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 June 19th, 2017 at 12:30 p.m. **Location:** Governmental Center Annex, A-337
Chair: Claudette Grant

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

2. **APPROVALS**: 6/19/17 Meeting Agenda and 4/17/17 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:** Select annual goals for the QMC using Care Continuum data review.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #	*Action Items*
Quarterly QI Network Update (W.P. 2.4) **(Handout A)**	**ACTION ITEM:** Review FY 17-18 Quarter 1 QI Network Update and discuss areas for improvement.
Make recommendations to Committees and QI Networks to address disparities in care and areas of improvement (W.P. 1.4)	**ACTION ITEM:** Make recommendations to address disparities in care and areas for improvement.

6. **RECIPIENT REPORT**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: July 17th, 2017

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Actions Items*
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.
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.

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, April 17th, 2017 12:30 p.m. **Location:** Governmental Center Annex, A335
Chair: Claudette Grant

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Recipient Staff**
1	Grant, C.	**X**				Jones, L.
2	Katz, H. B.	**X**				Morris, R.
3	Tavares, J.	**X**				Holloman, K.
4	Runkle, D.	**X**				Bacchus-Powers, C.
5	Schweizer, M.	**X**				Akiti, D.
	Quorum = 4					

1. CALL TO ORDER:

The Chair called the meeting to order at 12:47 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: H.B. Katz **Seconded by: M. Schweizer**
Action: Passed Unanimously

Motion #2 To approve 3/20/17 meeting minutes
Proposed by: H.B. Katz **Seconded by: M. Schweizer**
Action: Passed Unanimously

Motion #3 To approve QM Policies & Procedures with updates
Proposed by: H.B. Katz **Seconded by: M. Schweizer**
Action: Passed Unanimously

Motion #4 To add Kamilah Thomas-Purcell as a QMC member
Proposed by: D. Runkle **Seconded by: H.B. Katz**
Action: Passed Unanimously

Motion #5 To add Simone MacPherson as a QMC member
Proposed by: D. Runkle **Seconded by: H.B. Katz**
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: June 19th, 2017

4. UNFINISHED BUSINESS:

Goal/Work Plan Objective #	*Action Items*

Committee Member Appointment Process **(Handout A)**	Language was added based off of discussion at last month's meeting. Staff conferred with the HIV Planning Council regarding amending the application to ask about potential member skills and abilities. At the moment, Policies & Procedures will be updated to reflect our membership process and down the line the Membership Committee will revise the new member process. Handout A shows any changes and/or additions. Members reviewed the changes. A Member expressed satisfaction with the proposed changes and commended Staff for a well-written document. A Member suggested adding language stating that consideration will be given to PLWHA. The Recipient stated this is not necessary as the Committee needs members who are willing to do the work. The Recipient wants to ensure PLWHA's truly understand the abilities of being a QMC member and avoid any situation where they must vote on matters they do not fully understand. Another Member suggested new members attend a new member training. Staff will also aid in this process. A Member suggested offering mentors for new members; however, the Recipient noted this will not be helpful as new members will be involved in decision-making. A Member inquired if Staff could create a short QM guide to provide new members. Members voted on the document as is. The document was unanimously approved.
Identify Potential QMC Members – Follow-Up	The Committee is continuing conversations regarding membership recruitment. A Member expressed concern with recruitment of members and is unhappy with the level of membership recruitment Planning Council is doing at the moment. They suggested having a table at all major HIV-related local events. The Member also suggested utilizing low or no-cost incentives to help retain members such as membership anniversary cards, birthday cards/cakes, etc. The Chair suggested mentioning this to the Executive Committee. The Chair will be absent from this month's Executive meeting; however, Staff will let the appropriate parties know about this recommendation. Staff recently began attending the Quality Assessment meetings along with Recipient Staff and began recruitment of members from providers' quality staff. Staff will follow-up on this progress. Kamilah Thomas-Purcell, a Public Health professor from Nova Southeastern University has been a Planning Council member and has been attending Quality Management Committee meetings. The Chair motioned to add her as a member. She was unanimously approved. Simone MacPherson, from the HIV Epidemiology department at the Florida Department of Health, was also unanimously appointed as a QMC member. The new members will be brought up for approval at Planning

	Council later this month as a consent item.

