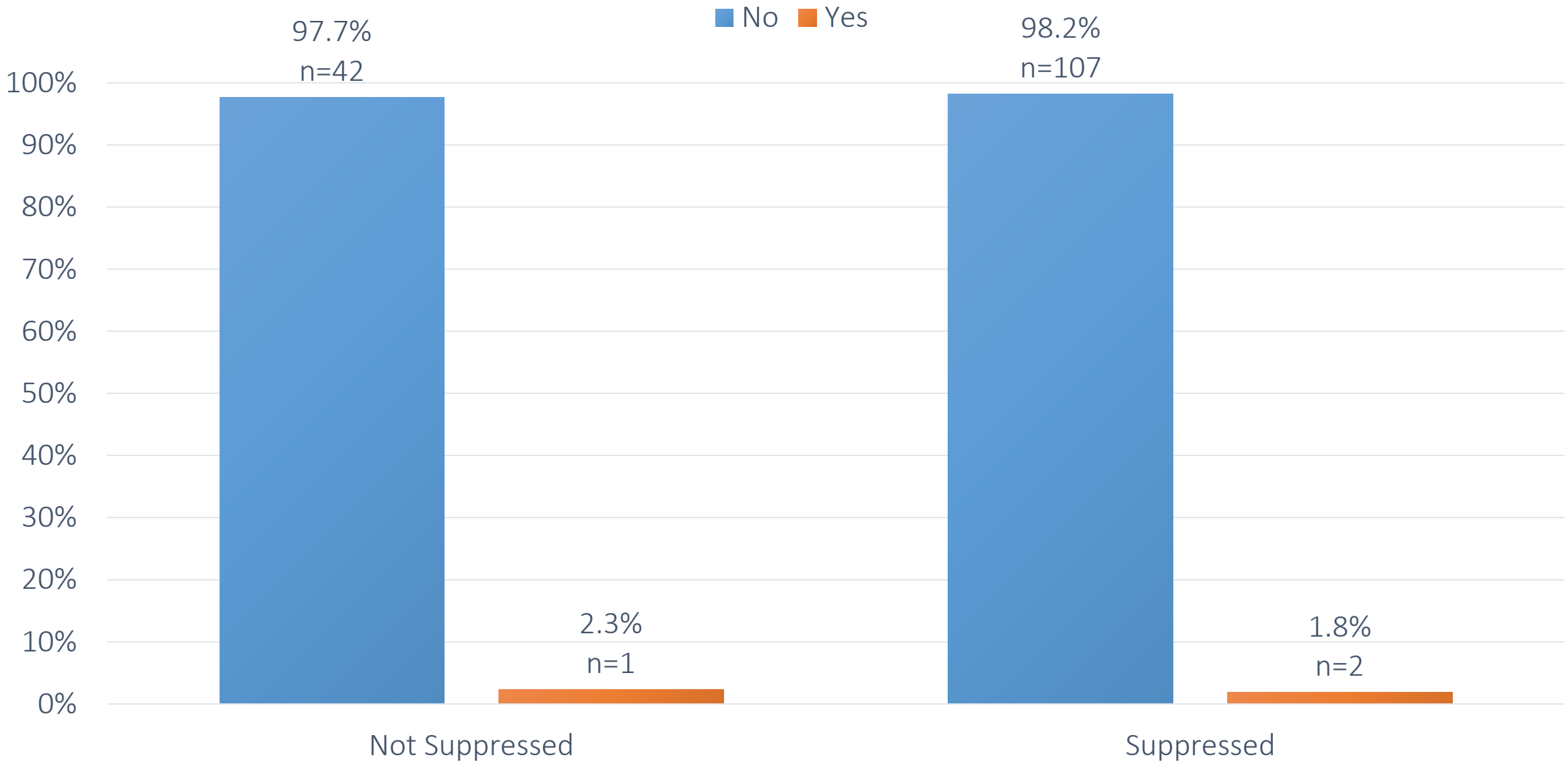
Retention in Part A Medical Care of Black Males 18-38 Years Old



- Retention in Care is defined as two documented medical visits in each six month period of the measurement year.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 18
- Total Unduplicated Black Males with Suppressed Viral Loads = 58
- Exclusions – New to Care (38), Clients not utilizing Part A medical (38)

