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, April 16th, 2018 at 12:30 p.m. **Location:** Governmental Center Annex, A-335
Chair: David Shamer

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

2. **APPROVALS**: 4/16/18 Meeting Agenda and 10/16/17 Meeting Minutes.

3. **STANDARD COMMITTEE ITEMS**
   Reminder: Meeting attendance confirmation required at least 48 hours prior to meeting date.

4. **UNFINISHED BUSINESS**
   None.

5. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #	Action Items
Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan. (W.P. 2.3)	**ACTION ITEM:** Overview of Quality Management and QMC FY17-18 Data Review Recap.
Provide a quarterly Network update to the QMC. (W.P. 2.4)	**ACTION ITEM:** Network Update and discuss FY18-19 Work Plan.

6. **RECIPIENT REPORT**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: May 21, 2018

Agenda Items/Tasks for Next Meeting	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.
Select performance measures and annual goals. (W.P. 1.1)	**ACTION ITEM:** Identify QMC annual goals based on FY17-18 data findings.

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 16th, 2018 12:30 p.m. **Location:** Governmental Center Annex, A-335

Chair: David Shamer

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Staff**
1	David Shamer	X				Morris., R.
2	Katz, H. B.	X				Walker, N.
3	Tavares, J.	X				Holloman, K.
4	Runkle, D.	X				Powers, C.
5	Schweizer, M.	X				Anyaduba, L.
6	McPherson, S.		X			
7	Thomas-Purcell, K.	X				
8	Simpson, R.	X				
	Quorum = 5					

1. CALL TO ORDER:

The Chair called the meeting to order at 12:34 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 (unanimous)	
Proposed by: Katz, H.B.	**Seconded by: Runkle, D.**
Action: Passed Unanimously	

Motion #2 To approve 10/16/17 meeting minutes	
Proposed by: Runkle., D.	**Seconded by: Schweizer, M.**
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: May 21st, 2018

4. UNFINISHED BUSINESS:

None. A Member stated to his knowledge, in October the Committee took a vote to send viral load information regarding the disparity found in the Youth (18-28) population in our system to the HIVPC Needs Assessment Committee. Staff stated that the Needs Assessment Committee was disbanded in 2017 and has not met since 2016. As noted in the last meeting minutes, the Committee's

recommendations were passed to the HIVPC System of Care Committee (SOC) and will be discussed upon completion of the Committee's current project focused on Women of Color. At that time, SOC will be able to delve further into the subject and possibly implement a study, including focus groups, on this population of focus.

5. MEETING ACTIVITIES/NEW BUSINESS

Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum. (W.P.1.3)

A Member mentioned requested follow-up on recommendations made by the Committee in the October meeting regarding recommendations on youth. Staff reminded the Committee of the outcomes of the recommendations and their current status. Recommendations made by QMC will trickle down to the Networks where service providers may discuss the reasons why youth might be experiencing this health disparity and ways to address it on a system and service-category-specific level.

A Member noted as a provider, missed appointments are greater among the 18-28 population. These issues are harder to address, and the NQC ECHO initiative is interesting to help find out what other areas are doing to address similar issues. Another Member suggested looking at data on HIV+ clients who have managed care plans or private insurance to compare results to those clients in the Part A system.

A Member requested a follow-up on the recommendations for youth. Staff noted recommendations were sent to the relevant parties within HIVPC and the Networks. This Member inquired if there will be changes made within the Part A system to address findings from the Consumer Health Experience survey. Staff noted the results were recently sent from the consultant and will take time for Staff to review in full. A Member noted the Consultant visited his agency to review the findings.

A Member noted he feels he is not able to put action to the concepts he learned at the NQC consumer training he participated in in 2014. The member also expressed multiple concerns with Part A services. Recipient Staff notified the Member that he is able to attend the Network meetings to provide feedback to Part A providers. Staff also stated if the member has grievances to file against specific services/agencies, the QMC and Network meetings are not the correct forum for that. Recipient Staff requested that the member provide a list of his concerns after the meeting to be addressed outside of meeting time.

