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 July 17th, 2017 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**: 7/17/17 Meeting Agenda and 6/18/17 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***
Select QMC annual goals (W.P. 1.1)	**ACTION ITEM:** Review annual goals determined at last Committee meeting.
Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement (W.P. 1.4)	**ACTION ITEM:** Review all requested data to determine appropriate recommendations for Committees and QI Networks.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #	***Action Items***
Identify accomplishments and challenges by reviewing progress in completing the CQM Work Plan (W.P. 2.4)	**ACTION ITEM:** Review progress made in CQM Work Plan and identify accomplishments and challenges.

6. **RECIPIENT REPORT**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: August 21st, 2017

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	***Actions Items***
Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum. (W.P.1.3)	**ACTION ITEM:** Analyze client utilization data among the stages of the HIV Care Continuum.
Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators (W.P. 1.2)	**ACTION ITEM:** Review and makes recommendations for Broward Outcomes & Indicators. Identify disparities in care and areas for improvement.

9. **ANNOUNCEMENTS**
   None.
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, June 19th, 2017 12:30 p.m. **Location:** Governmental Center Annex, A337
Chair: Claudette Grant

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Staff**
1	Grant, C.	**X**			Seth Leverence	Jones, L.
2	Katz, H. B.		**X**		Roxan Simpson	Walker, N.
3	Tavares, J.		**X**		Merlyn Meissner	Holloman, K.
4	Runkle, D.	**X**			Jersey Garcia	Akiti, D.
5	Schweizer, M.	**X**				Powers, C.
6	McPherson, S.	**X**				
7	Thomas-Purcell, K.	**X**				
	Quorum = 5					

1. CALL TO ORDER:

The Chair called the meeting to order at 12:40 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. There were no public comments.

2. APPROVALS:

Motion #1 To approve today's meeting agenda
Proposed by: Schweizer, M. Seconded by: Runkle, D.
Action: Passed Unanimously

Motion #2 To approve 4/17/17 meeting minutes
Proposed by: Schweizer, M. Seconded by: Runkle, D.
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: July 17, 2017

4. UNFINISHED BUSINESS:

Select QMC annual goals (W.P.1.1)
Members referred to the QMC Reference Binder (Tab 6) to review the Part A HIV Care Continuum report and recall the data previously presented on youth. Staff stated that the Committee should use the data to guide their discussion on selecting annual goals. Members discussed the presented data and possibilities for annual goals. A Member suggested the Committee look at conducting a youth project based on community feedback. The Recipient noted the importance of the presented data showing negative health outcomes for the 18-38 year old population in the Broward EMA. The System of Care Committee is currently focusing on black females and we do not the resources to conduct focus groups, surveys, etc. for both populations at this time. The Recipient suggested the Committee work with the QI Networks to gather further information on this population and implement a project in the future. A Member suggested asking representatives from the youth population to speak with the Committee to ascertain their thoughts and beliefs regarding the system of care. The Broward

County HIV Prevention Planning Council (BCHPPC) has a relationship with Broward County Public Schools and a Member suggested tapping into this resource to reach the youth population. The Chair noted the Committee should focus on the 18-38 population instead of school-aged youth since the Part A program is servicing individuals aged 18+. The focus of these efforts should be on finding out why these clients are out of care. The Community Empowerment Committee (CEC) community forum held in May had people in attendance from this age group. Attendees noted mental health as the main barrier to them being/staying in care. The Recipient believes CEC can potentially do a youth forum targeted to this population in order to obtain this information as well as through the QI Networks. The Chair requested a copy of the CEC community forum notes/report to better inform the Committee on the youth population prior to developing a plan.

The Committee requested further data on the utilization of services by youth in the Part A system and is interested in further drilling down the data previously reviewed on youth. A Member suggested developing a QIP that providers from each QI Network could work collaboratively on to maximize efforts to address this population. Staff stated they will bring back data on the utilization of services by our youth population at the next meeting. A guest suggested looking at data surrounding youth accessing services and taking medicines for other chronic diseases. In this way, these studies may have interventions that are successful and can be relatable to Committee's focus. A Member suggested we ensure our messaging is targeted for this population.

After discussion, the Committee agreed the overarching annual goal is focusing on youth, determining why they are not in care, and finding out what we would like to do to address that. The Recipient suggested narrowing down the age group to see which age range has the worst health outcomes. Members decided the 18-28 year old age range is the focus. The Recipient suggested inviting Sabrina James from Broward County Public Schools to a future Committee meeting in order for her to provide insight on this subject.