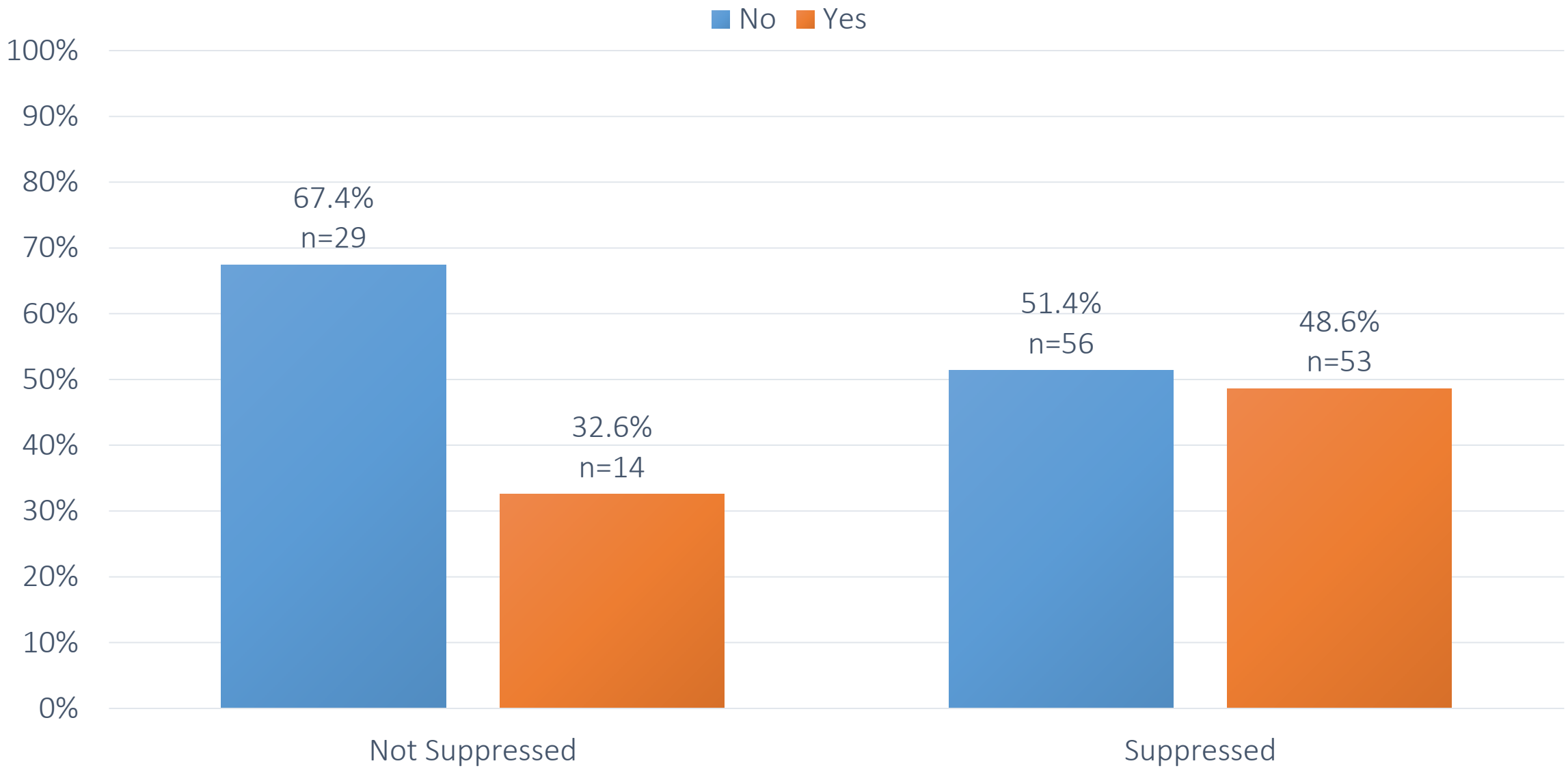
Core and Support Services Utilization

Outpatient Ambulatory Medical Care Utilization for Black Males 18-38 Years Old



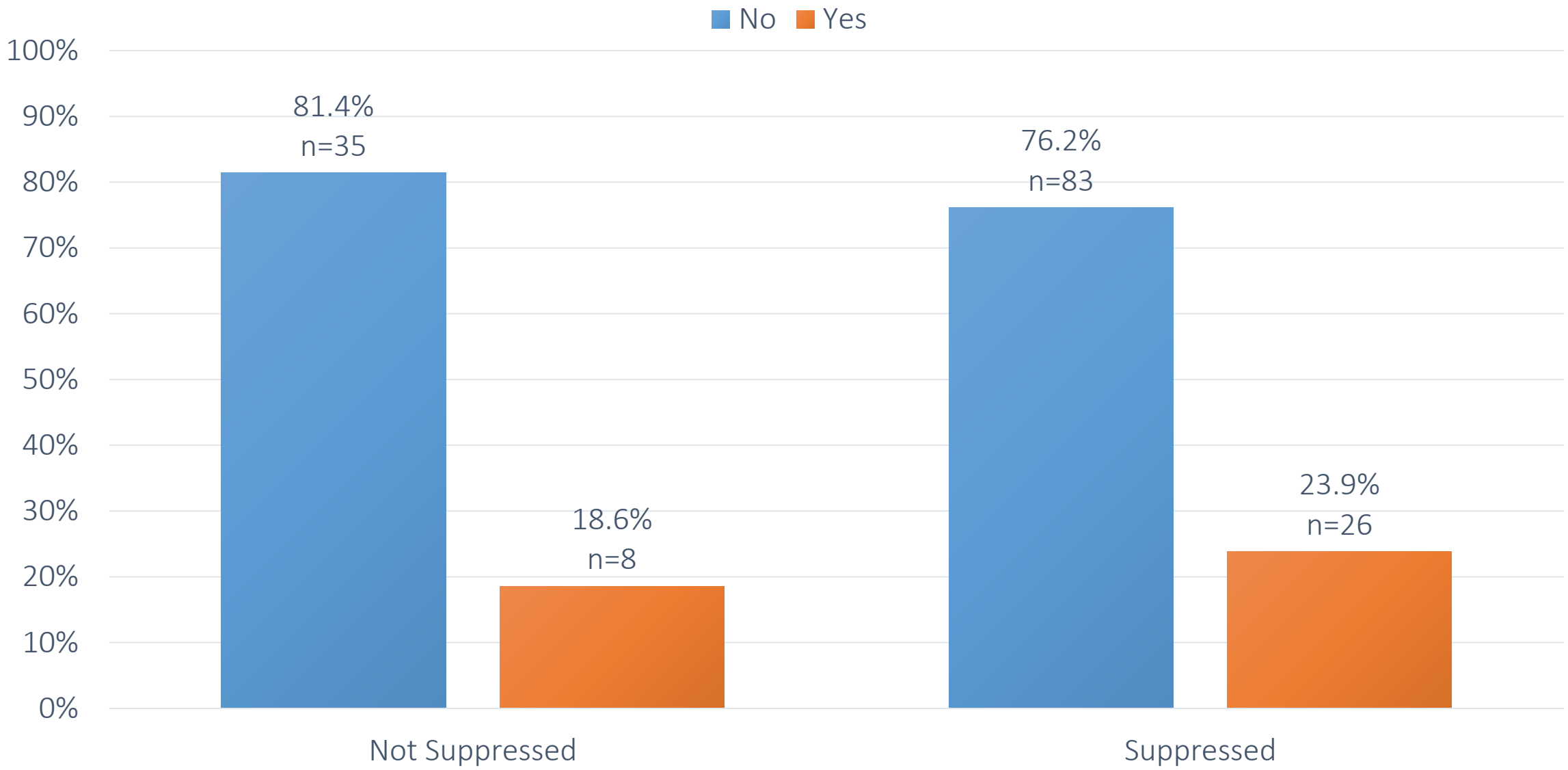
- Medical Utilization is defined as having a Part A OAMC service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Case Management Utilization for Black Males 18-38 Years Old



