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, August 19th, 2019 at 12:30 p.m. **Location:** Governmental Center Annex, A-337

Chair: Vacant **Vice Chair:** Bisiola Fortune-Evans

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 8/19/19 Meeting Agenda, 12/17/18 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS:** None.
4. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective	Actions Items
	Action Item:
QI IQ Assessment (Handout A)	Complete QI IQ Assessment
Emergency Financial Assistance Service Delivery Model Approval (Handout B)	Review and approve changes to EFA Service Delivery Model
CQM Annual Workplan Approval (Provided in Meeting)	Review and approve the CQM Annual Workplan
Data Talk Presentation (Handout C)	Engage in discussion regarding the analysis of client and system level data
Intro to Mentimeter	Participate in an introduction to Mentimeter
Mentimeter Activity	Participate in the Mentimeter survey activity
Disparity Data Presentation by Service Category (Handout D)	Engage in discussion regarding performance of service categories in disparate populations.
Mentimeter Activity	Participate in the Mentimeter survey activity
Oral Health No-Show Tracking Sheet Overview	Overview the tracking tool being implemented in the Oral Health Network to analyze no-shows

5. **PUBLIC COMMENT**
6. **RECIPIENT'S REPORT**
7. **AGENDA ITEMS/TASKS FOR NEXT MEETING**
   a. QMC Committee Work Plan Framework
   b. QI project updates
8. **ANNOUNCEMENTS**
9. **EVALUATIONS**

10. ADJOURNMENT

Next Meeting: September 16, 2019 Time: 12:30p.m.

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, December 17, 2018 at 12:30 p.m. **Location:** Governmental Center Annex, GC-302
Chair: To be determined **Vice Chair:** Fortune-Evans, B.

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Staff**
1	Fortune-Evans, B.	**X**			Ivy Pierre	Green, W.
2	Tavares, J.	**X**			Sabrina Dorfils	Jones, L.
3	Katz, H. B.		**X**			Garcia, E.
4	McPherson, S.		**X**			Morris, R.
5	Moragne, T.	**X**				Walker, N.
6	Simpson, R.	**X**				Johnson, B.
						Martinez, G.
						Guice, M.
						Joseph, A.
	Quorum = 4					

1. CALL TO ORDER:

The Vice-Chair called the meeting to order at 12:55 p.m. and welcomed all present. The Vice-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: Taveras, J. Seconded by: Simpson, R.
Action: Passed Unanimously

Motion #2 To approve 10-15-18 meeting minutes
Proposed by: Simpson, R. Seconded by: Taveras, J.
Action: Passed Unanimously FLDOH representative would like to remove the following line from the minutes: "A FLDOH staff noted that there is a 14-month lag time when collecting data, which provides enough time for clients to get their labs." Replace with "A FLDOH staff noted that there is a lag time when collecting data."

Motion #3 To approve updated Quality Management Committee Policies and Procedures
Proposed by: Moragne, T. Seconded by: Taveras, J.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

None.

4. MEETING ACTIVITIES/NEW BUSINESS

Client Utilization Data

Staff presented a PowerPoint on Utilization Data for Ryan White Part A Outpatient Services through Quarter 2 of FY17-18. Compared to FY 15-16, the current FY has shown a 2.3% decrease in retention in care, a 5% increase in ARV adherence, and 1% increase in viral load suppression. Looking at gender, the statistics are fairly similar. Males are 4% less likely to be retained in care and 3% less likely to be on ARV's. Race/ethnicity, however, are different. Although White and Hispanic clients mirror each other, there is a disparity with Black clients staying retained in care. Blacks are significantly less likely to be retained in care than their White and Hispanic counterparts. They are also 7% less likely to be virally suppressed than their White and Hispanic counterparts. FLDOH member noted that it's helpful to know what formulas are used to calculate disparities, statistical significance, etc. Staff stated that moving forward, they can cite the disparities calculator used to report data.

Hispanic female clients have the highest retention in care and black female clients have the lowest retention in care among female clients. *(Note there was a discrepancy with the visual presentation of the data. The size of the bars on the bar graph were not congruent with the data.)* Therefore, Black females were the only population that displayed a true disparity with retention in care through the disparity calculator.

An interesting data finding is that Hispanic males have the lowest percentage of ARV adherence, but have the highest percentage of viral load suppression.

The Transgender population has a small sample size (31) so they were not entered into the disparities calculator. A suggestion by the FLDOH member is doing a comparison between black and Hispanic trans people for statistical significance and disparities, since those two populations have a larger size compared to white Transgender clients.