5. MEETING ACTIVITIES/NEW BUSINESS

Quarterly QI Network Update (W.P. 2.4) (Handout A)

The Committee reviewed the QI Network Update for FY 17-18 Quarter 1. Non-Medical CM QI Network has been completing an Intervention QIP for the last year based off of a Barriers to Care QIP completed in FY 16. When the QIP is complete in September, Staff will compile an analysis with helpful information and present them to the Committee. The QIP was a direct result of the recommendations from Committee findings and data. The Non-Medical CM Network also looked at FY 16-17 HIV Care Continuum data by agency. DCM has been reviewing the PE Assessment tool and providing feedback during meetings. The Medical Network reviewed and updated the Part A Formulary. The Network also conferenced with Dr. Beal from DOH regarding Test & Treat. MHSA Network reviewed HIV Care Continuum data for FY 17-18. The Network completed a QIP on clients who received a Biospychosocial evaluation and did not return for further services. The top reported barriers were social environmental stressors, lack of affordable housing, and not being ready for treatment/refused services. Oral Health Network did not meet this quarter. A Member requested more information for the Non-Medical CM Intervention QIP.

Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement (W.P. 1.4)

This item is tabled until the July meeting date.

6. RECIPIENT REPORT

The finalized grant award is forthcoming. The county will receive the grant application in the coming months with updates to the MAI section pending. As of two weeks ago, there were 71 individuals involved in Test & Treat in the Broward EMA. The program is the combination of newly diagnosed individuals and individuals who have fallen out of care. Comparatively, Miami-Dade had 71 clients within one year. This is a work in progress, but the Recipient believes it will be successful. About 15% of T&T clients were newly diagnosed clients and the rest are re-engaged in care.

A Member asked for the access points for PrEP specifically for individuals who do not wish to alert their private insurance provider of their desire to take the drug. The Committee members agreed there is no way to get around needing a doctor's prescription and follow-up labs. Michael Alonso from DOH can provide further information and resources.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING

Agenda Items/Tasks for next meeting (Work Plan Item/Goal#)
W.P. 1.2: Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement.
W.P. 1.4: Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.
Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm, etc.
Follow-up for Youth data
CEC Forum report/conclusions

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting was adjourned at 1:54 pm.

Quality Management Committee Attendance 2017

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	**CX**	**6**	**27**	**20**	**17**	**C**	**19**							
		0	**1**	Grant, C., *Chair*	NQX	X	X	X	X		X							
1	1	3		Huggins, L.	NQA	A	A											R-3/23
1	1	1	**2**	Katz, H. B.	NQA	X	X	X	X		E							
			3	MacPherson, S.	N-4/23						X							
1	1	1	**4**	Runkle, D.	NQA	X	X	X	X		X							
			5	Thomas-Purcell, K.	N-4/23						X							
		2	**6**	Taveras, J.	NQA	X	X	X	X		A							
		0	**7**	Schweizer, M.	N-1/26	X	E	X	X		X							
				Quorum = 5		6	5	5	5		5							

Legend:
X - Present
A - Absent
E - Excused
NQA - No quorum absent
NQX - No quorum present
N - Newly appointed
Z - Resigned
C - Cancelled
CX - Cancelled due to quorum
W - Warning letter
R - Removal letter

Quality Management Committee

June 2017 Data Request Follow-Up

At the last meeting…

- The Committee agreed their overarching annual goal is to focus on the youth population (18-28 year olds):
  - Determine why youth are not linked/retained in care
  - Look further into data and research on the HIV youth population to develop informed recommendations to Committees/QI Networks
- The Committee requested the following data on youth for further insight on the population:
  - CEC Forum Report
  - Service Utilization by age
  - Research on HIV youth focused interventions

Part A Client Service Utilization by Age: FY 16-17

Ryan White Part A Client Service Utilization by Age FY 16-17

Service Category	18-28	29-38	39-48	49-58	59+	Total
CIED	99.1%	98.1%	98.3%	98.6%	98.9%	**98.4%**
OAMC	59.3%	58.1%	49.0%	37.0%	24.1%	**42.5%**
Pharmacy	35.1%	39.7%	41.8%	33.4%	22.3%	**34.4%**
Non-MCM	23.2%	26.3%	32.2%	33.5%	34.2%	**31.3%**
Oral Health	21.5%	27.0%	32.8%	37.9%	41.8%	**34.3%**
Food Bank	14.0%	19.2%	27.6%	37%	40.5%	**30.7%**
DCM	7.9%	7.8%	10.6%	9.5%	10.1%	**9.4%**
Mental Health	3.5%	5.1%	5.5%	4.3%	1.9%	**4.2%**
Substance Abuse	2.3%	2.5%	1.4%	1.2%	0.2%	**1.4%**
Benefits Support Services	1.8%	4.9%	6.6%	8.1%	5.4%	**6.2%**
Legal	0.5%	0.7%	1.8%	2.8%	2.6%	**2%**