A Member suggested QMC utilize a parking lot-type system to queue issues relevant to QMC that cannot be discussed at the current meeting time as there seemed to be a number of issues brought up during this meeting that do not correlate to QMC agenda topics. Another Member noted she feels the parking lot is a concern for her specifically due to the scope of the QMC versus the nature of topics brought up by Members at this meeting of a personal nature. The Chair was reminded parking lot implementation is within his purview as the Chair of QMC if he so desires.

Provide a quarterly Network update to the QMC. (W.P. 2.4)

Staff presented information regarding the restructured quarterly Network meetings. Network meetings are no longer referred to as "Quality Improvement" Network meetings, and henceforth referred to as "Network meetings". There are now five Networks: 1) Support Services (Non-Medical Case Management, Food Services, Legal Services, CIED, BSS, and HICP) 2) Oral Health 3) Medical & Disease Case Management 4) Behavioral Health and 5) Quality Network. The Quality Network is

made up of Quality Managers from all 13 Part A agencies. Their purpose is to review agency-level data and share QIP information. The other Networks are to address service-category-specific issues among service providers and address systems-level issues to be improved. All Networks except for Medical & Disease Case Management have met to date.

6. RECIPIENT REPORT

Recipient Staff announced they are currently in monitoring season for Part A agencies in Broward. Four monitoring visits have been completed to date. Comprehensive reports are sent to each agency within 45 days of the review. There is public access to these reports provided through Broward County. There will be a HRSA visit scheduled in the next couple of months, though there is no finalized date yet.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS/TASKS FOR NEXT MEETING

Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum. (W.P.1.3)
Analyze client utilization data among the stages of the HIV Care Continuum.
Select performance measures and annual goals. (W.P. 1.1)
Identify QMC annual goals based on FY17-18 data findings..

9. ANNOUNCEMENTS

A Member commented regarding HRSA CareWare access and possibly having the Recipient grant access to CareWare for subrecipients use, noting her agency utilizes CareWare to input all HIV+ clients, including those from Part A. Using both CareWare & PE to capture client-level data might allow for a better benchmark of Part A clients and services compared to all HIV+ clients in the county. Another Member echoed these sentiments and stated RSR's have been submitted by her agency already to HRSA and they also input all HIV+ clients into CareWare. Conversely, another Member expressed the delay in information from HRSA since they currently report on data recorded almost two years prior.

10. ADJOURNMENT

The meeting was adjourned at 2:25p.m.

Quality Management Committee Attendance 2018

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	**C**	**C**	**CX**	**16**									
1	1	0	**1**	Shamer, D.				X									
1	1	0	**2**	Katz, H. B.				X									
		1	**3**	MacPherson, S.			NQX	A									
1	1	0	**4**	Runkle, D.				X									
		0	**5**	Thomas-Purcell, K.			NQA	X									
		0	**6**	Taveras, J.			E	X									
		0	**7**	Schweizer, M.				X									
		0	**8**	Simpson, R.			NQX	X									
				Quorum = 5				**7**									

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 101

A Review

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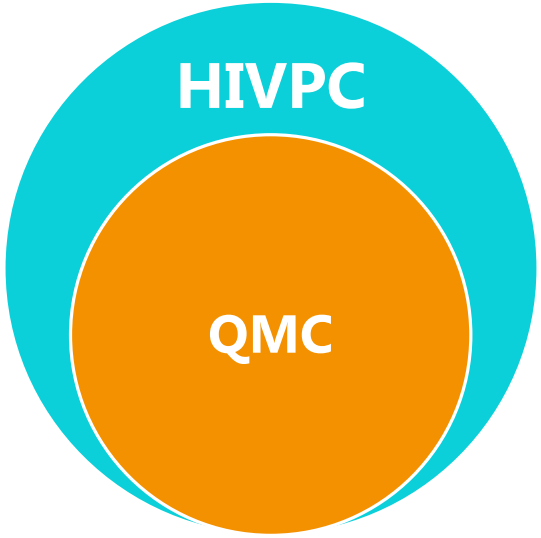
QUALITY MANAGEMENT COMMITTEE (QMC) OVERVIEW & OBJECTIVES

What is QMC?