Members asked to include the N (sample size) to each category and stratification of data presented. Staff informed members that if there is a significant disparity that should be presented further, they will return to the next meeting with additional data.

Among the age groups, trends show an increase in retention in care and viral suppression as clients get older. Ages 18-28 displayed disparities in retention in care and viral load suppression.

Staff discussed the ECHO initiative and how QMC members can bring information to the group about what initiatives are in progress and which ones are seeing success related to the ECHO focus population (African American/Black and Latina women). Staff cited the QIP Legal Aid is conducting. Their QIP involves asking clients a list of holistic questions, not just related to their legal concerns.

FLDOH member asked if staff can investigate if PE can report data on other stratifications for social determinants of health: Socioeconomic status, interpersonal relationships, transportation. FLDOH member suggested that she can send an article to the QMC that discusses social determinants of health that are being studied nationally and see if we can get a proxy measure. Staff noted that qualitative data (social support, interpersonal relationships, etc.) would not come from PE, but rather, other qualitative data collection methods like focus groups. There is also a needs assessment that is currently taking place so if members would like to delve further into the process, staff can connect members to the needs assessment consultant.

FLDOH member suggested next steps: (1) go through the PE system and find other measures of potential barriers or social determinants of health that would affect viral suppression or retention in care; (2) investigate the needs assessment (NA) that is in progress and explain what is being studied, the timeline for future needs assessments, and finding out what kind of battery will be used for the NA; and (3) getting a whole sample, if not possible, thinking about how can we get a generalizable sample using mixed methods (quantitative and qualitative) to collect data.

Vice Chair stated that she is concerned. Since the QMC has not resolved the known, existing barriers we currently

have, investigating other barriers to VL suppression will take energy and resources away from solving priority barriers, like housing and transportation. Staff stated that she can bring a summary of the black women's study that was completed last year in Broward County. Members will be able to further understand the methods that worked for that population and helped them overcome barriers and increase their viral load suppression. Staff can also look in PE and see what other barriers exist outside of what was presented today. In reference to transportation and housing, since Part A does not provide those services, staff will need to bring in an external consultant to present on those topics and how it's impacting our focus population. Staff can also present on what QIP's the Quality Network is working on at the next QMC meeting.

Recipient suggested further investigating the 14% of RW clients in Broward County that are not virally suppressed to see what barriers they experience and if new service delivery models are needed.

QMC Policies & Procedures (Handout B)
The QMC Policies & Procedures manual was updated to include the annual review process of the Service Delivery Models. This update addresses one of the findings from this summer's HRSA site visit. QMC staff also noted that the current SDMs are being revised and a separate Universal Service Delivery Standard has been created that includes common components among all SDMs, in order to eliminate content repetition.

Service Delivery Model Timeline (Handout C)
Staff reviewed the official timeline for this year's SDM annual review process. Staff will e-mail members prior to the next QMC meeting the SDM that will be presented for discussion. The first SDM model to be reviewed will be Universal Standards. Members were asked to review the document(s) prior to the meeting date and be prepared with comments and any questions they may have.

5. PUBLIC COMMENT

None.

6. AGENDA ITEMS/TASKS FOR NEXT MEETING

Agenda Items/Tasks for next meeting (Work Plan Item/Goal#)
1. Presentations from a Transportation and Housing service representative that discusses the impact of transportation and housing barriers to viral load suppression.
2. Quality Network QIP overview regarding ECHO sub population, Black/African American and Latina women.
3. Overview of the black women QIP completed last year.
4. Update and review of Needs Assessment (NA) process that is currently in progress including: general overview and description, timeline of future NA's, and the kind of battery being used.
5. Provide a generalizable (or whole) sample using mixed methods (quantitative and qualitative) to collect data, with a focus on qualitative data.
6. Universal Standards review.
7. HIV Planning Council Membership Drive - Staff informed the committee that a membership drive will be held during the January 2019 meeting to recruit new members to the HIVPC. The two hours that QMC members are required to be at the meeting, will be used instead to table at a RW Part A location (TBD) to recruit new HIVPC members for the membership drive. HRSA requires 33% of council members to be consumers. Currently, only 20% of members are consumers. HIVPC is also at the minimum number (20) of required HIV planning council members, according to County ordinance. Staff will e-mail QMC members additional information regarding the membership drive.
Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm, etc.
1. Search PE to understand what other social determinants of health, beyond demographics and the measures presented today, impact clients' inability to become and/or stay virally suppressed. 2. Identify clients in PE that are not virally suppressed, and factors associated with their unsuppressed status.

7. ANNOUNCEMENTS

None.

