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, May 21st, 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**: 5/21/18 Meeting Agenda and 4/16/18 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
Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum. (W.P. 1.3)	**ACTION ITEM:** Review Broward County Ryan White Part A FY 2017 HIV Care Continuum Data.
Make recommendations to Committees and Networks to address disparities in care and areas of improvement. (W.P. 1.4)	**ACTION ITEM:** Make recommendations Committees and/or Networks to address disparities in care and areas of improvement.
Select performance measures and annual goals. (W.P. 1.1)	**ACTION ITEM:** Select Committee's annual goals based on data review.

6. **RECIPIENT REPORT**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. Next Meeting Date: June 18, 2018

Agenda Items/Tasks for Next Meeting	Actions Items
Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators. (W.P. 1.2)	**ACTION ITEM:** Review and analyze FY 2017 Broward Outcomes and Indicators and HAB Measures.
Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs. (W.P. 2.4)	**ACTION ITEM:** Provide FY 2018 Quarter 1 Network update.

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

Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan. (W.P. 2.3)

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

FY 2017 Data Presentation for Ryan White Part A Clients

Quality Management Committee
May 21st, 2018

CARE CONTINUUM DEFINITIONS

1. **Total HIV+ Clients**: Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
2. **Ever in Care:** HIV+ clients who ever had a medical care service documented.
3. **In Care:** HIV+ clients who had a medical care service within the reporting period.
4. **Retention in Care:** HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
5. **On ARV:** HIV+ clients who have a documented ARV Therapy at any time during the reporting period within HIV history records.
6. **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

**Medical Care Service* = Medical Care Appointment, Viral Load or CD4 Count Test

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DATA CONSIDERATIONS

Reporting Period: Fiscal Year (FY) 2017 – March 1, 2017 – February 28, 2018

Data Source: Provide Enterprise

Retention in Care measure is low due to limited accountability for information from:

- Clients who move, are incarcerated, or deceased during the measurement period
- Clients with private insurance/doctors

═ or ★ = FY 2016 comparison

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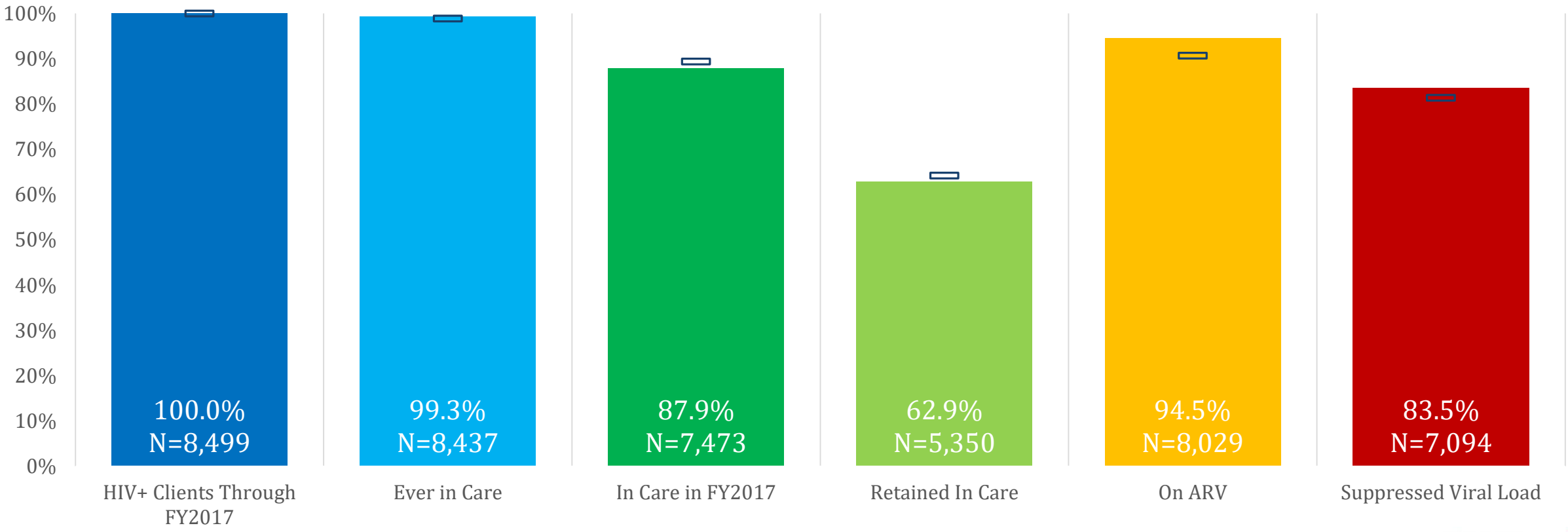
HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017



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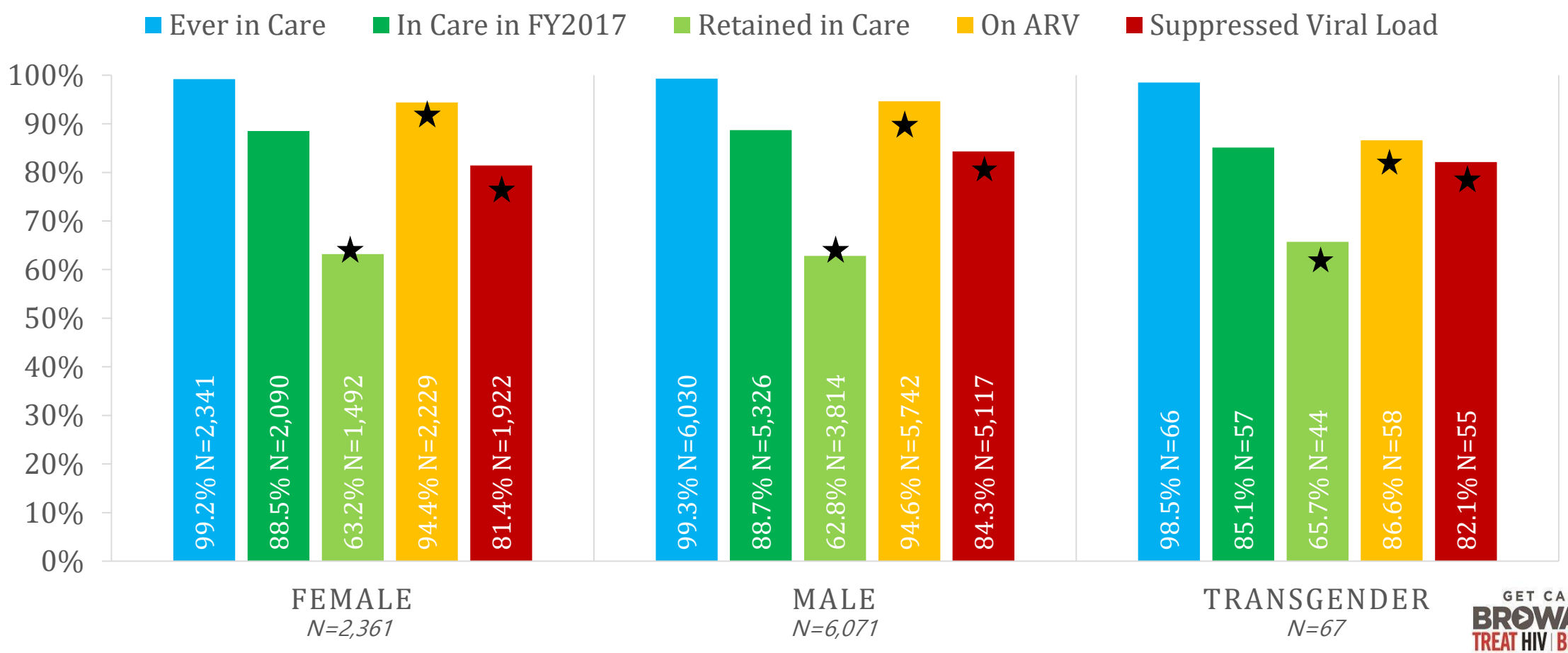
HIV Care Continuum Drilled Down by Subpopulation