*Exclusions: Total Underage (n=10), Total Unknown (n=16)

Notable Trends

- Among all age groups, youth (18-28) are:
  - **most likely** to utilize Medical services, but **least likely** to be:
    - Retained in Care
    - On ARV, and
    - Virally Suppressed
  - **least likely** to utilize Oral Health and Legal services
  - **most likely** to utilize CIED services
  - second **most likely** to utilize Substance Abuse services
    - Behind those aged 19-28

What Works: Youth-Focused HIV/AIDS Interventions

Objectives

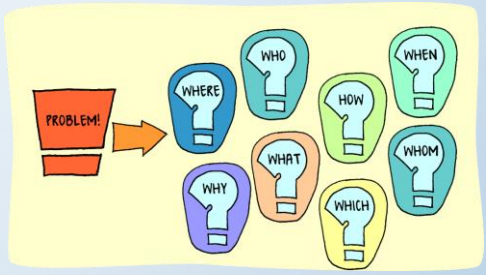
1. Understand barriers HIV+ youth face while navigating the health care landscape
2. Become familiar with evidence-based interventions and programs in place successfully addressing health-related barriers faced by HIV+ youth
3. Learn recommended ways to address low linkage to and retention in care rates for HIV+ youth

Examples

Evidence-Based Research

Background

- **Problem**
  - Youth living with HIV are the **least likely** out of any age group to be linked to care and have a suppressed viral load
  - Youth living with HIV are **less likely** than adults to receive health and prevention benefits of HIV treatment
  - Age-related disparities in the HIV Continuum of Care are owing in part to:
    - the unique developmental issues of adolescents and young adults, and
    - the complexity and fragmentation of HIV care and related services.
  - Among youth who were diagnosed with HIV in 2014, **68%** were linked to care within 1 month—the **lowest rate** of any age group



Implemented Studies

- Adolescent Trials Network (funded by National Institute of Child Health and Human Development)
  - Implemented 3 protocols among 12-15 sites across the U.S. to address National HIV/AIDS Strategy goals.
    1. **Connect-to-Protect**—Identify local social & structural factors that impede HIV prevention & treatment in youth.
    2. **SMILE: Strategic Multi-site Initiative for the Identification, Linkage and Engagement in Care of Youth with Undiagnosed HIV**--Determine if referred HIV youth and newly/previously identified HIV youth are linked and maintained in care and if the linkage and maintenance is associated with specific linkage to care programs.
    3. **PEACOC: Project for the Enhancement & Alignment of the Continuum of Care**—Identify and address structural, community, health system, and individual level barriers to youths' health comes.

Outreach Strategies

- EPIC LOFT (Education, Prevention, Information, Care) LOFT (Lifting Oppression, Fighting Transmission) Peer Education Program
  - The Adolescent AIDS Program at The Children's Hospital at Montefiore in NY recruits and trains a corps of peer educators between the ages of 18 and 24
    - Peers assist the program in community outreach programs for youth.

Outcomes

- **ATN**
  - A total of 3986 HIV-positive youths were **referred for care**, with more than 75% **linked to care** within 6 weeks of referral, with almost 90% of those youths **engaged in subsequent HIV care**.
  - Community mobilization efforts implemented and completed **structural change objectives** to address local barriers to care.
  - Age and racial/ethnic group disparities were addressed through **targeted training** for culturally competent, youth-friendly care, and intensive motivational interviewing

Characteristics of Youth-Friendly Clinics & Services

- Youth-friendly services are able to effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining young clients for continuing care.
- World Health Organization identified five key dimensions of youth-friendly services:
  - Equitable
  - Accessible
  - Acceptable
  - Appropriate
  - Effective
- Important components for health care providers:
  - Confidentiality– Ensure staff clearly understands state laws on informed consent and confidentiality in regard to services offered, train all clinic staff about the importance of guarding youth's confidentiality, emphasize the protections of confidentiality
  - Respectful treatment-- Ensure all staff receives training in adolescent development and treating youth respectfully, schedule longer visits to ensure time for youth to ask questions
  - Integrated services
  - Culturally appropriate care
  - Free or low cost services
  - Easy access

Conclusions

Clinical

- Healthcare providers are tasked with undergoing continuous training related to youth-friendly services and cultural competency.
- Engage HIV+ youth by creating a friendly physical and social clinic environment
- Provide low or no cost services
- Utilize integrated service delivery with medical, mental health and case management staff
- Seek out cross-agency collaboration