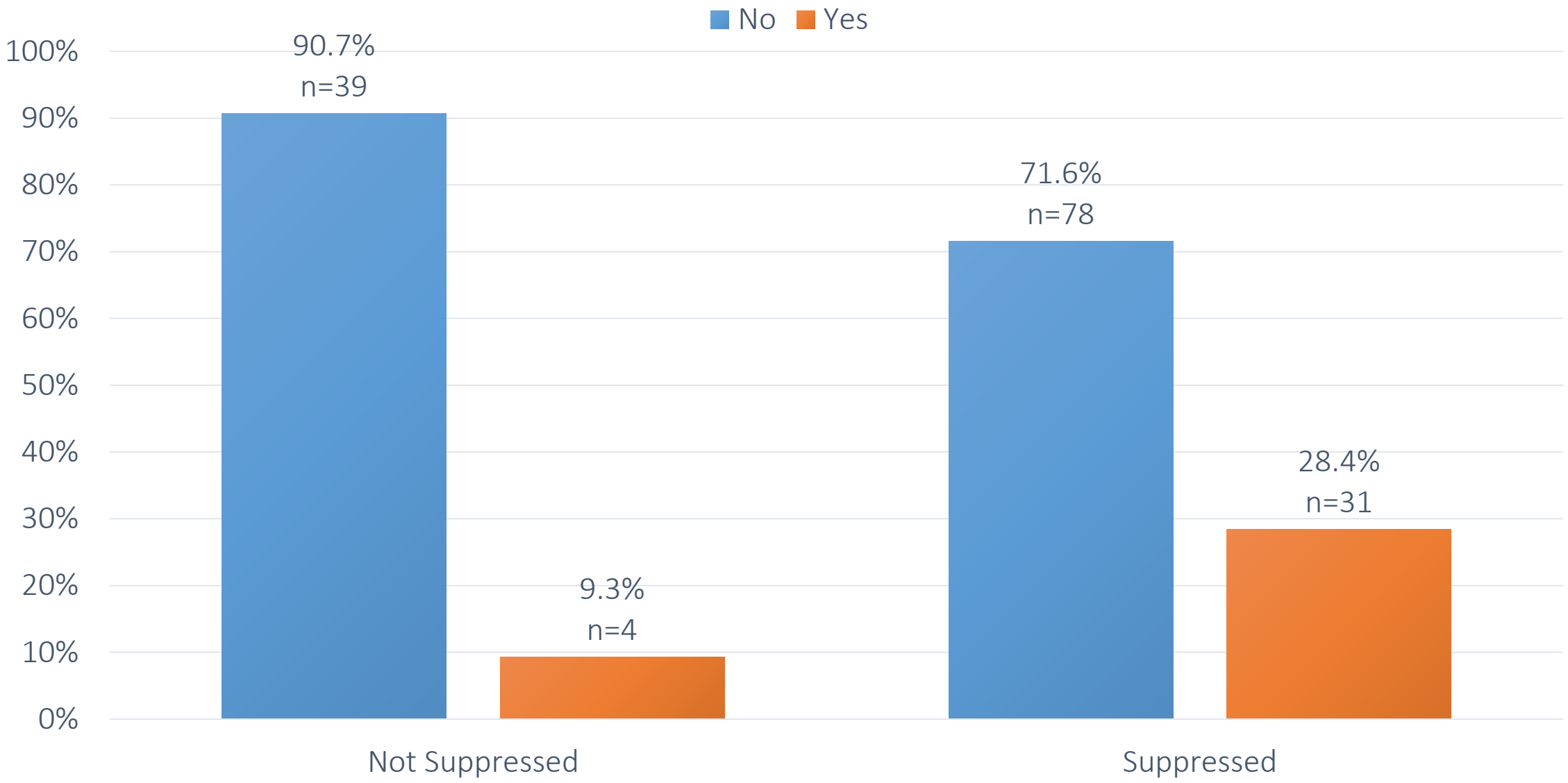
- Case Management Utilization is defined as having a Part A CM service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Food Services Utilization for Black Males 18-38 Years Old