Gender, Race, Ethnicity, Age, & Risk Factor

HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – GENDER



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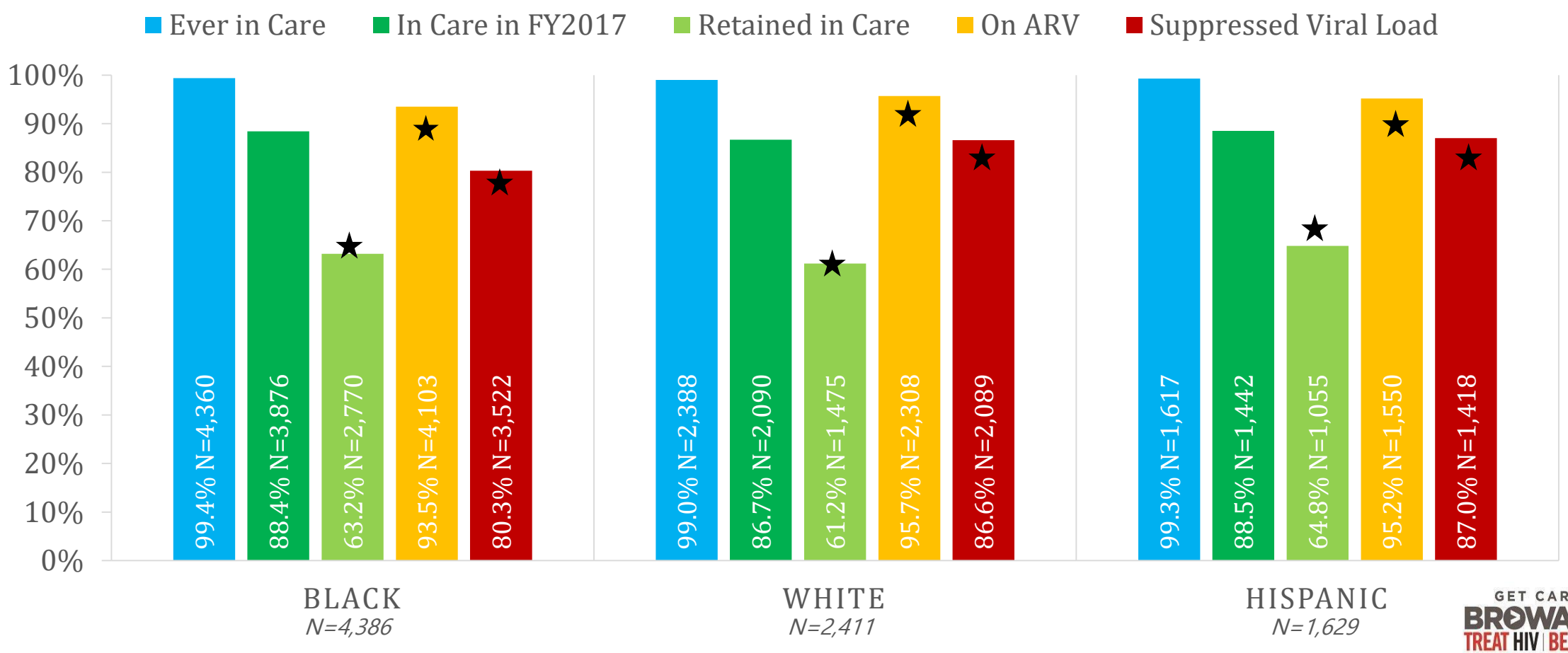
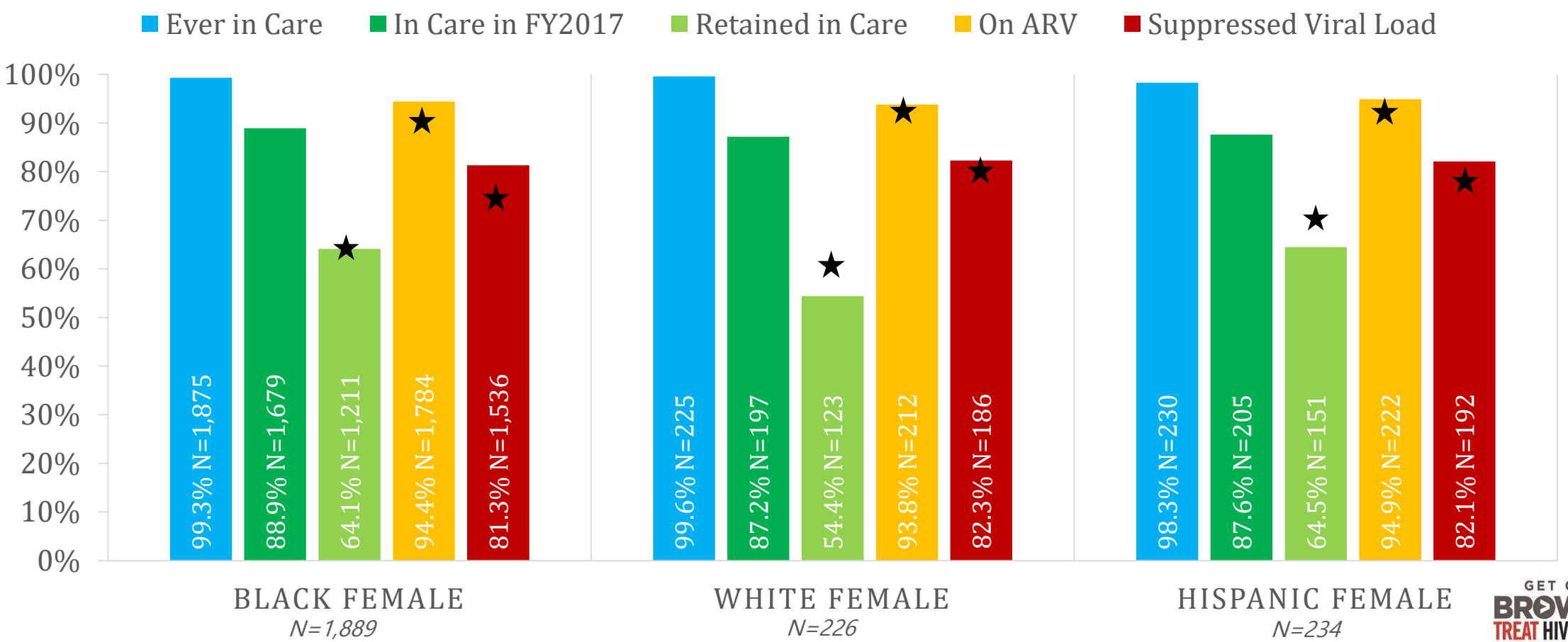
HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – RACE



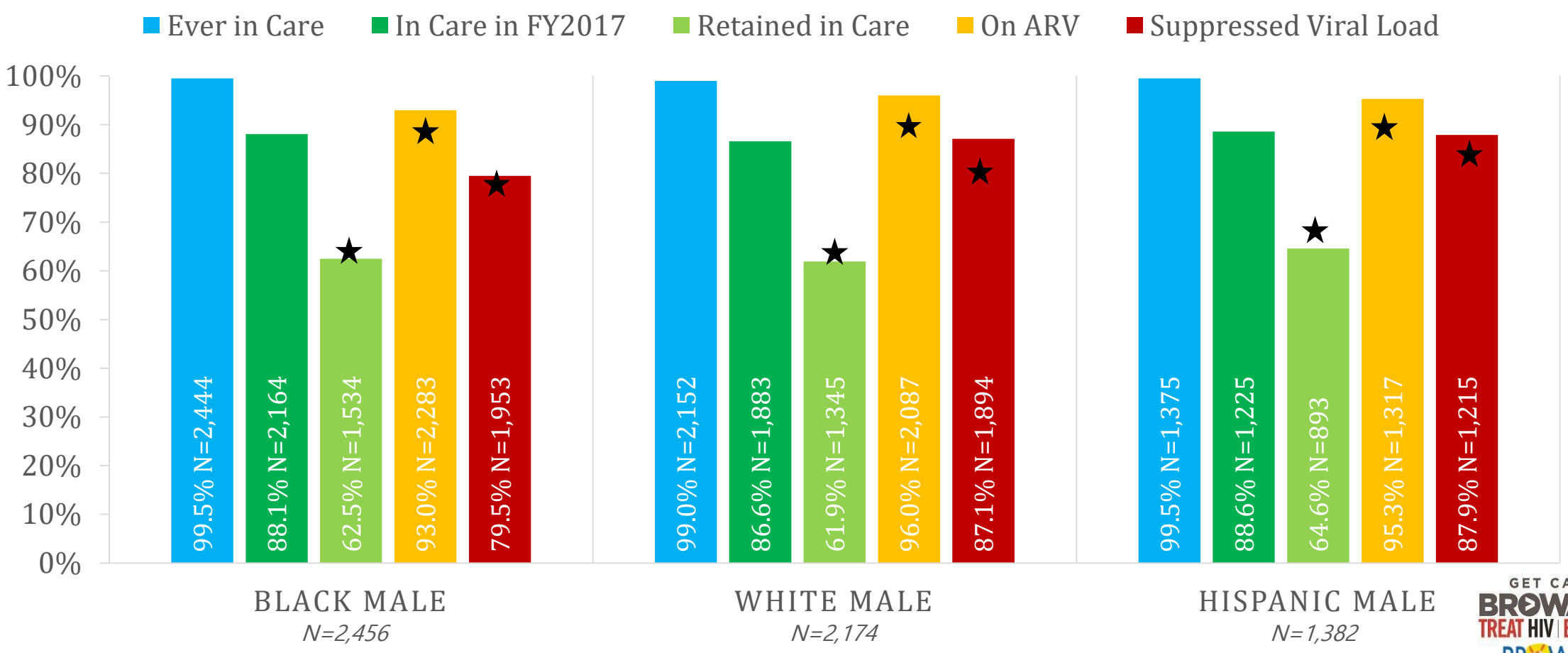
Exclusions – Other: Total HIV+ Clients (73), Ever in Care (72), In Care (65), Retained in Care (50), On ARV (68), Suppressed Viral Load (65)

HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – FEMALE AND RACE



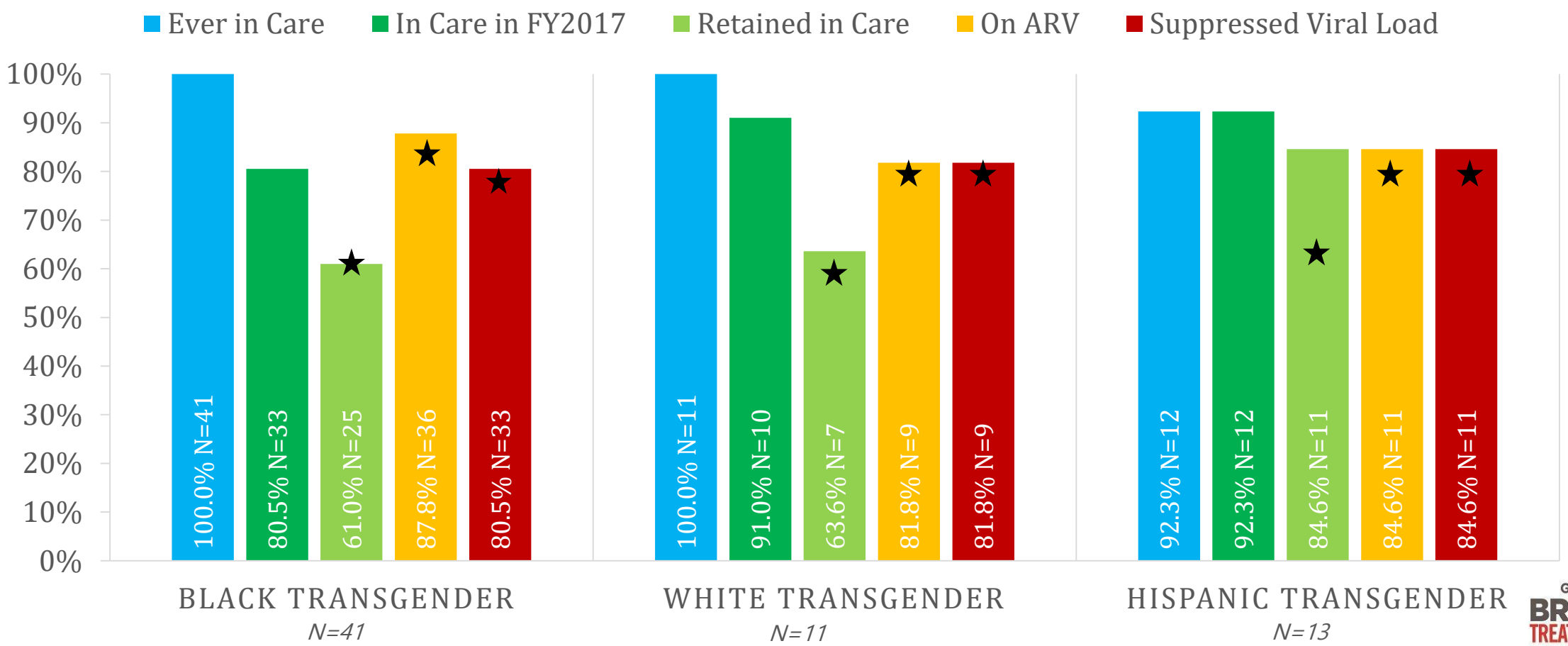
Exclusions – Other Female: Total HIV+ Clients (12), Ever in Care (11), In Care (9), Retained in Care (7), On ARV (11), Suppressed Viral Load (8)

HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – MALE AND RACE



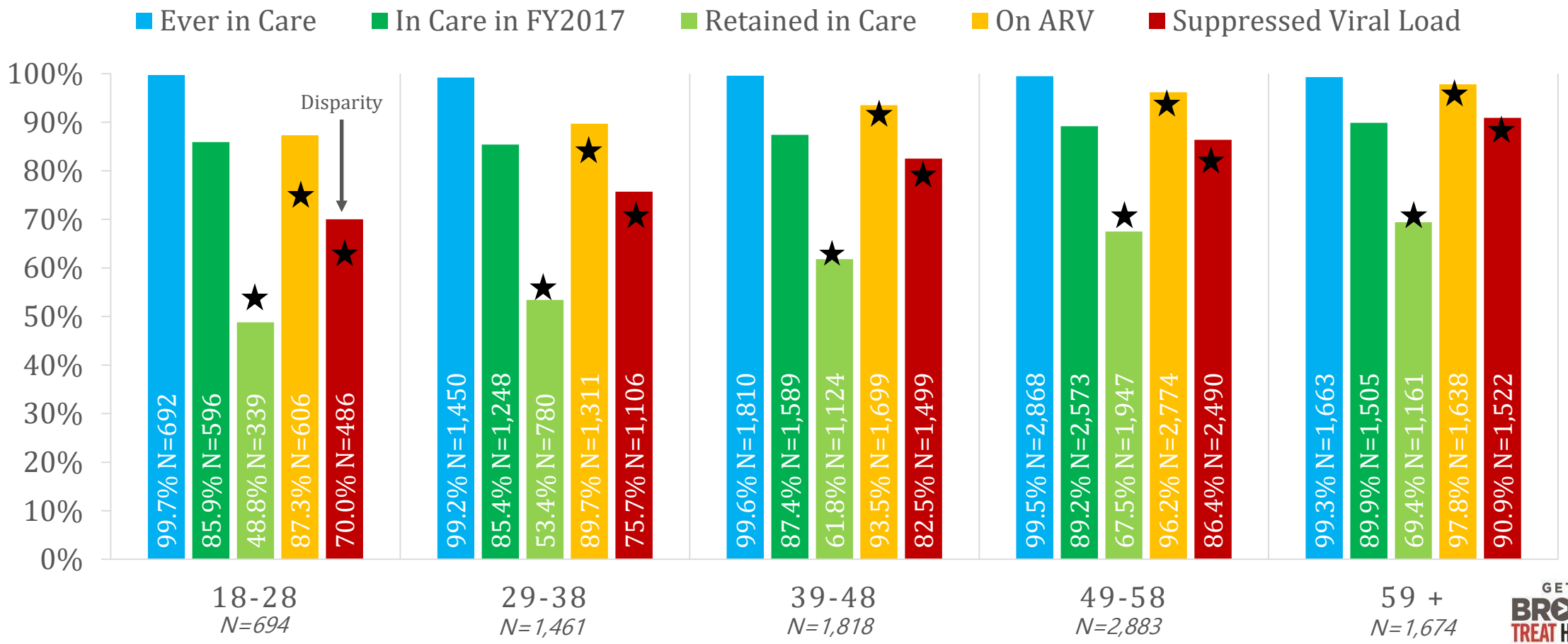
Exclusions – Other Male: Total HIV+ Clients (59), Ever in Care (59), In Care (54), Retained in Care (42), On ARV (55), Suppressed Viral Load (55)

HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – TRANSGENDER AND RACE

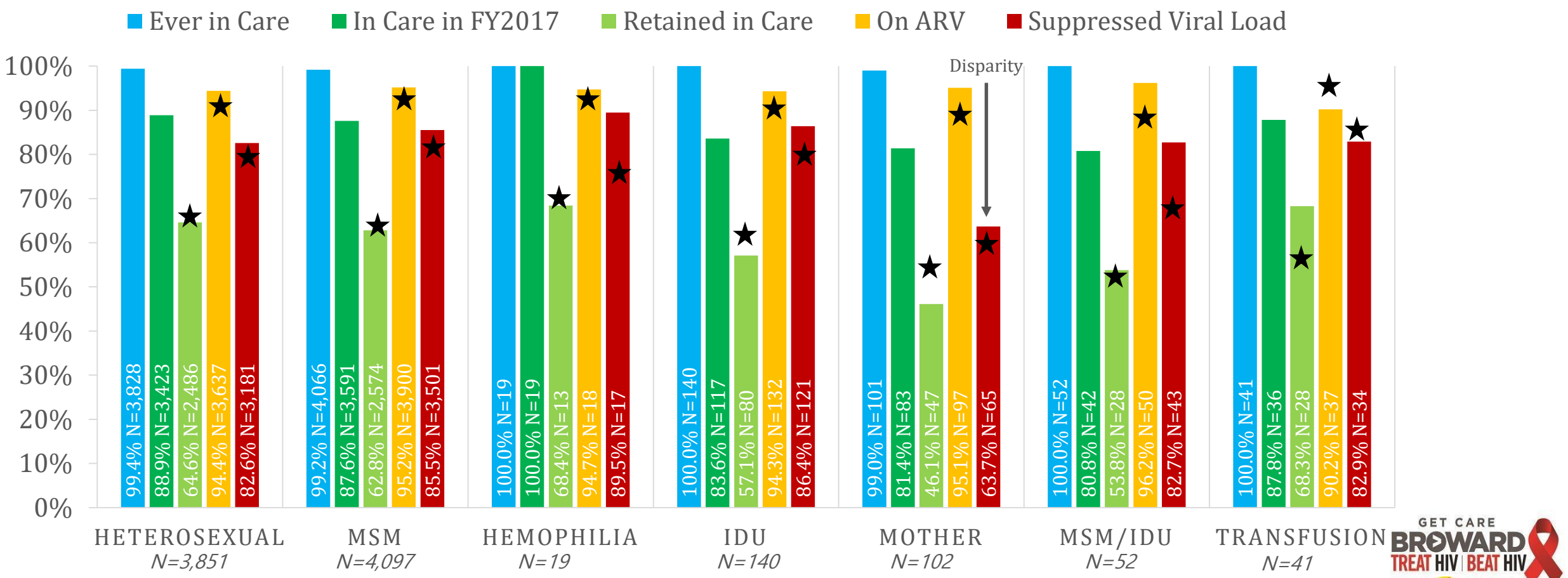


Exclusions – Other Transgender: Total HIV+ Clients (2), Ever in Care (2), In Care (2), Retained in Care (1), On ARV (2), Suppressed Viral Load (2)

HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – AGE



HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – RISK FACTOR



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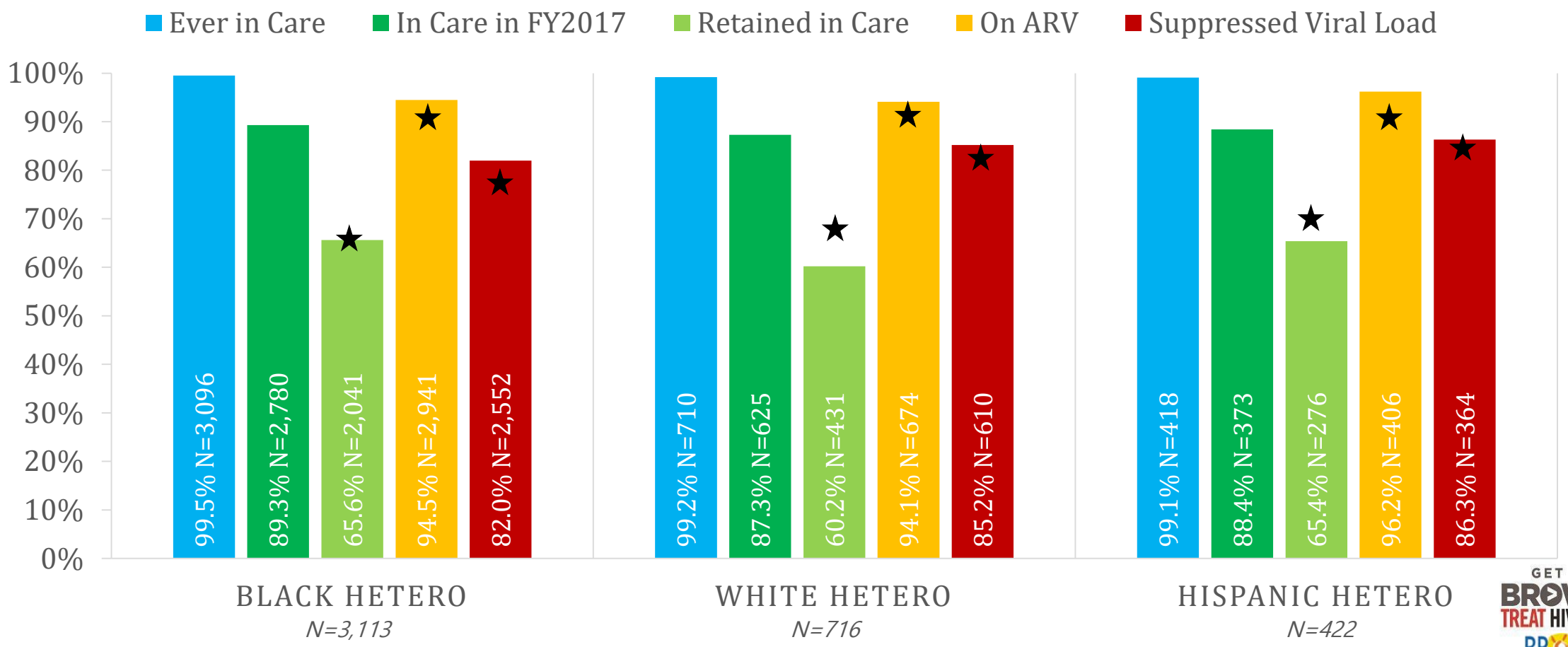
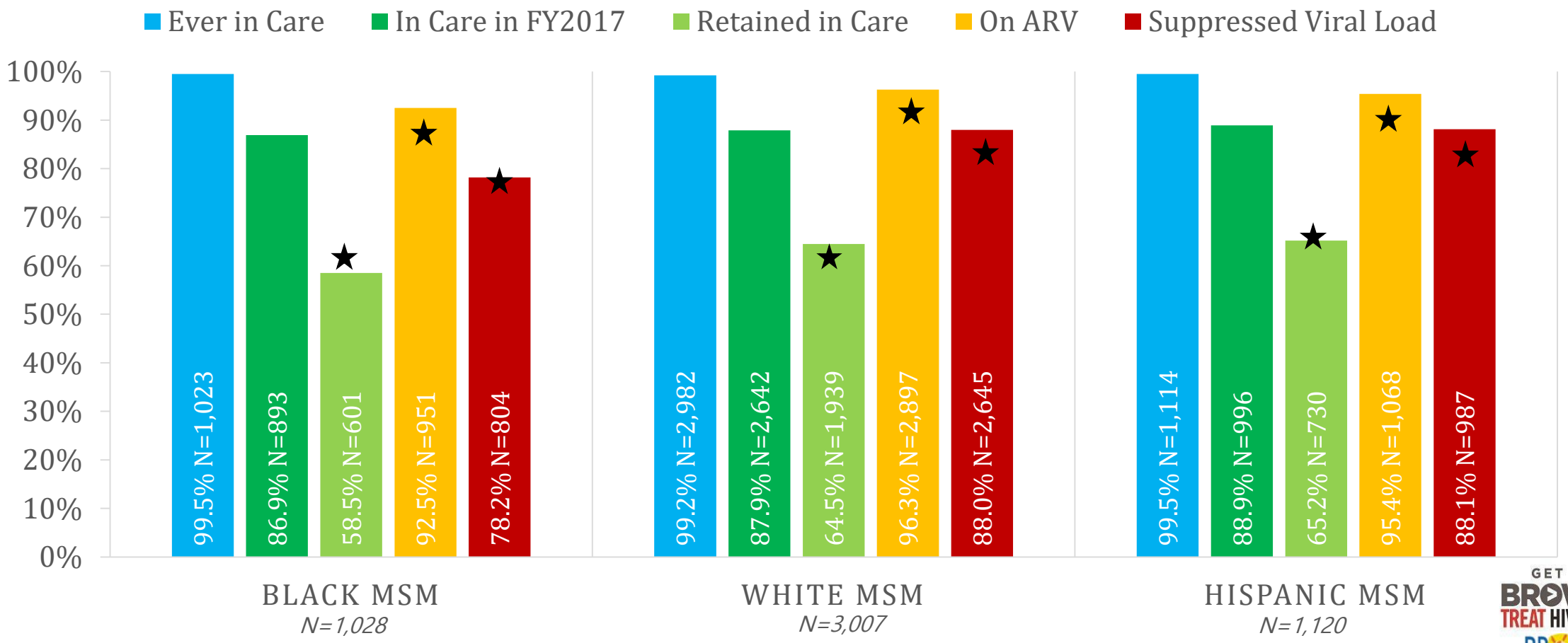
HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – HETEROSEXUAL AND RACE



Exclusions – Other Heterosexual: Total HIV + Clients (20), Ever in Care (20), In Care (17), Retained in Care (14), On ARV (20), Suppressed Viral Load (18)

HIV CARE CONTINUUM FOR PART A CLIENTS SYSTEMWIDE FY 2017 – MSM AND RACE

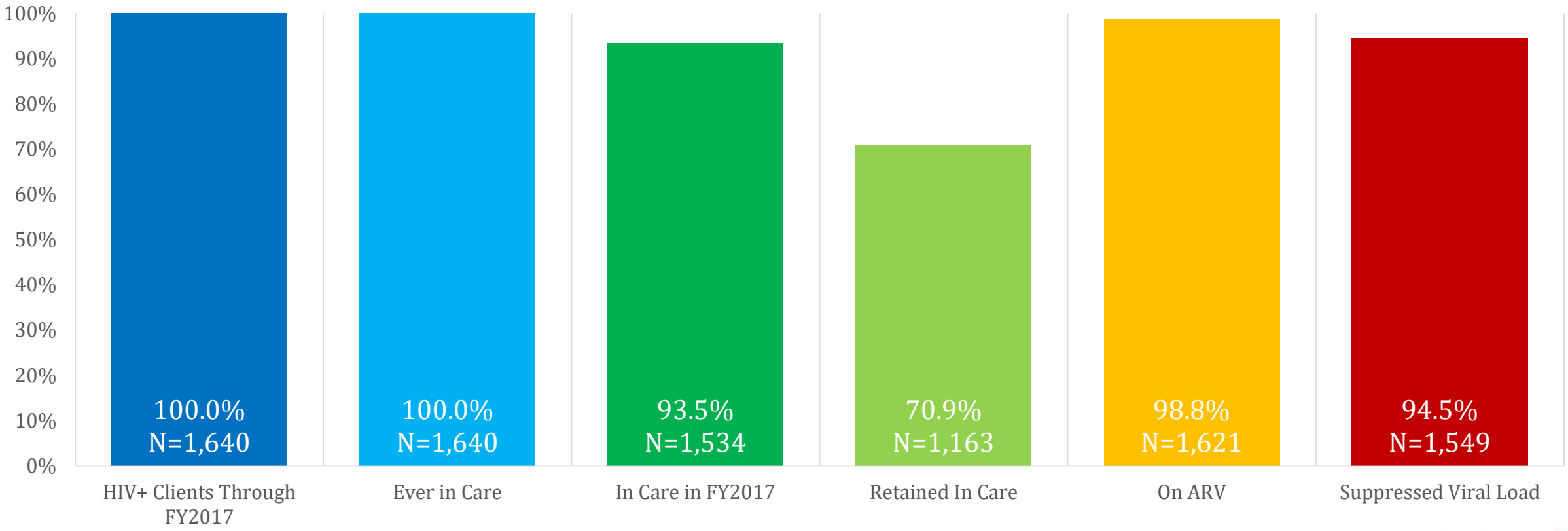


Exclusions – Other MSM: Total HIV+ Clients (50), Ever in Care (50), In Care (47), Retained in Care (34), On ARV (46), Suppressed Viral Load (46)