- A standing Committee established by the HIVPC
- Comprised of HIVPC members, consumers, client service professionals, and HIV and non-HIV providers.
- Chair and Vice-Chair of the Committee is appointed at will by the HIVPC Chair
  - Responsible for convening the meetings and coordinating the work of the Committee in collaborating with the Part A office
- QMC advises the Recipient on clinical performance issues to be addressed in the CQM Plan and annual work plan, provides feedback on periodic quality assessments, guides design of system-wide QIPs, and coordinates QI Networks' activities.
- CQM staff are assigned to coordinate the work of the Committee with HRSA's requirements and to assist in data evaluation.

Objectives:

1) Ensure completion of the CQM Annual Work Plan
2) Review client and system level data
3) Coordinate Networks activities



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QMC OVERVIEW & OBJECTIVES continued

Purpose

- To systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and MAI funded services in Broward County.

Policy

- Ensure that the highest quality HIV medical care and support services are provided to eligible Broward County Residents living with HIV/AIDS by:
  - developing client and system based outcomes and indicators,
  - providing oversight of standards of care within the service delivery models,
  - developing scopes of service for program evaluation studies, and
  - evaluating client satisfaction and identify client and staff education and training needs.

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QMC WORK PLAN GOALS

- Develop 3-Year CQM Plan
- Review & Analyze Annual Measures and Chart Review Data
- Review & Assess Client-Level Data
- Provide Quality Assurance and Quality Improvement Training to All Stakeholders
- Review and Implement QMC Policies and Procedures
- Approve Service Delivery Model Modifications
- Evaluate Client Survey from Needs Assessment
- Apply QM methods to identify areas of improvement and modify processes to support EIIHA Strategy
- Conduct Annual CQM Plan Evaluation
- Participate in the development of the CQM section of the Ryan White Grant Application

Broward EMA CQM Annual Work Plan FY 2018 (March 1, 2018-Febuary 28, 2019)

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													
1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.						X						X	All CQM Staff
2. Disseminate data dashboards quarterly and publish annual quality report.	X			X			X			X			All CQM Staff
3. Provide quarterly CQM program updates to the HIVPC.	X			X			X			X			All CQM Staff
4. Disseminate CQM program information quarterly to community stakeholders through media campaigns and social media outlets.				X				X				X	All CQM Staff
5. Conduct annual QMC retreat.												X	All CQM Staff
6. Hold annual "All Networks Retreat" among Networks and celebrate accomplishments.	X												All CQM Staff

"X" indicates completed objectives
indicates in progress/on target

FY 2018 CLINICAL QUALITY MANAGEMENT WORK PLAN

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QMC MEETING LOGISTICS

- Chair: David Shamer
  - Vice-Chair: Vacant
- HIVPC/QMC Procedure: Robert's Rules
  - Parliamentary procedure
- Meeting Notice/Reminder
  - Staff will e-mail all necessary parties the Meeting Notice **two weeks** prior to the meeting date and the Meeting Reminder **two days** prior
    - Agenda and meeting materials
- Meeting Minutes
  - Last meeting minutes will be provided prior to the meeting date with the **Meeting Reminder**
  - Meeting minutes will be disseminated to attendees within **three days** of QMC occurrence

All Network meeting packets and CQM program resources can be found on our website!
http://www.brhpc.org/programs/hiv-planning-council/

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NETWORK UPDATE

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UPDATED NETWORK MEETING STRUCTURE

Network meetings are a vessel for improving Part A services by eliciting feedback from providers to better **understand** and **improve** the client experience.