Systemic

- Create protocols and enforce rules regarding youth-friendly clinics and services throughout the Part A system
- Encourage/Provide relevant training opportunities for staff providing services to HIV+ youth (including front desk and non-clinical clinic staff)
- Source or create relevant, culturally-appropriate, high quality training materials
- Encourage cross-agency collaboration

Questions & Discussion

Community Empowerment Committee's Chill, Chat and Chew Forum
Urban League
51 Attendees, 25 Community Members Participated In Q&A Session

When asked whether the participants had **heard of PrEP**, 81% of respondents said yes and 19% said no. The facilitator then asked the group why knowledge of PrEP is important:

- Prevention of HIV
- It stops you from spreading to your partner who doesn't have HIV.

When asked why the participants **initially got tested for HIV**, 19% responded HIV+ partner, 62% responded routine medical visit, 5% responded ER visit, and 14% responded attended a health fair.

When asked **how long after you were diagnosed did it take you to see an HIV doctor**, 30% responded same day, 15% said one week to one month, 15% responded one month to three months, 5% three months to six months, and 35% responded more than 6 months. The facilitator asked the group why it took over six months to see an HIV doctor after diagnosis:

- Denial (Unanimously)
- Prostitution

When asked if the group **received Ryan White services**, 82% said yes. Are they helpful, and if so which are most helpful?

- Yes
- Medications, transportation, dental

When asked which **services were most important** to the participants, 27% responded primary doctor, 18% said mental health, 5% responded substance abuse, 5% said case management, 18% said pharmacy, 27% said health insurance, and 0% said food bank, dental and legal. Why is the pharmacy important?

- We need the pills because medication keeps you alive.
- Doctors provide the medications.

What about mental health?

- If I'm not right in my mind, I won't do anything else.
- A right mind is needed to get and stay on your meds.

How do you know if you need to seek mental health services?

- People should seek it out if they have unhealthy thoughts, suicide or think of harming others.
- To deal with the trauma of HIV

When asked if the participants had **kept all of their medical appointments in the last 6 months**, 70% responded yes and 30% responded no. The facilitator asked those who said no what happened to prevent them from keeping their appointments:

- Drugs
- Sometimes things just happen.
- Sometimes you can't make all of your appointments.
- I just get tired of all these appointments (gynecologists, primary, etc.). It's all too much, but I do go.

When asked what **specific factors prevented them from missing their appointments**, 14% said transportation, 50% said mental health/substance abuse, 21% forgot, 14% other and 0% of respondents said lack of finances, no child care, or issues with the provider and staff. The facilitator asked about the participants' other barriers:

- Just didn't want to.
- Their times don't fit with yours.

How do you balance between often having to go to service appointment when so many people work during the day? And how often do you have appointments in a month?

- Let your employer know in advance, you don't have to tell them what it's for because of HIPPA.
- I go just once for the doctor, but I also have labs, mental health doctor, and many other appointments.
- Many doctors try to have multiple services in one office to make it easier, but can still be problem for people.

When asked what some of the **reasons that people stop getting HIV care** are, 50% said mental health/substance abuse issues, 5% responded they didn't like the doctor's staff, 25% responded personal issues, 10% said financial issues, and 10% responded other.

- Mental health and substance abuse are different, and should be separate answers.
- Insurance doesn't cover all of your costs. I had insurance but still had to pay $800 out of pocket every month, and I didn't know about Ryan White. I had to stop taking my medications because I couldn't afford it. I got really sick, and my daughter was doing research and found Trudy Love for me. She took me under her wing and put me where I needed to be. Doctors out west treated me like I was nothing, and even thought I told them I couldn't afford my meds and wasn't taking them they never told me about any places to find help. I went off my meds for four years because I couldn't afford it, and I was sick as a dog.
- Bad provider staff that shoot people down
- People need 3 doctor's appointments per month to get a bus pass, but if people only have 1 and no transportation that is a huge concern.

When asked about the **reasons people return to HIV care**, 71% said it was because they started feeling sick, 7% said doctor's encouragement, and 21% said other. What are the other reasons?

- I was ready to start managing my life again, from substance abuse and mental health and sometimes, for me, it came to a point where you need get yourself together and take back charge of your life. That starts with going to doctor's appointments, taking medications, seeing my mental health provider. That's why I said "other." It wasn't easy.
- Getting clean and sober

When asked if there was any time the participants **needed a service but it wasn't available**, 65% responded yes and 35% responded no.