HIV Care Continuum by Service Category

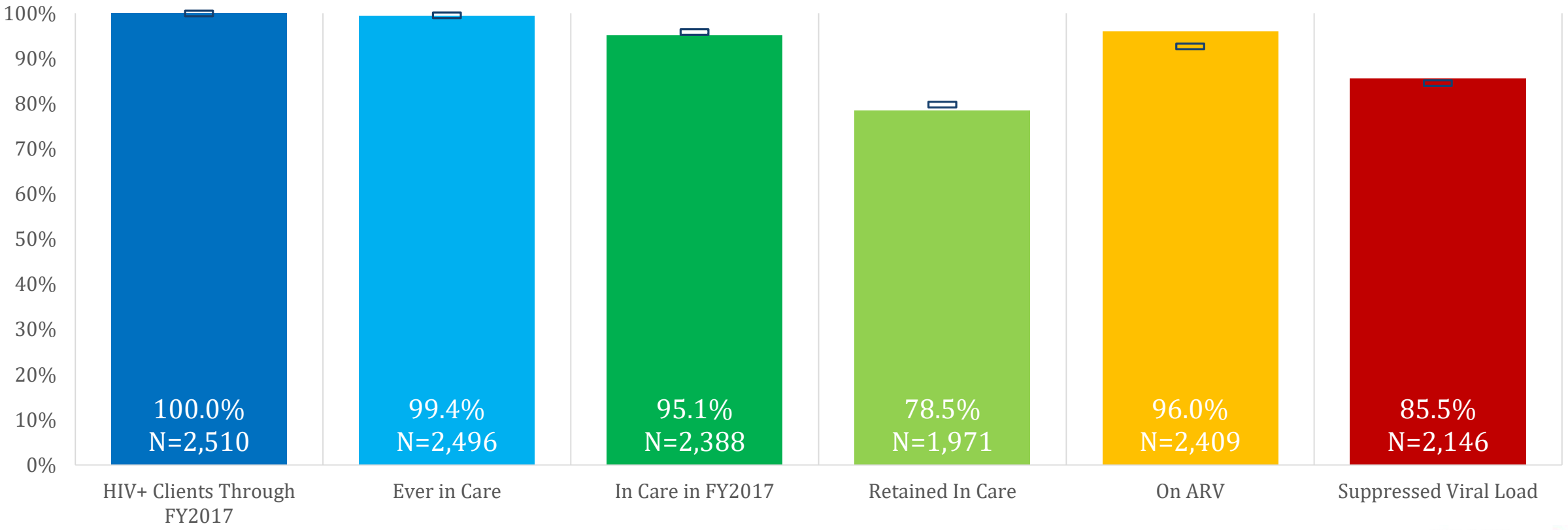
Benefits Support Services, Case Management, CIED, Disease Case Management, Food Bank, Integrated Primary Care & Behavioral Health, Legal, Mental Health, Oral Health, Pharmacy, & Substance Abuse

HIV CARE CONTINUUM FY 17: BENEFIT SUPPORT SERVICES

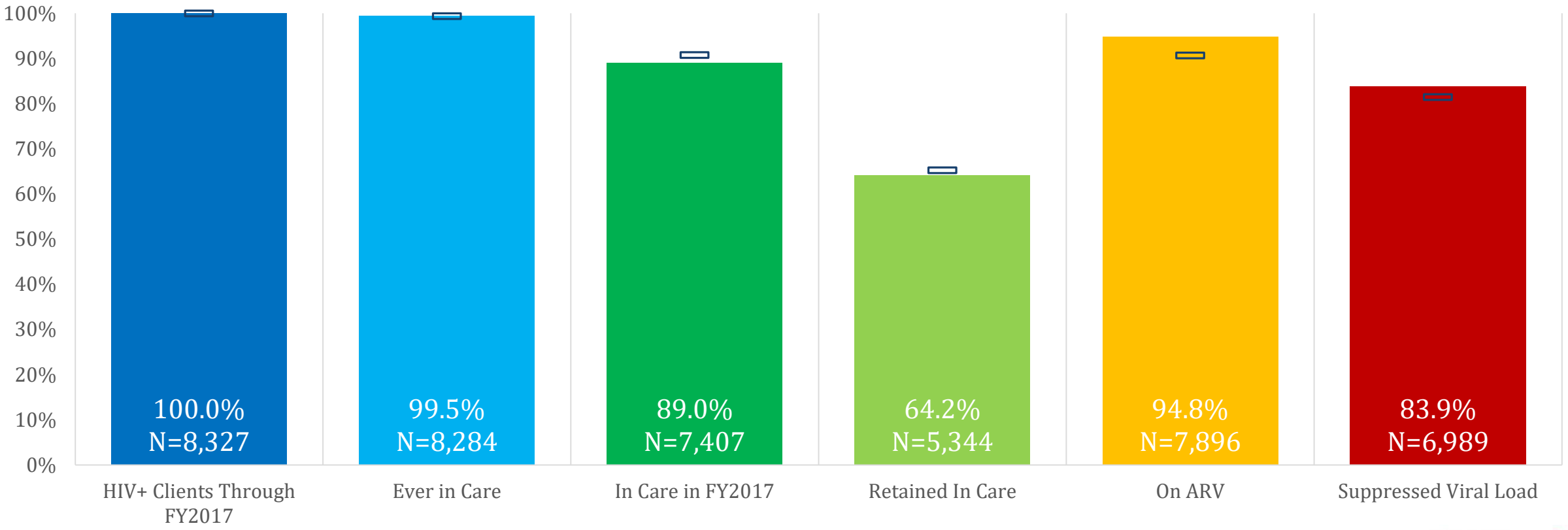


Note – This is the first reporting year of Care Continuum data for this service.

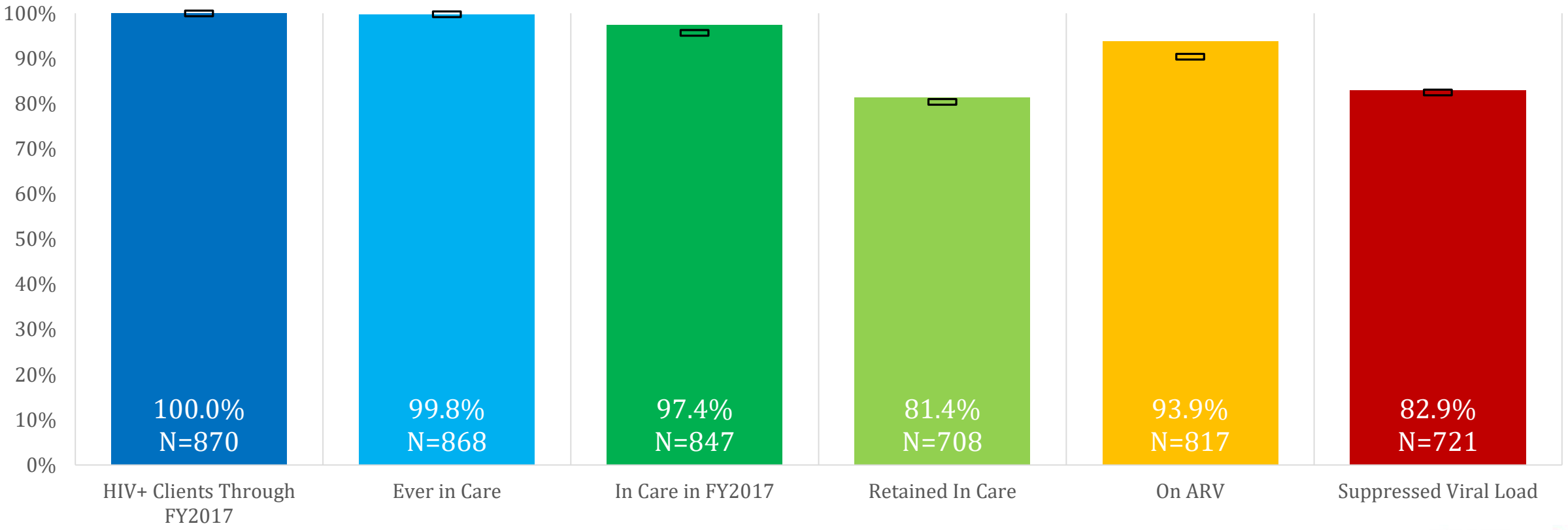
HIV CARE CONTINUUM FY 17: CASE MANAGEMENT