8. ADJOURNMENT

The meeting was adjourned at 2:20 pm.

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**	**21**	**CX**	**CX**	**CX**	**17**	**15**	**19**	**17**	
1	1	0	**1**	Shamer, D., *Chair*			NQX	X	X				X	X	A	Z – 11/26	
1	1	1	**2**	Katz, H. B.			NQA	X	X				X	X	A	E	
		2	**3**	MacPherson, S.			NQX	A	X				E	X	NQX	A	
1	1	1	**4**	Runkle, D.			NQX	X	X				X	E	E	Z -11/25	
		4	**5**	Thomas-Purcell, K.			NQA	X	A				A	A	R – 10/18		
		1	**6**	Taveras, J.			E	X	X				A	X	NQA	X	
		2	**7**	Schweizer, M.			E	X	A				Z – 9/17				
		0	**8**	Simpson, R.			NQX	X	X				X	X	NQX	X	
		0	**9**	Moragne, T.	N – 5/21				X				X	X	NQA	X	
		0	**10**	Fortune-Evans, B., *Vice Chair*	N – 6/4								X	X	NQX	X	
				Quorum = 6			4	7	7				6	7		4	

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

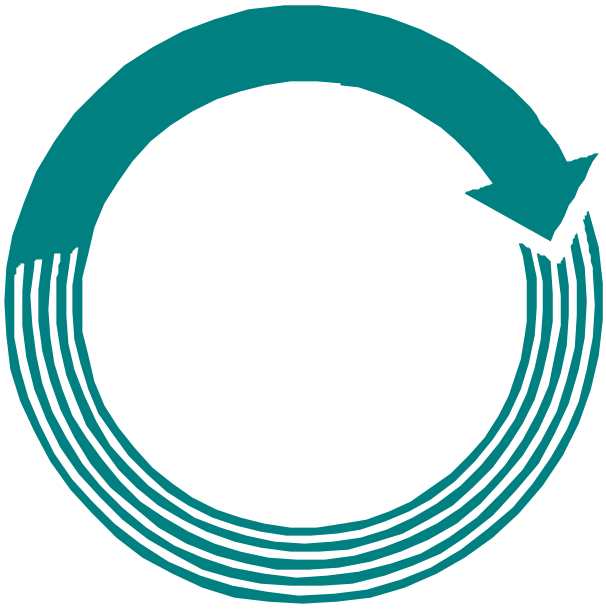
Directions: **For each row, check the box that applies to you. Please check only one box per row.**

QI Activities	What is this?	I have heard of this.	I have done this once.	I have done this 3 or more times.	I am an expert & can teach this.
I can define quality improvement.					
I can describe the difference between quality improvement and quality assurance.					
I can develop and conduct a PDSA cycle.					
I can create and discuss a run chart.					
I can create and discuss a fishbone diagram.					
I can define and am comfortable with drilling down data.					
I can extract data and run a report using Provide Enterprise (PE).					
I understand outcomes measures as they relate to HIV treatment and care.					
I can develop clinical and non-clinical indicators.					
I can identify all services categories in the Broward EMA and pull data on each of these categories.					
I can write an effective quality management plan.					
I can generate buy-in for RW-focused quality improvement within my organization.					
I am involving staff and consumers in RW quality improvement efforts in my agency.					
I can link performance measurement results to improved care.					
I can extract data and run a quarterly report to communicate my agency's HIV Care Continuum.					
I can assist in the analysis of data and data reporting.					
I can use objective measures to track progress towards a goal.					

Please choose one topic that you are interested in learning more about:

(1) Customer Health Experience **(2)** Team-Based Care **(3)** Stigma **(4)** Trauma-Informed Care **(5)** Peer/Consumer Engagement

Ryan White Part A Quality Management



Emergency Financial Assistance

Service Delivery Model

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

Emergency Financial Assistance

Broward County EMA Definition:
In Broward County, the Emergency Financial Assistance (EFA) program is operated by the Ryan White HIV/AIDS Program (RWHAP) Part A as a supplemental means of providing medication assistance to clients when the AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list, or restricted financial eligibility criteria.

Emergency Financial Assistance provides wrap around pharmaceutical assistance to individual clients with limited frequency and for limited periods of time. Assistance is provided only for medication.

The Emergency Financial Assistance program is not funded by the AIDS Drug Assistance Program (ADAP) earmark funding; does not take the place of the ADAP program; may not be used to make direct payments of cash/vouchers to a client; and shall not impose charges on clients with incomes below 400% of the Federal Poverty Level (FPL).

Health Resources Services Administration (HRSA) Definition:
The service is defined as follows by the HIV/AIDS Bureau's Policy Clarification Notice (PCN) #16-02.