Goals:

- Improved communication between and among service providers
  - All parties as stakeholders
- Improved **client health outcomes**
- Improved performance measures

Quality Network

From all 13 Part A Agencies:

- Quality Managers
- Designated Quality Contacts

Service Category Networks

Support Services, Non-MCM, CIED, Food, Legal

- Oral Health
- Medical/DCM
- Behavioral Health

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FY 17 QMC YEAR IN REVIEW

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FY 2017 QMC THEMES

Committee Membership

NQC end+disparities Initiative

Youth (18-28)

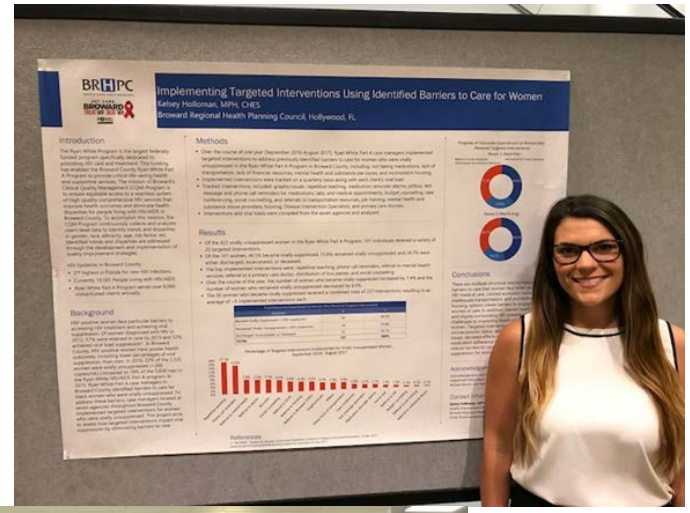
Network Activities

Data Review

QUALITY IMPROVEMENT INITIATIVES

Implementing Targeted Interventions Using Identified Barriers to Care for Women

- Ryan White Part A case managers implemented targeted interventions to address barriers to care for women who were not virally suppressed



Consumer Health Experience Initiative

- Implemented to improve the quality of HIV service delivery in Part A agencies
- Mystery shopping and consumer health care experience assessments at 12 Part A funded agencies
- Two educational modules delivered at Part A agencies to direct-service providers
- Each agency received health care experience assessment findings and were provided with tools to implement change

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QUALITY IMPROVEMENT NETWORK ACTIVITIES

Medical

- Test & Treat
- Formulary update

Disease Case Management

- Review of DCM Assessment in PE with consultant, Julia Hidalgo

Case Management

- Intervention QIP on women in CM services

Mental Health & Substance Abuse

- Integrated Primary Care & Behavioral Health

Oral Health

- Identifying potential QIP to address client no-show's

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QMC FY 17 DATA REVIEW

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NQC END+DISPARITIES CAMPAIGN

- A 9-month initiative that promotes the application of quality improvement interventions
- Ultimate goal: Increasing viral load suppression rates for disproportionately affected HIV subpopulations
  - Gay and bisexual men of color
  - Black and Latina women
  - Youth (ages 13-24)
  - Transgender people

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IDENTIFYING A DISPARITY IN CARE

Data Review

- End+disparities NQC initiative introduced to QMC (March 2017)
- Reviewed FY 16 HIV Care Continuum data for system-wide and all service categories (April 2017)

Disparity Identified

- Young adults aged 18-28 were shown to have worse health outcomes for VL suppression and across the HIV Care Continuum in FY 2016 (April 2017)
- QMC agreed to gather further information on the disparate population before making recommendations (April 2017)

Drill Down of Data

- Selected Youth as an annual goal (June 2017)
- Reviewed CEC's Chill, Chat & Chew community forum results for insights on youth (July 2017)
- Reviewed data on Youth Utilization of Services in FY 16 and research on Youth (July 2017)
- Spoke with relevant community members (July 2017)

Recommendations

- Development of a Part A Peer Program to help Youth in the system
- Focus on linkage, retention, and re-engagement for the 18-28 year old population in the Part A system
- Make Youth a topic of discussion in Network meetings in FY 18