HIV CARE CONTINUUM FY 17: CIED



HIV CARE CONTINUUM FY 17: DISEASE CASE MANAGEMENT



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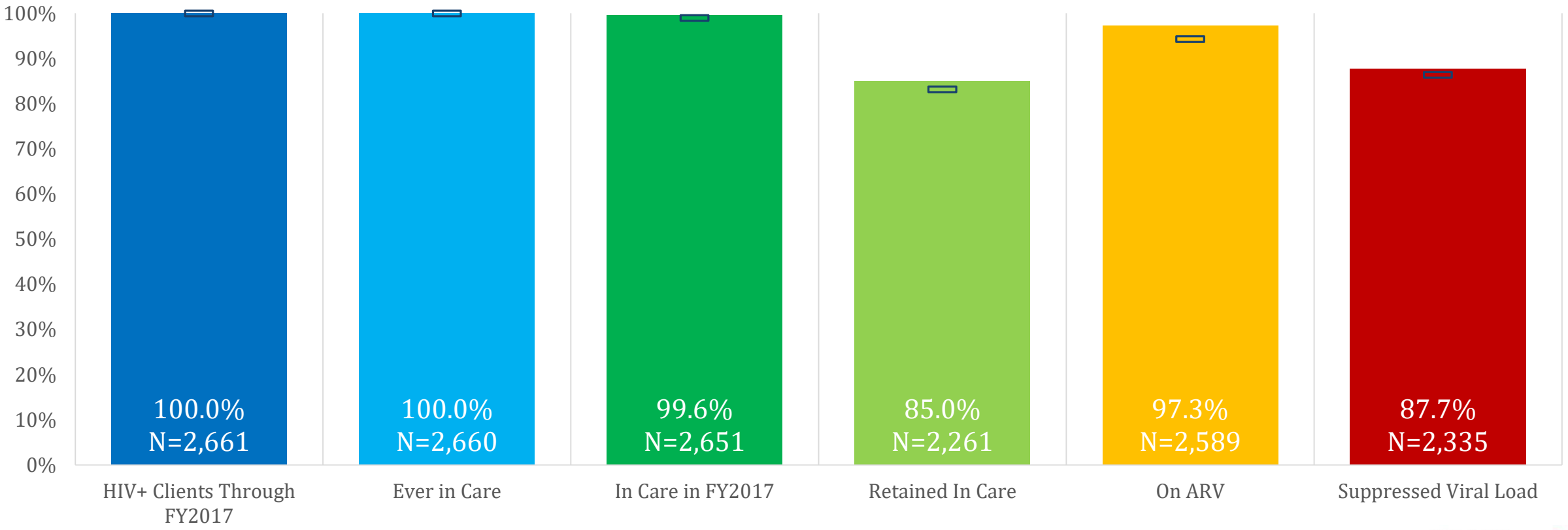
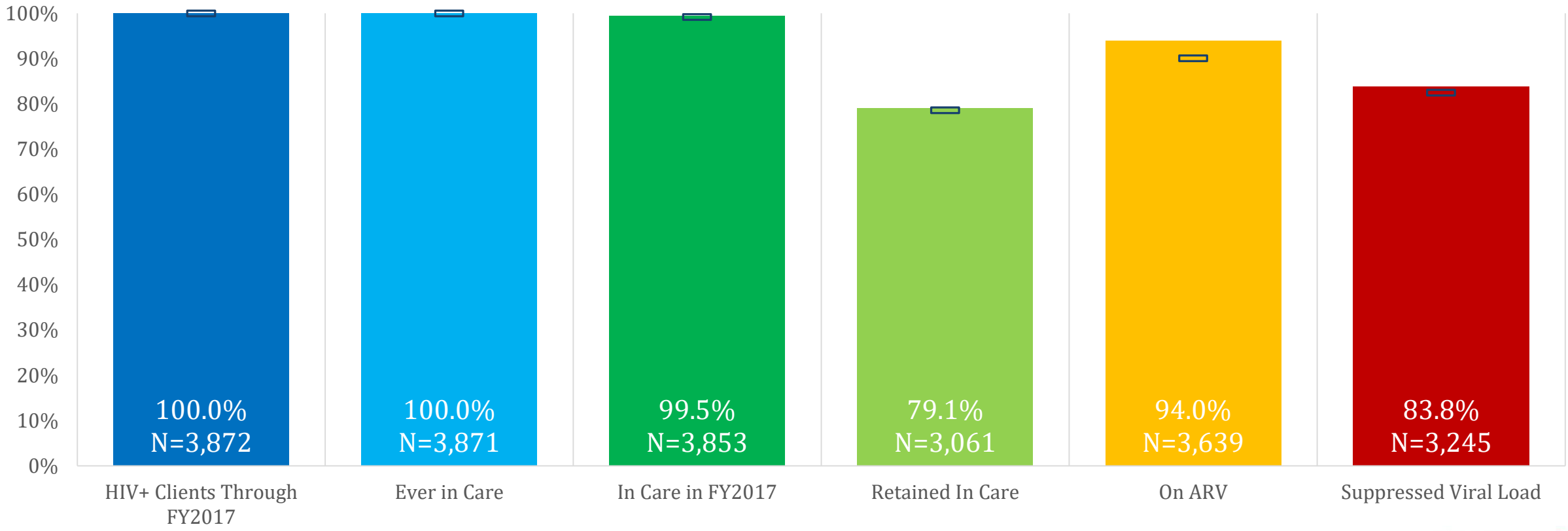
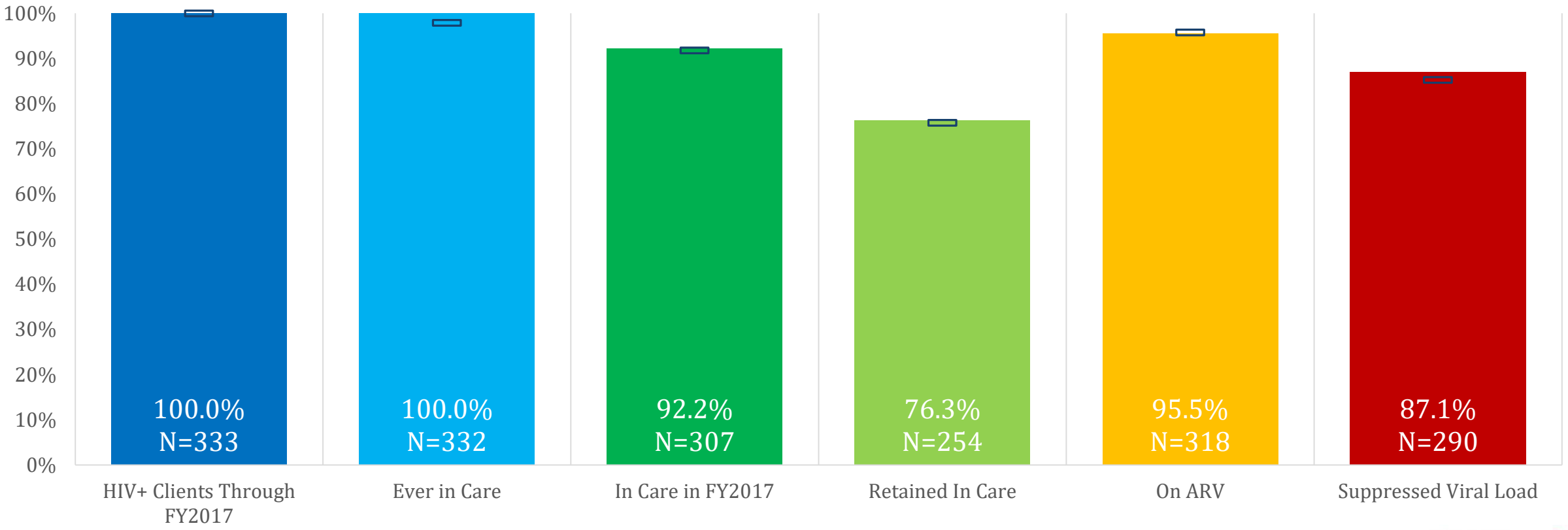
HIV CARE CONTINUUM FY 17: FOOD BANK