Emergency Financial Assistance provides limited one-time or short-term payments to assist a RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.

Service Description

The Emergency Financial Assistance program is critical to maintenance and management of HIV infection. The Broward HIV Health Services Planning Council approves the Ryan White Part A Formulary, which lists medications necessary for clients to successfully manage symptoms and illnesses associated with their HIV and comorbid conditions. The coordination of this service with other medical and support services improve and maintain a client's quality of life over an extended period, which is consistent with the Public Health Services Guidelines and other treatment protocols.

Emergency Financial Assistance provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance. Ryan White funds are used for Emergency Financial Assistance only as a last resort.

PROTOCOL

The Emergency Financial Assistance Protocol identifies the specific ways to implement the program standards and processes inherent to this service category. The delivery of these services shall be conducted by trained culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e., Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents[1]).

Standards for pharmaceutical services for persons living with HIV/AIDS (PLWHA) are defined by the following sources:

1. The Florida Board of Pharmacy[2]
2. The American Pharmacists Association Policy Manual[3]

Eligibility Requirements for AIDS Pharmaceutical Assistance (local)

The targeted populations for these programs are persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications. Pharmacist, or authorized designee, shall verify client's eligibility, which is established by reviewing the certification in the Provide Enterprise (PE) System. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated PE System. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

Intake

The staff performing the intake shall explain the information below to the client and shall secure the client's initials, signature, and date as appropriate:

- Client Rights and Responsibilities
- Client Confidentiality
- Client Grievance Process

The provider shall have the Client Grievance Process posted in a visible location with copies of the client Grievance Report Form available upon request. Client Rights and Responsibilities shall also be displayed in a visible area.

[1] https://aidsinfo.nih.gov/guidelines
[2] https://floridaspharmacy.gov/
[3] https://www.pharmacist.com/policy-manual

Formulary

The Ryan White Drug Formulary is a working document for practitioners to reference, which lists the medications that are available for the treatment of Ryan White eligible patients. Tier I is a list of Ryan White Part A approved medications and Tier II is a list of the ADAP medications. The Broward County EMA Ryan White Part A Program provides financial assistance for short-term emergency medication assistance listed on Tier II of the Formulary[4].

It is expected that all other sources of funding in the community for Emergency Financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, for limited amounts, uses, and periods of time. Continuous provision of allowable medications to a client should not be funded through emergency financial assistance.

Process for Additions of Medications to the Part A Formulary

The process for additions of medications to the Part A Formulary will be in accordance with the local pharmacy process.

Drug Utilization Review (DUR)

At a minimum, provider agencies are to ensure that an internal DUR process is in place that mirrors the following description: "Drug utilization review (DUR) is defined[5] as an authorized, structured, ongoing review of prescribing, dispensing and use of medication. It involves a comprehensive review of patients' prescription and medication data before, during and after dispensing to ensure appropriate medication decision-making and positive patient outcomes. As a quality assurance measure, DUR programs provide corrective action, prescriber feedback and further evaluations. DUR programs play a key role in helping managed health care systems understand, interpret, evaluate and improve the prescribing, administration and use of medications." DUR is classified in three categories: (1) Prospective - evaluation of a patient's drug therapy before medication is dispensed (2) Concurrent - ongoing monitoring of drug therapy during treatment and (3) Retrospective - review of drug therapy after the patient has received the medication.

Prospective Drug Use Review

Provider agencies must have at a minimum the following procedures in place:

(1) A pharmacist shall review the patient record and each new and refill prescription presented for dispensing in order to promote therapeutic appropriateness by identifying:
   - **(a)** Over-utilization or under-utilization;
   - **(b)** Therapeutic duplication;
   - **(c)** Drug-disease contraindications;
   - **(d)** Drug-drug interactions;
   - **(e)** Incorrect drug dosage or duration of drug treatment;
   - **(f)** Drug-allergy interactions;
   - **(g)** Clinical abuse/misuse.

[4] http://www.brhpc.org/hivpc/resources-important-links/formulary-by-drug-classification/

[5] https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/drug-utilization-review

(2) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the potential problems, which shall, if necessary, include consultation with the prescriber.

Patient & Medication Adherence Counseling

Providers shall offer clients medication counseling. Consenting clients shall receive counseling to assist them with their needs. Providers shall document counseling and/or other assistance (Prescription Counseling Log).