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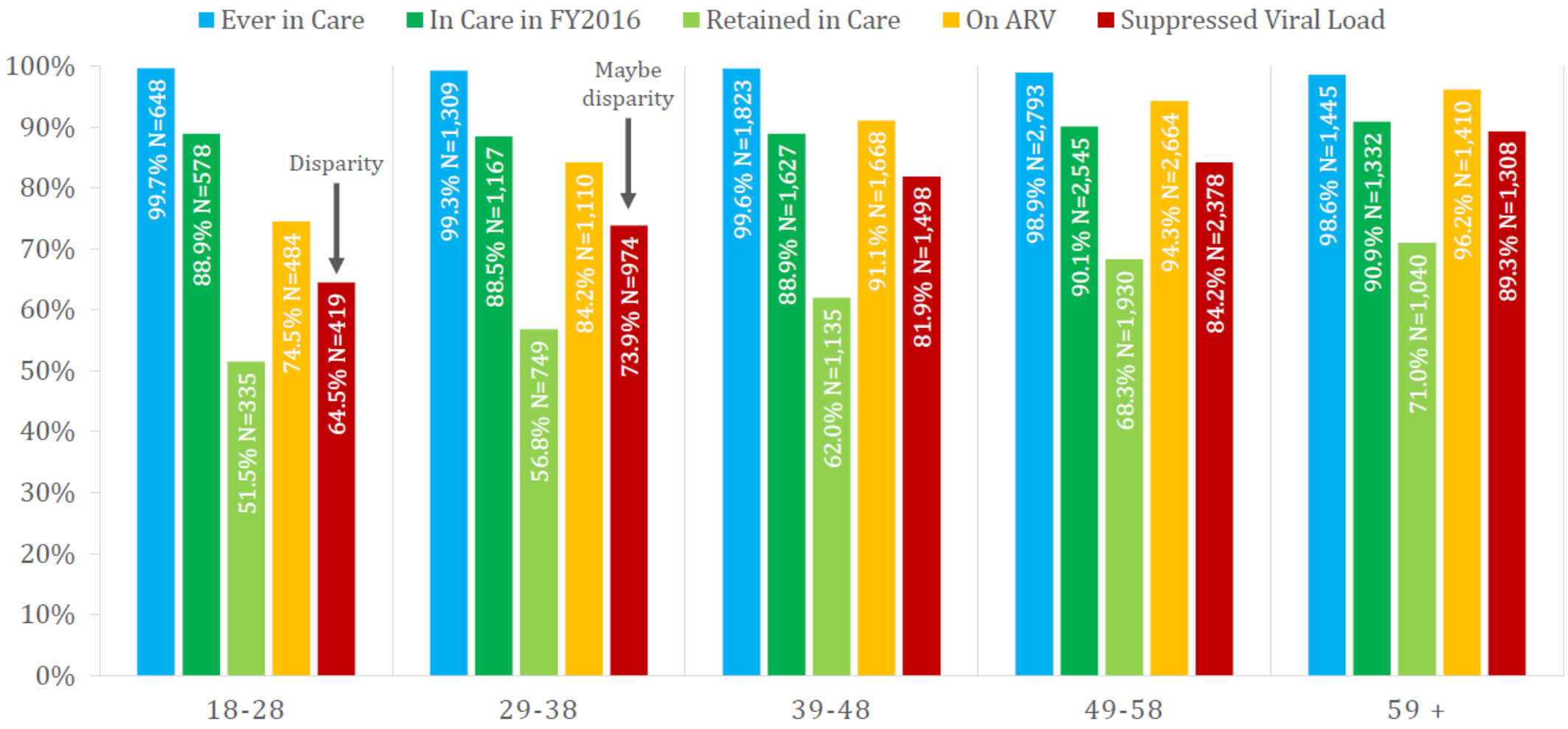
HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEM-WIDE FY 2016 – AGE