HIV CARE CONTINUUM FY 17: INTEGRATED PRIMARY CARE & BEHAVIORAL HEALTH



HIV CARE CONTINUUM FY 17: LEGAL



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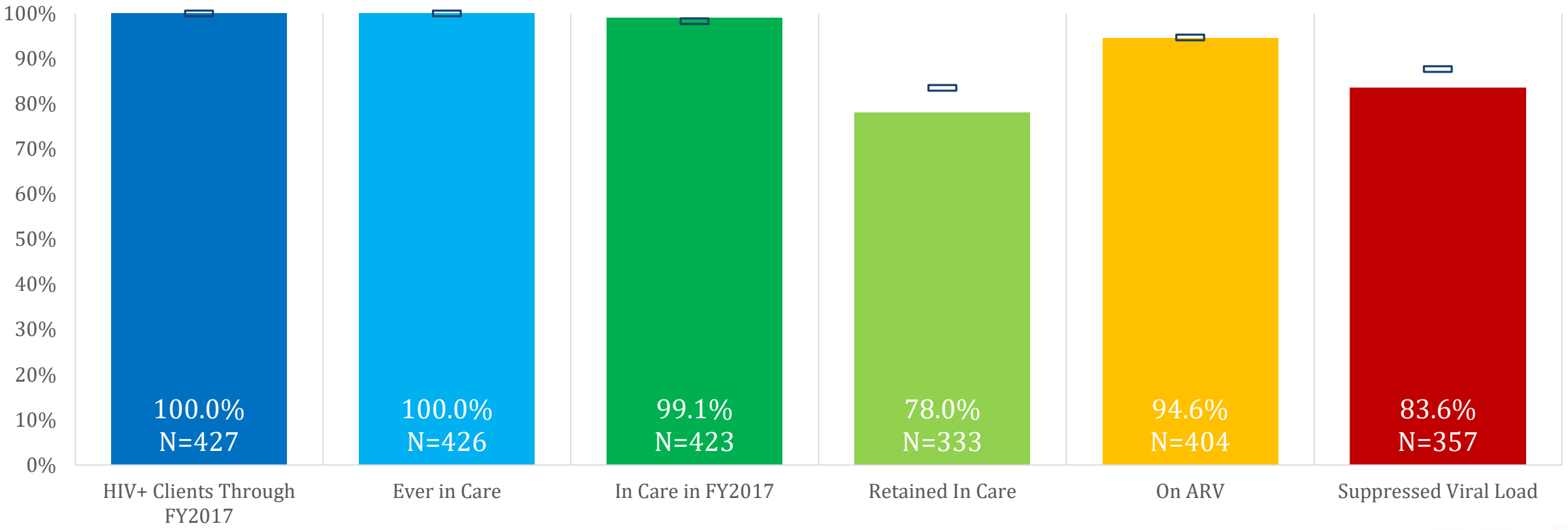
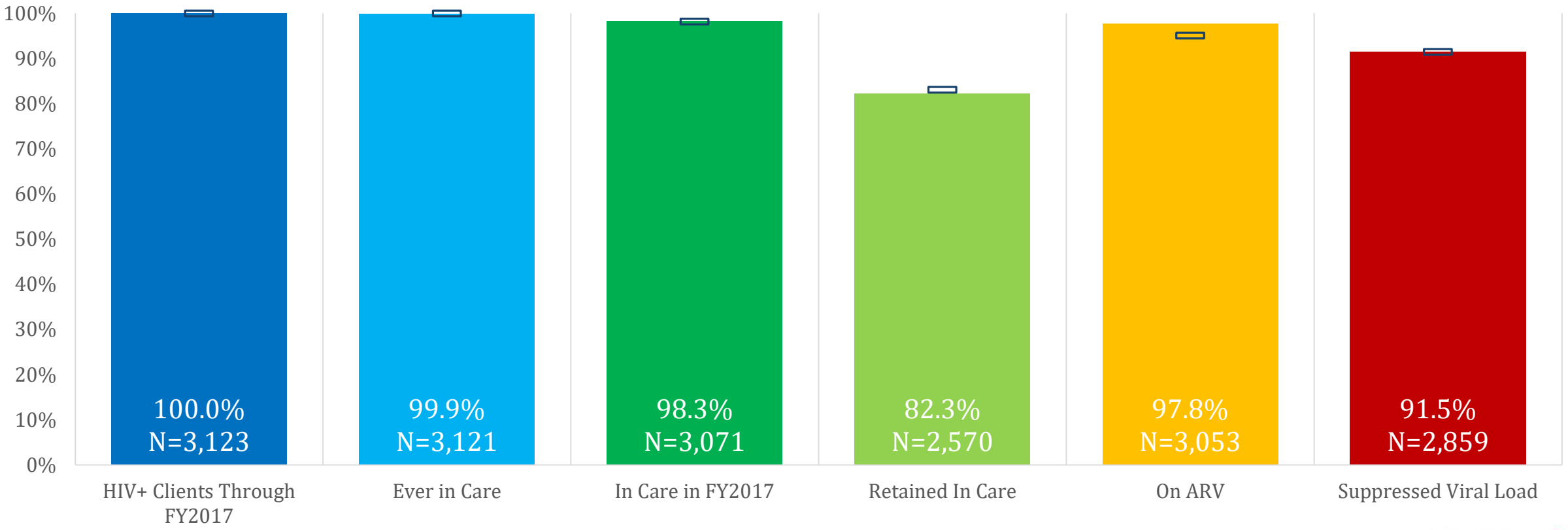
HIV CARE CONTINUUM FY 17: MENTAL HEALTH



HIV CARE CONTINUUM FY 17: ORAL HEALTH



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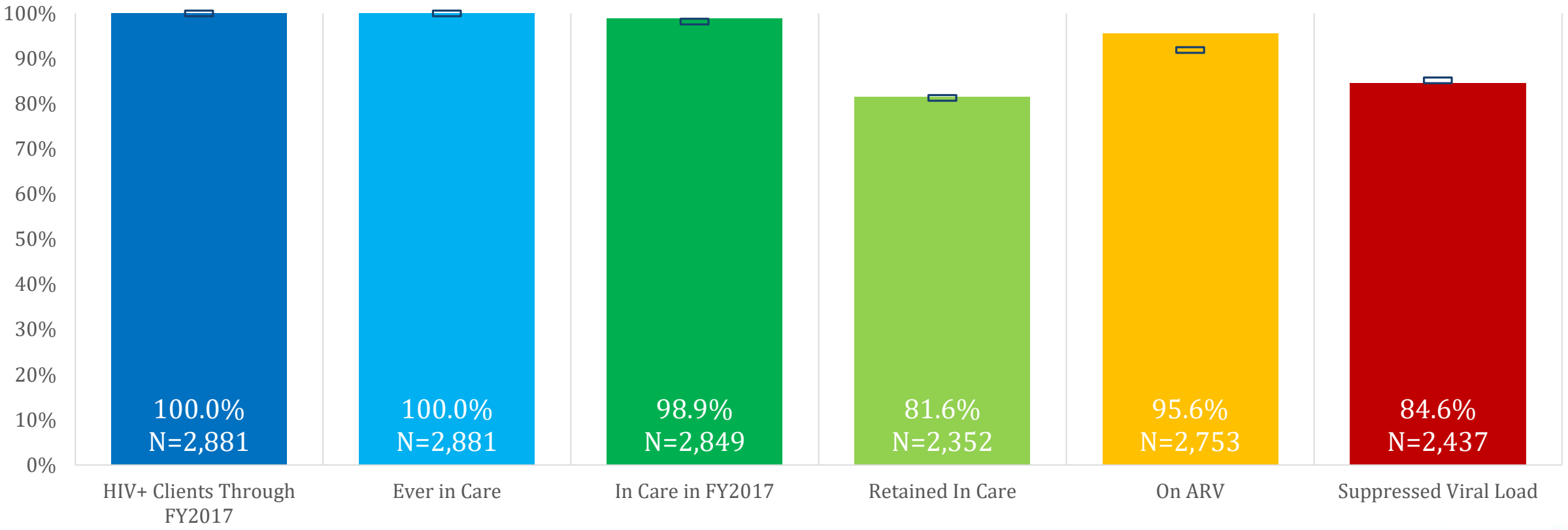
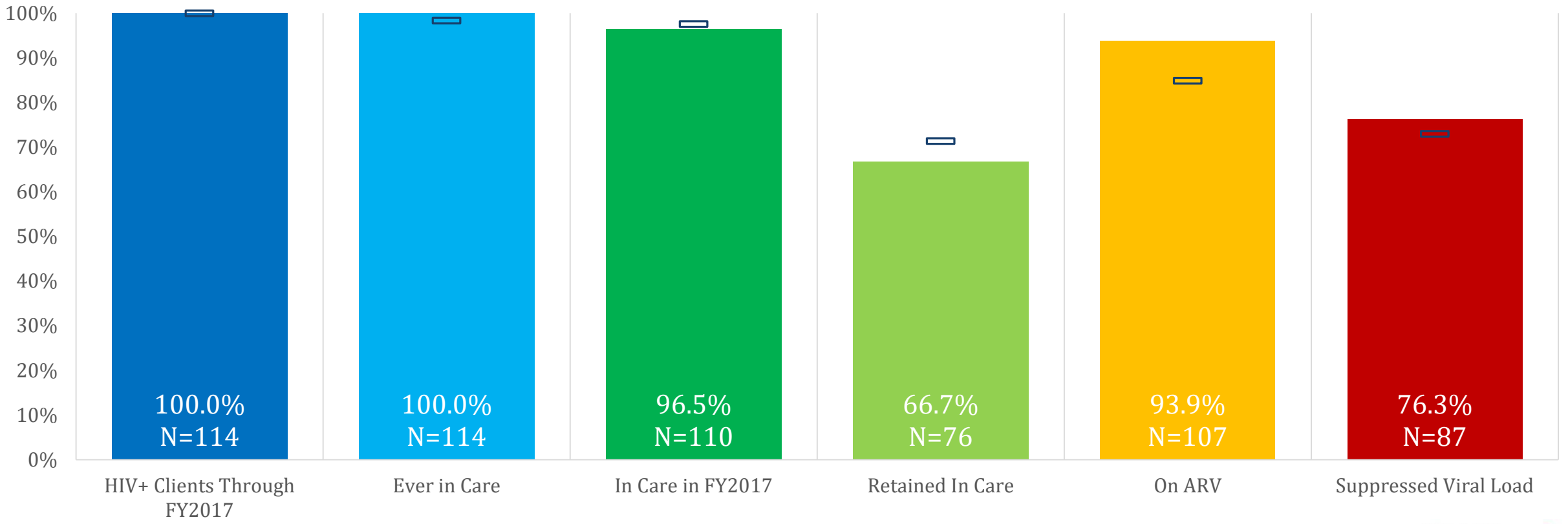
HIV CARE CONTINUUM FY 17: PHARMACY