(1) Upon receipt of a new or refill prescription, the pharmacist shall ensure that a verbal and printed offer to counsel is made to the patient or the patient's agent when present. If the delivery of the drugs to the patient or the patient's agent is not made at the pharmacy, the offer shall be in writing and shall provide for toll-free telephone access to the pharmacist. If the patient does not refuse such counseling, the pharmacist, or the pharmacy intern, acting under the direct and immediate personal supervision of a licensed pharmacist, shall review the patient's record and personally discuss matters which will enhance or optimize drug therapy with each patient or agent of such patient. Such discussion shall be in person, whenever practicable, or by toll-free telephonic communication and shall include appropriate elements of patient counseling. Such elements may include, in the professional judgment of the pharmacist, the following:
   (a) The name and description of the drug;
   (b) The dosage form, dose, route of administration, and duration of drug therapy;
   (c) Intended use of the drug and expected action (if indicated by the prescribing health care practitioner);
   (d) Special directions and precautions for preparation, administration, and use by the patient;
   (e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
   (f) Techniques for self-monitoring drug therapy;
   (g) Proper storage;
   (h) Prescription refill information;
   (i) Action to be taken in the event of a missed dose; and
   (j) Pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) Patient counseling as described herein shall not be required for inpatients of a hospital or institution where other licensed health care practitioners are authorized to administer the drug(s).

(3) A pharmacist shall not be required to counsel a patient or a patient's agent when the patient or patient's agent refuses such consultation.

Office of Pharmacy Affairs (OPA) Report[6]

Ryan White AIDS Pharmaceutical Assistance funded Providers are required to enroll and report annually discounted drugs purchased through the HRSA's 340B Drug Pricing Program. Providers include Federally Qualified Health Centers, Ryan White HIV/AIDS Program recipients, and certain types of hospitals and specialized clinics. Providers must certify in writing with each monthly invoice that medications distributed through their Agreement were purchased and invoiced to Broward County at the Florida Medicaid rate, 340B Pricing (Public Health Service Pricing), or lower drug pricing. Providers are also required to complete an annual certification upon notification of the due date from OPA by Community Partnership Division (CPD). The agency on file will receive notification by the Recipient Office of the annual report due date to OPA.

Professional Requirements

The objectives for establishing standards of care for program staff is to ensure that clients have access to the highest quality of services through trained, experienced staff members. Staff hired by provider agencies will possess skills and the ability to interact with clients in a culturally and linguistically competent manner; convey necessary information to clients; manage detailed, time-sensitive, and confidential information; and complete documentation as required by their position.

The *Program Director* or designee will possess experience in HIV/AIDS issues and the delivery of pharmaceutical services.

The *Provider* has a current Florida pharmacy license. Dispensing pharmacists have a current Florida pharmacist's license.

Pharmacy technician, student pharmacist, or pharmacist intern is supervised by licensed pharmacist.

Florida Board of Pharmacy Continuing Education (CE) and Training Requirements

Provider agencies are required to complying to the following minimum requirements:

According to the Florida Administrative Code (FAC), 30 hours of approved CE within the 24-month period prior to the expiration date of the license. 64B16-26.103, F.A.C. Licenses expire September 30 every two years with a one-month temporary extension.

- 1-hour board-approved course on HIV/AIDS (first renewal ONLY). Sections 381.004 and 384.25, Florida Statutes (F.S.).
- 2-hour board-approved course that relates to prevention of medication errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. 64B16-26.103 (1) (c), F.A.C.
- 2-hour board-approved course on the validation of prescriptions for controlled substances. 64B16-27.831, F.A.C.

[6] http://www.broward.org/HumanServices/CommunityPartnerships/Documents/ProviderHandbookFY19.GSRFP.final.10.29.18.pdf

- 10 live hours required. 64B16-26.103 (1) (m), F.A.C.

All licensed pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances **during the biennium ending on September 30th.** A 2-hour course shall be taken every biennium thereafter. The course shall count towards the mandatory 30 hours of CE required for licensure renewal. All newly licensed pharmacists must complete the required course before the end of the first biennial renewal period. 64B16-27.831, F.A.C.

For more information visit The Florida Board of Pharmacy[7] or the Florida Pharmacy Continuing Education[8] websites.