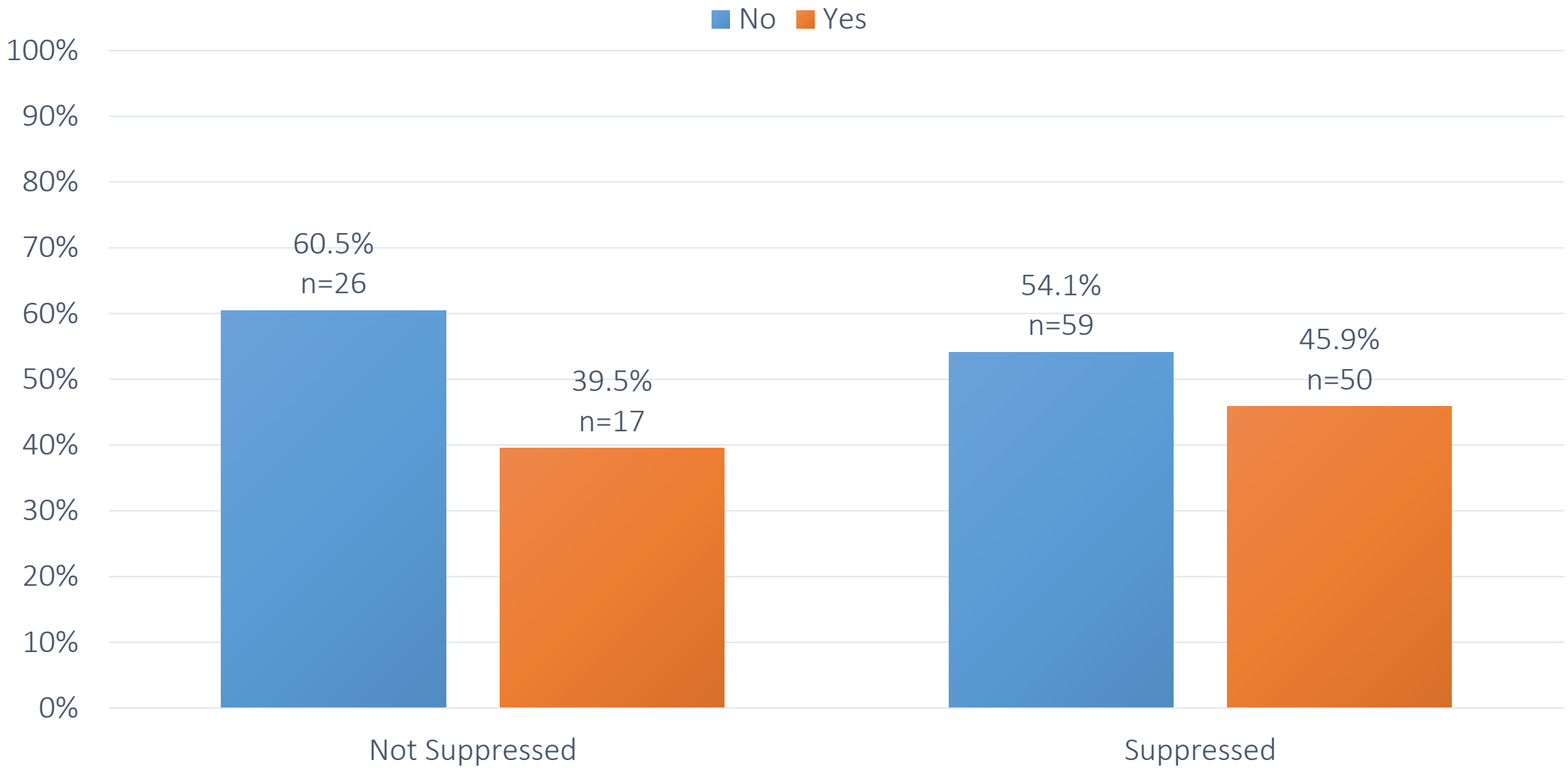
- Food Services Utilization is defined as having a Part A Food service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Oral Health Services Utilization for Black Males 18-38 Years Old