5. MEETING ACTIVITIES/NEW BUSINESS

Goal/Work Plan Objective #:	*Action Items*
Review data to identify and address disparities and gaps among stages of the HIV Care Continuum (W.P. 1.3) **(Handout B)**	Members looked at the Care Continuum data across all service categories and demographics- for retention in care, prescription of ART, and viral load suppression. PE has a new report and allows Staff to delve deeper into the characteristics of our population using the HIV Continuum of Care. Members were asked to keep in mind the presentation will be shown at the PSRA meeting and to offer any necessary feedback. The NQC calculator was used in order to reflect any disparities. The beginning of our Part A Care Continuum begins with the total number of HIV+ clients. Viral load reports dating back to 2014 reflect similar negative outcomes for youth, suggesting that the current methods of targeting the 18-28 year old group might not be working. The Recipient noted it is important to speak to the affected populations in order to tailor interventions. A Member expressed concern regarding the use of PE and integration with the medical and pharmacy services as well as the sharing of information across all areas. A Member wanted to know if there were visible trends among populations showing a disparity. Staff expressed there were no common trends among these populations as some populations may have lower retention in care, but higher viral load suppression or vice versa. A Member requested to see the total population trends along with the drilled down data outputs and suggested placing the total population total (N) across the top of the graphs. A Guest suggested showing the number of clients eligible for a service category versus what they are using. Upon hearing all the data, the Committee discussed how they would like to use the data moving forward. Staff suggested looking deeper into the populations that were identified as having a disparity. A Member suggested looking into the issues that HIV+ youth are dealing with. For example, hosting a focus group or creating a survey to gain more insights. As a committee, we can look further into the data to understand their behaviors- mode of transmission, for example. PE will help us obtain risk factors, date of diagnosis, etc. The Recipient would like a formal focus group to lead in tailoring interventions. How does this population group like to communicate? What incentivizes them to get care? Staff will bring additional data on the youth population and have further discussion at the June meeting.

Select QMC annual goals (W.P. 1.1) **(Handout C)**	This item was tabled until the next meeting in June.

6. RECIPIENT REPORTS

Staff Manager will be leaving BRHPC in May. The Recipient and Chair thanked her for her efforts and work in the QMC.

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.*
Select QMC annual goals (W.P. 1.1) ***(Handout C)***	**ACTION ITEM:** Select annual goals for the QMC using Care Continuum data review.

9. ANNOUNCEMENTS

May meeting is cancelled.

10. ADJOURNMENT

The meeting was adjourned at 2:30 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								
		0	**1**	Grant, C., *Chair*	NQX	X	X	X	X									
		0	**2**	Earp, A.	Z – 1/12													
1	1	2	**3**	Huggins, L.	NQA	A	W											Removed
1	1	1	**4**	Katz, H. B.	NQA	X	X	X	X									
1	1	1	**5**	Runkle, D.	NQA	X	X	X	X									
		1	**6**	Soto, T.	NQA	X	Z- 2/6/17											
		1	**7**	Taveras, J.	NQA	X	X	X	X									
		0	**8**	Schweizer, M.	N-1/26	X	E	X	X									
				Quorum = 5		**6**	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 IMPROVEMENT NETWORK UPDATE
Fiscal Year 2017-2018 – Quarter 1

Non-Medical Case Management (Non-MCM) Network

Intervention QIP:

- The Network is currently completing the intervention QIP on unsuppressed, non-MCM female clients from FY 2016 – quarter 1 and the viral load in system at this time will be the baseline for the intervention. The Network has submitted results for the past 3 quarters and is currently in the final quarter of data collection for the QIP. Final results of the QIP will be complete in September 2017.

Care Continuum Data Review:

- Staff presented FY 16-17 HIV Care Continuum data for non-MCM clients and by agency.
    - 79.4% were retained in care and 84.6% were virally suppressed.
    - The Network expressed interest in receiving specific information about trends in their agency's HIV Care Continuum data so they are better able to address issues as they arise.

Case Study Presentations:

- Each month one provider presents a client case he/she is experiencing difficulty with to get feedback/assistance from the Network. The Network finds the presentation of these case studies extremely helpful and a good forum to share resources.

Disease Case Management (DCM) Network

DCM Assessment Review:

- The Network reviewed the draft DCM Assessment that will be completed in PE by DCM's. The Network provided feedback on what elements of the assessment are necessary to best assess clients.
- Julia Hidalgo attended a Network meeting to assist with DCM assessment development.
- In the coming months the DCM assessment will be finalized using the input of the Network.

Medical Network

Test and Treat Presentation by Dr. Beal from DOH:

- Dr. Beal spoke to the Network about the Test & Treat program that has since been implemented in Broward County. He provided the Network with a summary of how the program is intended to work and answered questions providers had.

Updating Ryan White Part A Formulary:

- The Network reviewed the Ryan White Part A Formulary and submitted recommendations for changes to the Formulary. The Formulary has since been approved by PSRA and HIVPC.

Mental Health/Substance Abuse (MH/SA) Network

Care Continuum Data Review:

- Staff presented FY 16-17 HIV Care Continuum data for MH/SA clients and by agency.
    - 83.5% were retained in care and 87.7% were virally suppressed.

Data Request and QIP:

- The Network requested data on MH/SA clients in FY 16-17 who received a Biopsychosocial Evaluation but did not return for further services.
    - Out of the 206 clients with a documented Biopsychosocial Evaluation in FY 16-17, there were 29 clients who did not return for further services.
- The Network contacted the 29 clients via phone call to get information on why they did not return for services.
- The top reported barriers were social environmental stressors, lack of adequate and affordable housing, and not ready for treatment/refused services.

Oral Health Network

No meeting held this quarter.