OUTCOMES, OUTCOME INDICATORS, STRATEGIES, DATA SOURCES

Outcomes	Indicators	Strategies	Data Sources
1. Improve access to medication.	1.1. Attempts will be made to contact 95% of clients who do not pick up medications within 7 to 14 days of filling the prescription. (Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week).	1.1.1. Prescriptions are prepared and made available to clients 1.1.2. Document date and time prescription filled 1.1.3. Document contact with client 1.1.4. Offer client medication counseling	1.1.1.1. Tracking Log 1.1.1.2. Return to Stock Log

[7] https://floridaspharmacy.gov/
[8] https://floridaspharmacy.gov/renewals/continuing-education-ce/

2. Clients provided an opportunity to improve medication adherence.	2.1. 95% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence) (Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence).	2.1.1. Document the referral 2.1.2. Laboratory Results 2.1.3. Documentation showing medication adherence counseling was offered to client	2.1.1.1. Referral Log 2.1.1.2. Provide Enterprise

STANDARDS FOR SERVICE DELIVERY

Standard	Measure
1. Client receives drug utilization review (DUR) which includes an evaluation for and documentation of: side effect management, drug interactions, potential drug allergies, contraindications, adherence strategies, food interactions, medication safety, etc.	1.1 Pharmacist Signature on back of Prescription - OR- within the Electronic Records
2. Agencies dispensing medications shall adhere to all local, state and federal regulations and maintain current facility licenses required to operate as a pharmacy in the State of Florida.	2.1 Documentation of current licensure
3. Clients are offered counseling on medication adherence.	3.1 Provider shall maintain a Prescription Counseling Log
4. Every prescription includes proper indications and dosing instructions.	4.1 Each dispensed prescription has the proper labeling according to agency guidelines.

5. Patient receives education and counseling including a review of drug interactions specific to antiretroviral therapy and the HIV disease state.	5.1 Provider shall maintain an outline for reviewing drug interactions and HIV education.
6. Confidentiality statement signed and dated by pharmacy employees.	6.1 Signed and dated confidentiality statements of staff on file (HIPAA compliance)
7. Storage of Medications	7.1 Pharmacy shall maintain appropriate, locked storage of medications and supplies (including refrigeration) according to the State Board of Pharmacy regulations. 7.2 Documentation of policies.
8. Only authorized personnel may dispense/provide prescription medication.	8.1 Licensed pharmacists authorized by the applicable Florida State Board 8.2 Pharmacy to dispense medications. 8.3 Pharmacy technicians and other personnel authorized to dispense medications are under the supervision of a licensed pharmacist.

Resources

Academy of Managed Care Pharmacy. (n.d.). Retrieved from https://www.amcp.org/about/managed-care-pharmacy-101/concepts-managed-care-pharmacy/drug-utilization-review

Continuing Education Requirements for Florida Pharmacists and Pharmacy Technicians. (n.d.) Retrieved from https://cdn.ymaws.com/www.pharmview.com/resource/resmgr/docs/ce_requirements.pdf

Infectious Disease Services. (n.d.). Retrieved from http://broward.floridahealth.gov/programs-and-services/infectious-disease-services/index.html

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. (n.d.) Retrieved from https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf

Medicaid. (1970, October 29). Retrieved from http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/Medicaid

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. (n.d.). Retrieved from https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Data Talk: Numbers and Drill Downs

Debbie Cestaro-Seifer, MS, RN, NC-BC
BRHPC Quality Consultant

Overview of the 2019-2020 Quality Improvement Program

RYAN WHITE PART A CLINICAL QUALITY MANAGEMENT (CQM) PLAN

Fort Lauderdale/Broward County EMA

The **mission** of the CQM program in the Fort Lauderdale/Broward County EMA is to ensure equitable access to a seamless system of high-quality comprehensive HIV services that improve health outcomes and eliminate health disparities for people living with HIV/AIDS in Broward County.

The Six Aims of Quality Improvement

The Institute of Medicine's definition further clarifies the CDC's definition by identifying **six aims for improvement**:

1. Safe
2. Effective
3. Patient-centered
4. Timely
5. Efficient
6. Equitable

Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. Washington, D.C.: National Academies of Science; 2001. Accessed on 7/7/2018 at http://www.nap.edu/catalog/10027.html

What is Quality Improvement?

The Center for Disease Control (CDC) and the Institute for Healthcare Improvement (IHI) define Quality Improvement (QI) as those activities that:

1. Improve the heath of populations
2. Reduce the per capita cost of healthcare
3. Improve the patient experience

CDC. Performance Management and Quality Initiativec; 2016, accessed at https://www.cdc.gov/stltpublichealth/performance/index.html
Institute of Healthcare Improvement. Science of improvement. How to improve; 2011, available at http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

What is Continuous Quality Improvement (CQI)?

CQI is a philosophy that encourages all healthcare team members to continuously ask themselves:

"How are we doing?"

AND

"How can we do it better?"

Continuous improvement begins with the development of a culture of ongoing sustainable improvement for the patient, the practice, and the population served by the practice.