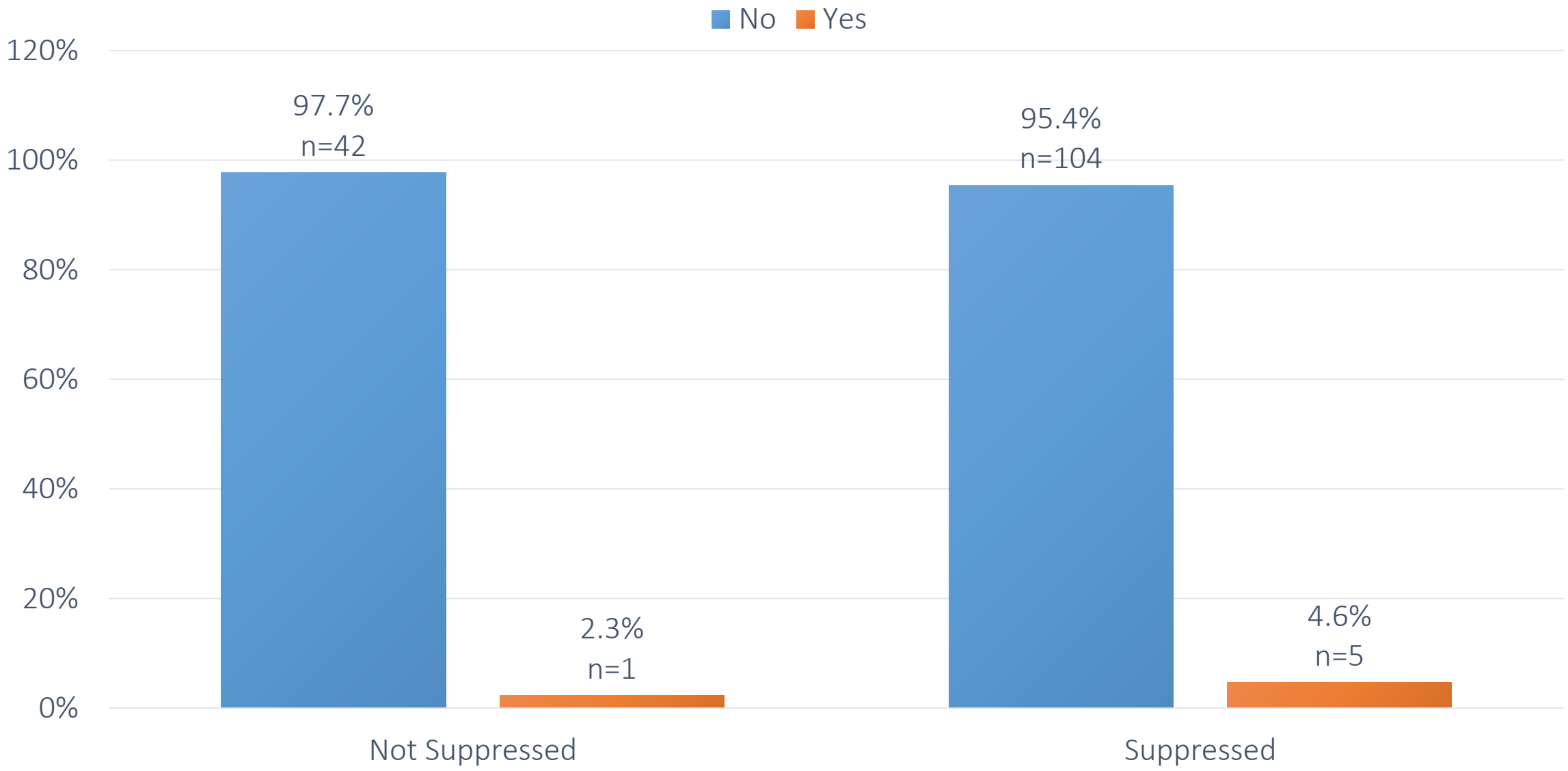
- Oral Health Utilization is defined as having a Part A OHC service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Pharmacy Services Utilization for Black Males 18-38 Years Old



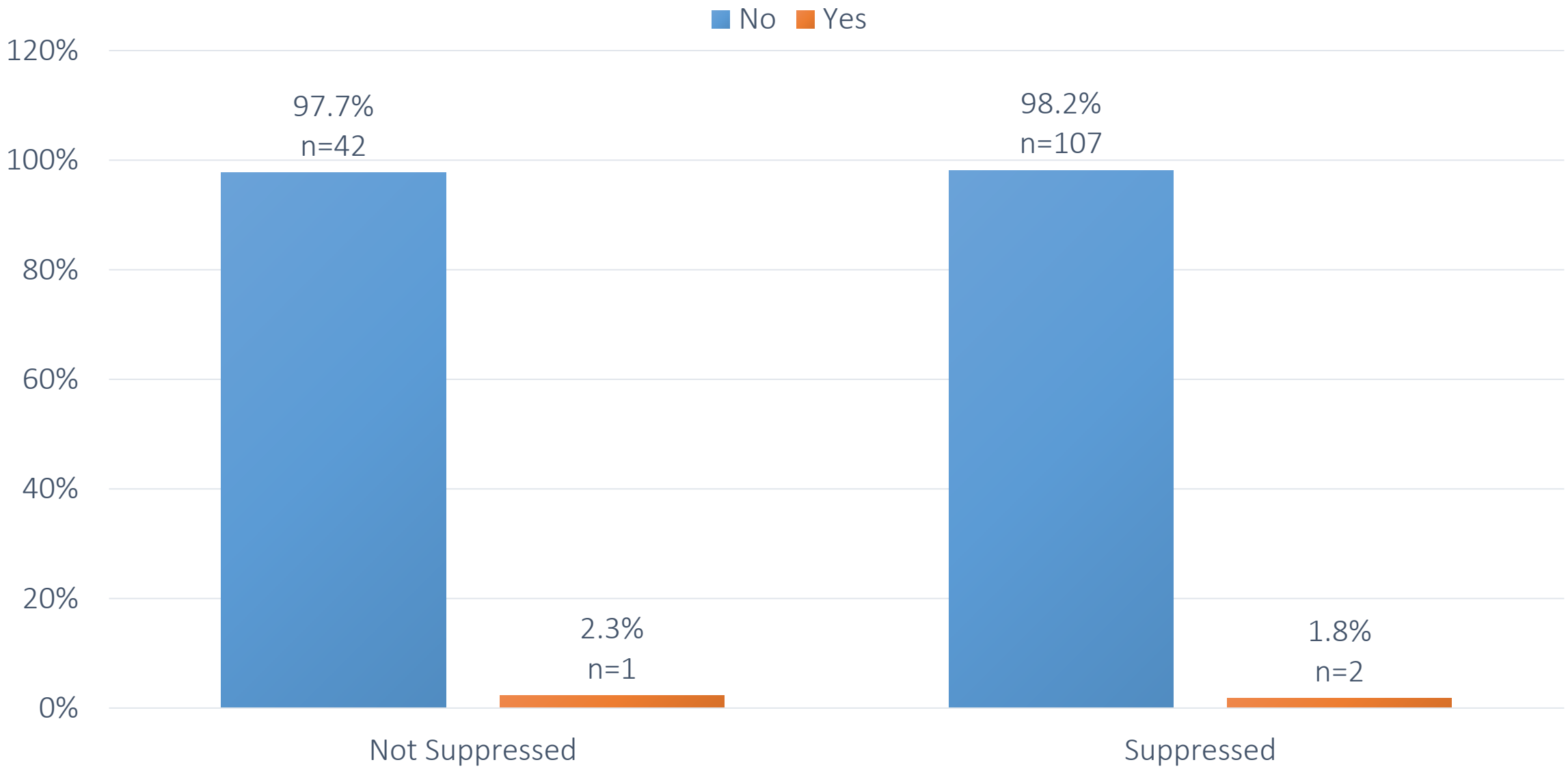
- Pharmacy Utilization is defined as having a Part A Pharmacy service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Mental Health Services Utilization for Black Males 18-38 Years Old