- I came from New York, and trying to navigate the Ryan White and ADAP system there was a nightmare. But in Broward I met Vanessa Sooknanan at CIED, was out in 30 minutes with everything I needed. It was a lifesaver.

- I had expired Medicaid around Christmas and had to go three months without medications.
- I had a hernia for 5 years because I did not have insurance to cover the surgery.

When asked if there was any time when the participants received a **Ryan White Part A service but it did not meet all of their needs**, 32% said yes and 68% responded no. The facilitator asked why those services were inadequate:

- I didn't know there was a Part A and Part B until this year, and part of the reason I kept relapsing was because I didn't know that I could get mental health meds. The Department of Health (in Broward County) told me that they didn't fill that prescription there even though they did in a different Ryan White part.
- Most participants were unclear on the differences between Ryan White Parts, and what services they receive from each entity.
- I'm having an issue with a recent hospitalization that I thought was covered under Medicaid, and now I'm getting sued.

When asked **which services did not meet the client needs**, substance abuse, mental health, legal, and pharmacy each got one response, and 5 people said it was a service not offered by Ryan White.

- Dental implants
- One of my meds wasn't covered by Part A or ADAP and the other versions don't work as well.
- I tried to enter detox before heading into a substance abuse program, but no one took Ryan White and I had to detox on my own.

When asked who the participants would speak to go and **where they would go to find needed services**, 56% responded to a case manager, 19% responded doctor, and 6.25% each said friend, an agency, a peer and other.

- I don't like my case manager.
- Without Broward House I wouldn't have known about bus passes, HOPWA or substance abuse treatments until I started seeing my case manager. They were the best place to get information and find an HIV specific doctor.
- There are so many treatment centers in South Florida, but it took Broward House to save my life.
- I moved down here to go to an expensive treatment center that kicked me out and then I was homeless. I went to Care Resource and they saved my life. They helped me find all the resources I needed.
- Case managers are reliable, and if they aren't experienced they can go to other people that know.

What does **being undetectable mean** to you?

- Viral load is under 20
- I'm in a hospital, and I see that many people who are undetectable take it to mean they no longer have the virus. I tested a lady who was a known positive but thought she no longer had it because she was not detectable. It can be very confusing to people.
- Undetectable doesn't mean that you don't have the virus, but the chances of spreading it is slim to none. But you still have to take your medications.

A participant asked how many people in the group felt that it was ok to have unprotected sex if you're undetectable. Many people did not.

- In the gay community, it isn't understood and people think that it may be ok, or that if you are on PrEP then its ok. That may be an excuse not to use condoms.
- The drug problem in Ft. Lauderdale is so rampant, and that's how things are spread so fast
- I know a lot of friends who are sex workers, and the lack of information they have on the disease is scary. You can't sit in a testing van and expect people to come to you. I was a sex worker, and I would not go to the van where people would see me. I'd lose money because other people are watching.
- Most men don't like to use condoms.
- Certain neighborhoods have been left behind, it's sad to see the devastation and the victims
- I'm HIV negative, and I went to get my physical, but many doctors don't test unless you request it, and people think that they are negative but have not actually been tested. It's causing a whole misconception.

How can clients be **better served by the Ryan White Program**?

- When you get a print of your labs, I don't know all the information, I need a handout on how to read them.
- Help with insurance issues
- Help to reduce stigma

HANDOUT C

CQM Program Accomplishments and Challenges

January to July 2017

Accomplishments	Challenges
• The Ryan White Part A Formulary was updated with input from Medical and Pharmacy QI Networks and approved by HIVPC. • Leonard Jones and Kelsey Holloman presented *Building a Trauma-Informed Approach to Integrating HIV Primary Care and Behavioral Health Services* at the United Way's Behavioral Health Conference in May. • Continuation of the Intervention Quality Improvement Project (QIP) with the Case Management Network in FY 16-17 o The Network has almost completed the yearlong intervention QIP on unsuppressed female clients. • Acceptance of an abstract for the 2017 United States Conference on AIDS in September titled *"Implementing Targeted Interventions Using Identified Barriers to Care for Women*". • The MHSA Network completed a QIP focused on obtaining information on barriers faced by clients who received a bio-psychosocial assessment, but did not return for follow-up services. • Test and Treat program implementation across all Medical provider agencies in collaboration with the Florida Department of Health began on May 1st. • CQM Staff presented FY16 HIV Care Continuum data to the Priorities Setting and Resource Allocation (PSRA) Committee to inform the PSRA process.	• Membership o QMC experienced issues with retaining and obtaining membership. o Two cancelled meetings. • Data limitations o Several providers expressed concerns with the accuracy of the Care Continuum's Retention in Care measure.