HIV CARE CONTINUUM FY 17: SUBSTANCE ABUSE



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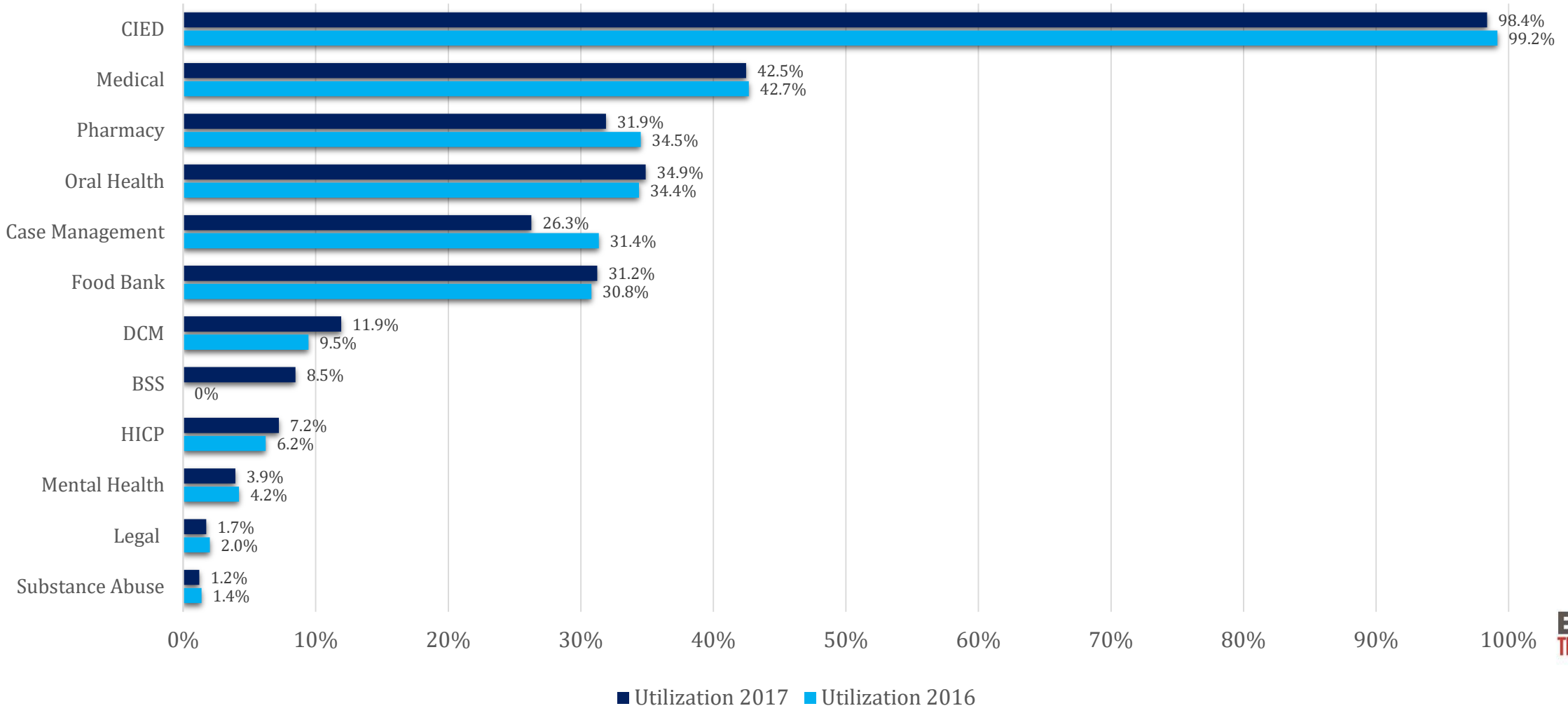
Service Utilization

CLIENT UTILIZATION PER SERVICE CATEGORY – FY 2016 & FY 2017



TOTAL CLIENTS:
FY 2016 = 8,142
FY 2017 = 8,485

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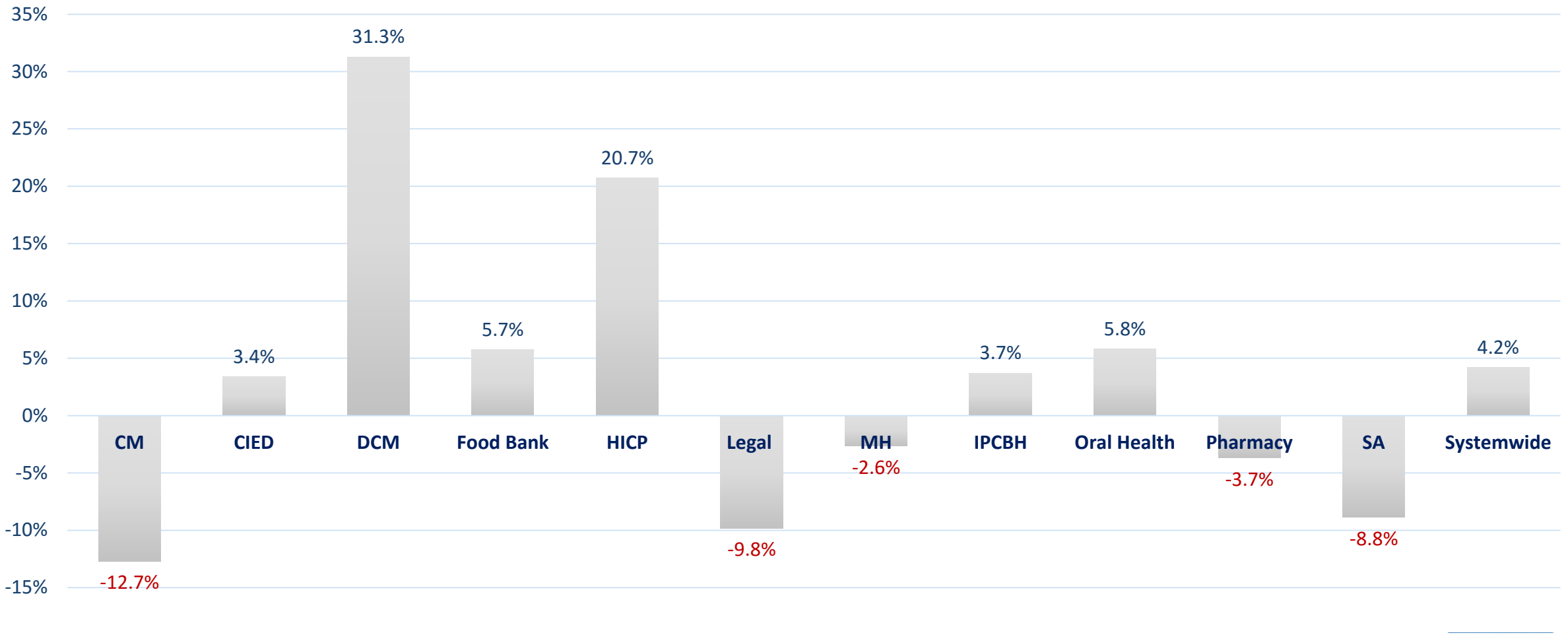
% INCREASE/DECREASE IN CLIENT UTILIZATION PER SERVICE CATEGORY – FY 2016 TO FY 2017



DATA CONCLUSIONS

- Since FY 2016, viral load suppression has increased across all subpopulations and service categories.
- Subpopulations who experienced the largest increase in viral load suppression include:
  - *Females:* **3.8%**
  - *Black Females:* **4.2%**
  - *Ages 18-28:* **5.5%**
- Since FY 2016, retention in care has decreased across the majority of subpopulations and service categories.
  - This year, the Part A Program will be working to improve the accuracy of this measure.
- Clients ages 18-28 remain a disparity in the Part A System, however they saw the largest increase in viral load suppression since FY 2016.

DISCUSSION

+ Does the data show any major changes from FY 2016?
+ How can this data be used to select target outcomes for FY 2018?

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