- Mental Health Utilization is defined as having a Part A MH service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Substance Abuse Services Utilization for Black Males 18-38 Years Old



- Substance Abuse Utilization is defined as having a Part A SA service billed and paid for in the measurement period.
- Total Unduplicated Black Males with Unsuppressed Viral Loads = 43
- Total Unduplicated Black Males with Suppressed Viral Loads = 109
- Exclusions – None.

Mental Health Diagnoses for Unsuppressed Black Males

Primary

- Mood Disorder NOS (1)

Substance Abuse Diagnoses for Unsuppressed Black Males

Primary

- Mood Disorder NOS (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 Males?

Barriers to Care QIP Summary

MONDAY MARCH 21ST, 2016

1 IDENTIFY PATIENTS WHO ARE NOT RETAINED

Compile a list of patients who have not been seen during the time period used to define retention. Remove those from the list who meet the exclusion criteria.

EXAMPLE:

EXCLUSION CRITERIA: The patient has died, transferred care, is incarcerated, or has been admitted to a long-term or residential care facility. These patients should be removed from your denominator.

1012	⇨	56	⇨	19	⇨	37
Total patient case load		Original list of not-retained patients		Excluded: known status *(e.g., died, transferred care, incarcerated)*		Remaining list to drill down

The remaining group of patients are those to include in the drill down process.

2 ASSESS REASONS FOR NON-RETENTION

For those patients not retained, conduct an assessment of the factors causing absences from care. Multidisciplinary provider teams should review all available information from patient records as needed to identify any barriers to care, competing patient concerns, and other reasons for non-retention.

EXAMPLE:

MULTIDISCIPLINARY TEAM MEMBERS:
Case managers, patient navigators, pharmacists, nurses, physicians, others involved.

PATIENT RECORDS:
Medical records, case manager or patient navigator notes, emergency room records, correctional facility records.

3 CREATE A TABLE

Compile all the identified reasons for non-retention and tally the number of patients experiencing each. This table will be used to prioritize areas in need of improvement and to develop targeted interventions.

EXAMPLE:

KEEP IN MIND: Patients grouped in the same category may have different reasons for experiencing that difficulty. For example, patients experiencing issues with transportation may not be able to pay for fares, may live too far from available transit, etc. Individualized solutions will likely be required for each patient.

BARRIER	NUMBER OF PATIENTS
TRANSPORTATION	35
HOUSING INSTABILITY	11
INSURANCE	2
DISCLOSURE ISSUES	15
REFUSES TREATMENT	2

4 DEVELOP A TARGETED FOLLOW-UP PLAN

Using the data from steps 2 and 3, identify the barriers that are most critical to patient health and that affect the most patients. Develop a plan to address these issues. Consider prioritizing your follow-up strategies by examining the needs of key populations or by looking at health indicators such as average viral load (see *Prioritization Strategies*).

EXAMPLE:

1. One clinic identified incorrect contact information as a major barrier to retention among its patient population. Staff searched Medicaid and pharmacy records for updated contact information and visited the patient's home if they were unable to locate the individual through other means.

2. This clinic also identified transportation as a barrier to retention for one patient with a very high viral load. Staff members arranged transportation to the clinic for this patient, which proved important in engaging the patient in care (see HIVQUAL Brief 11, *Improving Patient Retention in Western New York* for more information).