Edwards PJ, et al. Maximizing your investment in EHR: Utilizing EHRs to inform continuous quality improvement. *JHIM* 2008;22(1):32-7.

Using Data and Feedback for CQI Initiatives in HIV Care

All That Data!

The Purpose of Using Data

To Be Better!

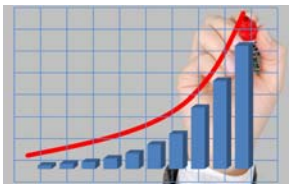


Image accesssd on 6.3.2019 at https://pixabay.com/images/search/improvement/

Data is Granular Unprocessed Information

Accessed on 6.3.2019 at https://pixabay.com/photos/pocket-watch-time-of-sand-time-3156771/

Drilling Down Data

Network Members Look at Data……

- ❑ Utilize Data
- ❑ Work to Understand Data
- ❑ Effectively Communicate Data
- ❑ Connect Data to Mission and Goals
- ❑ Assist in Making the Data Matter to Our Agencies
- ❑ Use Data to Identify Ways for Programs and Staff to Treat Themselves

….and Make Hypotheses to Inform Quality Improvement Projects.

Change Ideas

"All changes do not lead to improvement, but all improvement requires change."

How to identify changes to improve care for people living with HIV (PLWH)

http://www.IHI.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Changes/

Institute for Healthcare Improvement accessed at www.ihi.org on 7/8/2017

Measuring Progress

Measure Progress

How will we know a change is an improvement?

- Only data can tell us whether improvements are made
- Integrate measurement into the daily routine

New York State Department of Health Network, AIDS Institute, *HIV/QUAL Workbook: Guide for Quality Improvement in HIV Care*, National Quality Center, 2006: accessed at http://nationalqualitycenter.org/resources/hivqual-workbook-guide-for-quality-improvement-in-hiv-care-pdf/

FY 2019 Broward EMA Quality Network Plan

AIM: The AIM of the Broward EMA is to use our HIV Care Continuum data for each funded agency to identify disparities and create Quality Improvement Projects (QIPs) for 2019-2020.

The Plan:

- DATA DRILL DOWN for entire Broward EMA (all 13 agencies - 24 month range)
- Drill down data by agency to assess presence of disparities (BAAL, YOUTH, MSM, TRANS).
- Network members will discuss and ask questions about the data and think of possible reasons for disparities so that hypotheses can inform quality improvement projects

Key Takeaways

- **Quality Improvement is about learning**, measuring progress, and sustaining improvements through continuous cycles of changes
- **Focus on the Triple Aim "end goal"** helps healthcare team members avoid complacency and creates a culture of continuous improvement to ultimately support person-centered HIV treatment and care
- **Each QI goal is connected to the aim** of improving the health of PLWH, reducing the cost of delivering primary and comprehensive HIV care (achieving more with less), and improving patient experience

https://pixabay.com

Change Starts Here

FY17 & 18 Disparity Group Drill Down

By Service Category
August 19, 2019

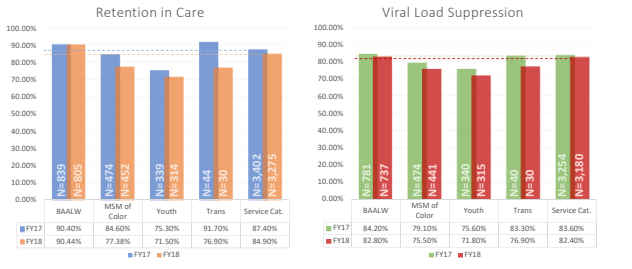
Definitions

Retention in Care: HIV+ clients who had two or more medical care services at least three months apart in the reporting period.

Virally Suppressed: HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.

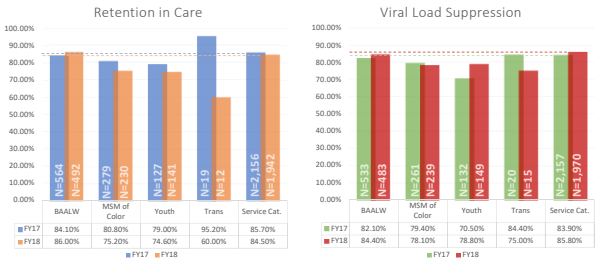
Medical Care Service = Medical Care Appointment, Viral Load or CD4 Count Test