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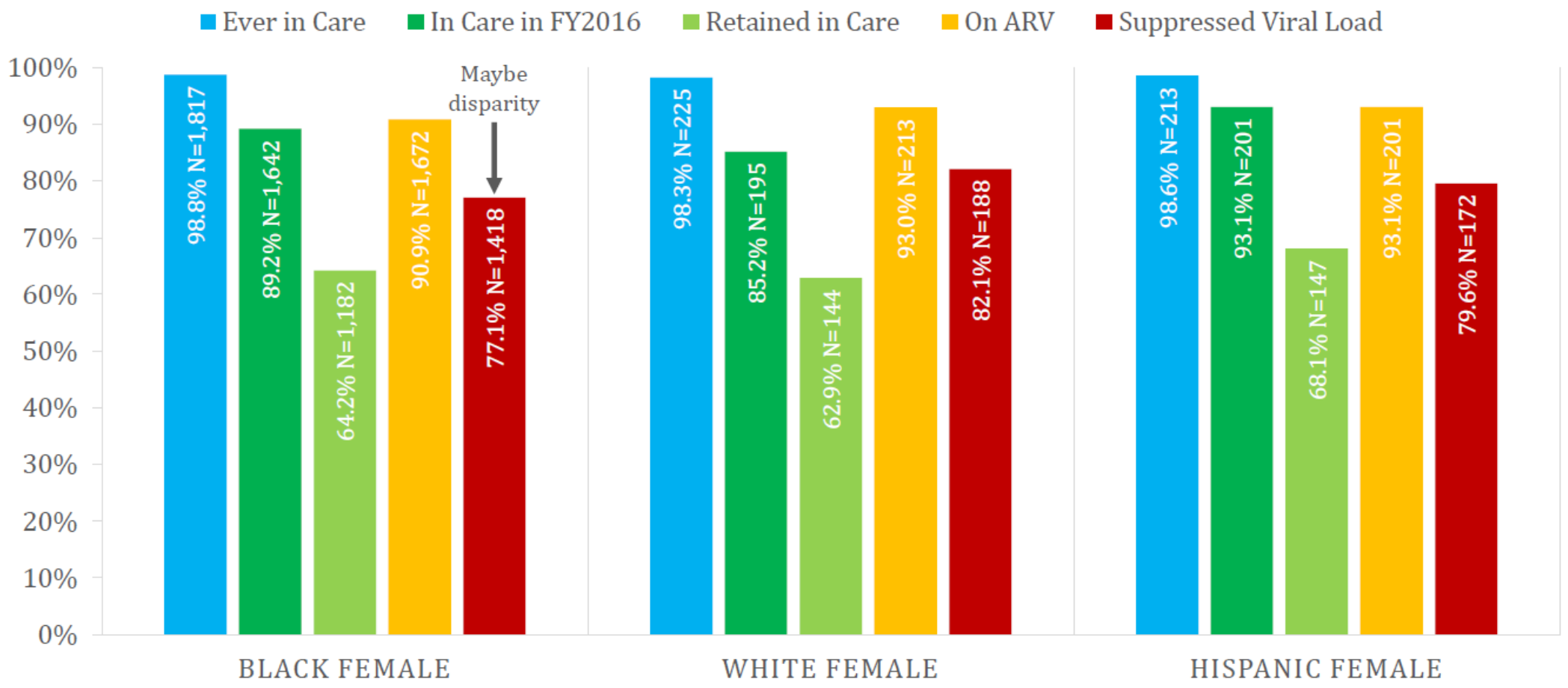
HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEM-WIDE FY 2016 – FEMALE AND RACE



Exclusions – Other Female: Ever in Care (9), In Care (7), Retained in Care (5), On ARV (8), Suppressed Viral Load (8)

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QMC FY 18 ACTIVITIES

1) Complete QMC activities outlined in the FY 18-19 CQM Work Plan
2) FY 17-18 data review
3) Identify population(s) of focus
4) Participate in staff-led Quality Improvement trainings

Broward EMA CQM Annual Work Plan FY 2018 (March 1, 2018-Febuary 28, 2019)													
Goals and Objectives	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Responsible**
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
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2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													
1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.						X						X	All CQM Staff
2. Disseminate data dashboards quarterly and publish annual quality report.	X			X			X			X			All CQM Staff
3. Provide quarterly CQM program updates to the HIVPC.	X			X			X			X			All CQM Staff
4. Disseminate CQM program information quarterly to community stakeholders through media campaigns and social media outlets.				X				X				X	All CQM Staff
5. Conduct annual QMC retreat.												X	All CQM Staff
6. Hold annual “All Networks Retreat” among Networks and celebrate accomplishments.	X												All CQM Staff

“X” indicates completed objectives
indicates in progress/on target