Barriers to Care QIP: Rationale

- The Case Management Quality Improvement (QI) Network determined that Black females had significantly low rates of viral suppression compared to other populations.
- The Case Management QI Network was interested in learning why this population was not achieving viral suppression and what barriers to care exist for Black females.
- This information will be useful because when the barriers to care are understood the Network will be better equipped to address the issues and implement changes to assist Black female clients in achieving viral load suppression.

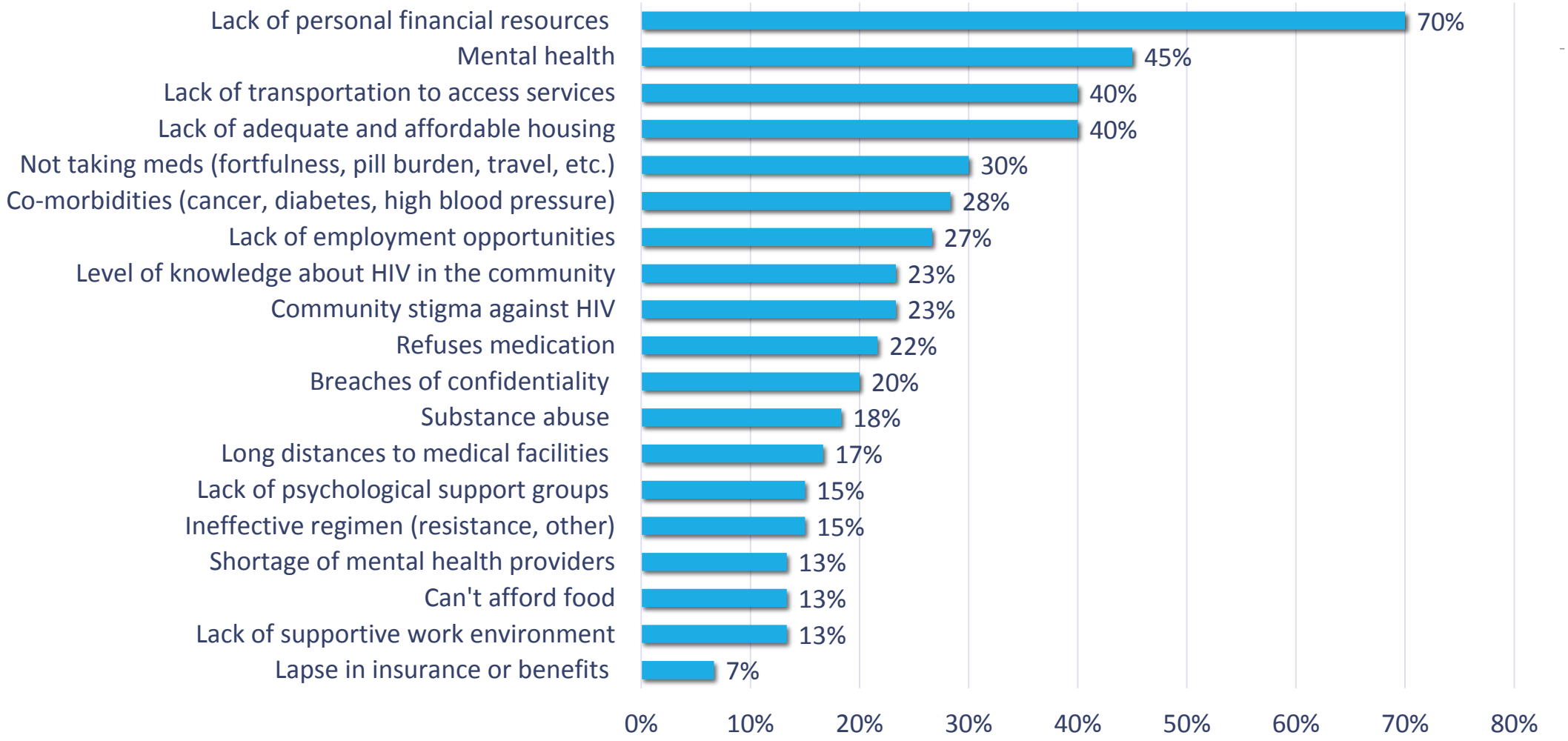
Barriers to Care QIP: Methods

- Each agency identified barriers to care for unsuppressed Black non-Hispanic females receiving case management services at their respective agency.
- Case managers assessed the extent to which a given medical or social service barrier makes it difficult for the client to obtain medical care, specifically HIV clinic appointments and mental health services.
  - Barriers were rated using the following scale: ‘‘No Problem at all,’’ ‘‘Very Slight Problem, “Somewhat of a Problem,’’ or ‘‘Major Problem.’’
- The case managers utilized a modified version of the Barriers to Care Scale with the following categories: demographics, medication, other illnesses, financial/economic concerns, stigma, and service availability.