Outpatient Ambulatory Health



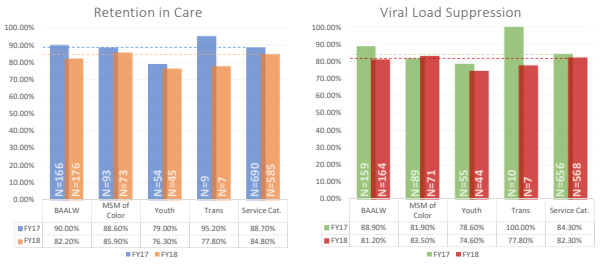
Source: Provide Enterprise, Care Continuum Report FY17; FY18

Non-Medical Case Management



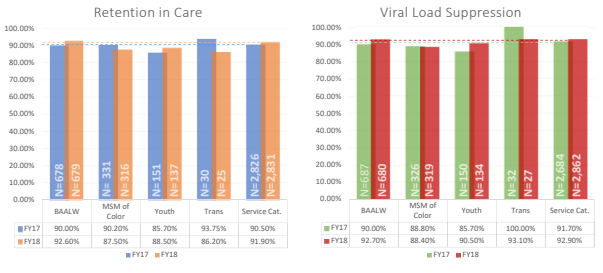
Source: Provide Enterprise, Care Continuum Report FY17; FY18

Disease Case Management



Source: Provide Enterprise, Care Continuum Report FY17; FY18

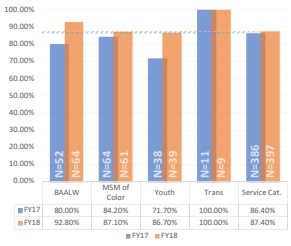
Oral Health



Source: Provide Enterprise, Care Continuum Report FY17; FY18

Mental Health

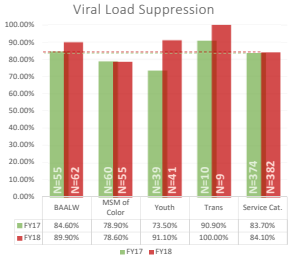
Retention in Care



	BAALW	MSM of Color	Youth	Trans	Service Cat.
FY17	80.00%	84.20%	71.70%	100.00%	86.40%
FY18	92.80%	87.10%	86.70%	100.00%	87.40%

FY17 FY18

Viral Load Suppression



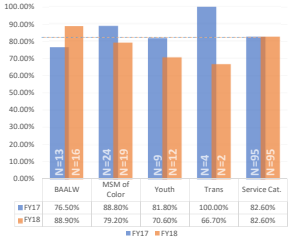
	BAALW	MSM of Color	Youth	Trans	Service Cat.
FY17	84.60%	78.90%	73.50%	90.90%	83.70%
FY18	89.90%	78.60%	91.10%	100.00%	84.10%

FY17 FY18

Source: Provide Enterprise, Care Continuum Report FY17; FY18

Substance Abuse

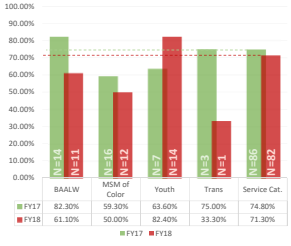
Retention in Care



	BAALW	MSM of Color	Youth	Trans	Service Cat.
FY17	76.50%	88.80%	81.80%	100.00%	82.60%
FY18	88.90%	79.20%	70.60%	66.70%	82.60%

FY17 FY18

Viral Load Suppression



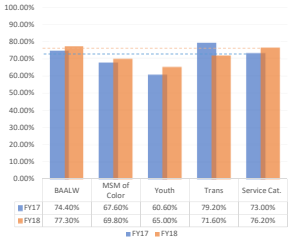
	BAALW	MSM of Color	Youth	Trans	Service Cat.
FY17	82.30%	59.30%	63.60%	75.00%	74.80%
FY18	61.10%	50.00%	82.40%	33.30%	71.30%

FY17 FY18

Source: Provide Enterprise, Care Continuum Report FY17; FY18

Other Support Services

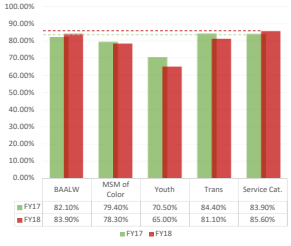
Retention in Care



	BAALW	MSM of Color	Youth	Trans	Service Cat.
FY17	74.40%	67.60%	60.60%	79.20%	73.00%
FY18	77.30%	69.80%	65.00%	71.60%	76.20%

FY17 FY18

Viral Load Suppression



	BAALW	MSM of Color	Youth	Trans	Service Cat.
FY17	82.10%	79.40%	70.50%	84.40%	83.90%
FY18	83.90%	78.30%	65.00%	81.10%	85.60%

FY17 FY18

Source: Provide Enterprise, Care Continuum Report FY17; FY18