Barriers to Care Reported by Black Females in Case Management Services (N=60)

Barrier	Very Slight Problem	Somewhat of a Problem	Major Problem	Total # of Patients
Lack of personal financial resources	6	13	23	**42**
Mental health	6	11	10	**27**
Lack of adequate and affordable housing	5	7	12	**24**
Lack of transportation to access services	13	5	6	**24**
Not taking meds (fortfulness, pill burden, travel, etc.)	5	4	9	**18**
Co-morbidities (cancer, diabetes, high blood pressure)	2	6	9	**17**
Lack of employment opportunities	3	7	6	**16**
Community stigma against HIV	3	5	6	**14**
Level of knowledge about HIV in the community	7	5	2	**14**
Refuses medication	5	5	3	**13**
Breaches of confidentiality	4	7	1	**12**
Substance abuse	5	0	6	**11**
Long distances to medical facilities	8	1	1	**10**
Ineffective regimen (resistance, other)	4	2	3	**9**
Lack of psychological support groups	4	2	3	**9**
Lack of supportive work environment	8	0	0	**8**
Can't afford food	5	0	3	**8**
Shortage of mental health providers	5	3	0	**8**
Lapse in insurance or benefits	1	2	1	**4**

Barriers to Care Reported by Black Females in Case Management Services (N=60)



Top 5 Barriers to Care

1. Lack of personal financial resources
2. Mental health
3. Lack of adequate and affordable housing
4. Lack of transportation to access services
5. Not taking meds (forgetfulness, pill burden, travel, etc.)

Barriers to Care QIP: Findings

- The most commonly reported barriers to care were mental health issues (including depression, anxiety, or other) and lack of personal financial resources.
- Almost half of the black females reported a mental health issue but utilization of mental health services among black females is shockingly low (~1-2%).
  - Case managers reported cultural issues as a barrier to mental health services.
- The following most common barriers were a lack of affordable/adequate housing, lack of transportation, and not taking medications as prescribed.
  - One member said some clients view taking medications as an option, not a necessity.
  - A common issue was stigma and clients living with family who struggle with medication adherence because they do not want their family to know they are HIV+.

Barriers to Care QIP: Next Steps

- The Case Management QI Network members are interested in addressing the issue of mental health and looking more closely at clients that report these issues.
- The information obtained from the Case Management QI Network could aid QM in determining barriers to viral load suppression and PSRA in changing service delivery to eliminate barriers.

Quality Management Committee (QMC)
2015 Year in Review

Activity

- **Events**
  - Annual All Networks Quality Improvement (QI) Awards Ceremony for all Ryan White Part A Providers was held on January 29th, 2016.
  - Awards were given out for best attendance, best quality improvement project, most virally suppressed, and QM superstar. QI Networks gave collaborative service category presentations on available services and referral processes. QI Networks participated in the National Quality Center's (NQC) national quality improvement challenge that asks: *What's Your QI IQ?*
- **Data Analysis**
  - QMC conducted an in-depth viral load analysis. QMC reviewed data on all Ryan White Part A clients who are not virally suppressed for Fiscal Year (FY) 2014.
  - QMC determined that three population groups were less likely to achieve viral load suppression. The groups included 18-28 and 29-38 year old Black non-Hispanic Heterosexual Females, Black non-Hispanic MSM, and Black non-Hispanic Heterosexual Males. QMC focused their efforts on determining why these clients are not virally suppressed.
  - QMC recommended the three population groups to the Needs Assessment and Evaluation (NAE) Committee for targeted focus groups, surveys, and interviews.
  - QMC is currently drilling down data to explore questions that emerged from the viral load analysis. The drill down data is stratified by demographic characteristics, length of diagnosis, care status, insurance status, country of origin, retention in care, and core & support services utilization. Further recommendations for the three target groups will be sent to the PSRA and NAE Committees.
- **System Improvements**
  - QI Network Work Plans were developed to align with the HIV Planning Council's three guiding ideas based on the HIV Care Continuum: linkage to care, retention in care, and viral load suppression.
  - QMC reviewed and updated Outpatient Ambulatory Medical Care (OAMC) Indicator 1.2 to reflect the HHS Treatment Guidelines and HAB measures.
  - QMC recommended a Mental Health and Substance Abuse Service Category evaluation.
  - A collaborative meeting between Medical Providers, Oral Health Providers, Disease Case Managers, and Mental Health & Substance Abuse providers was held to improve the referral process throughout the Ryan White Part A system.
- **Trainings**
  - "Got Data Now What? Using Data for Quality Improvement" Training by QM Staff for QMC members
  - Overview of the Clinical Quality Management (CQM) Program Training by QM Staff for QMC members including information on the roles and responsibilities of the Grantee, CQM Support Staff, and QMC and QI Network members; QMC and QI Network activities; Consumer participation; data collection; and major CQM accomplishments
  - Cultural Awareness Training for Ryan White Part A Case Managers
  - "Identifying and Assessing Mental Illness" Training by the Mental Health and Substance Abuse QI Network for Oral Health Care providers

Challenges

- The limitation of quantitative data presents a challenge to the QMC. In order to answer the question of why certain populations are not virally suppressed, the QMC needs additional qualitative data.

Evaluation

- In 2015, the QMC overcame several challenges from the previous year with membership and data analysis. The committee added three members with diverse expertise in service delivery, quality management, and evaluation. This contributed to improvements in the ability of the committee to collectively conduct in-depth data analysis. As a result, QMC is currently reviewing and analyzing viral suppression data monthly to monitor health outcomes of Ryan White Part A clients. The Committee will continue to drill down data to determine why specific subpopulations have lower rates of viral suppression. Based on data analysis findings, the Committee will continue to send relevant recommendations to the HIVPC, Committees, and QI Networks to assist with needs assessment efforts and service category evaluations.

Recommendation

- In 2016, the QMC should continue to focus on drilling down data for specific populations that are not achieving health outcomes. The committee should strive to identify areas of improvement and potential quality improvement projects for the specific service category QI Networks.