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: October 21, 2019, 12:30 p.m.
Location: Governmental Center Room 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**: 10/21/19 Agenda, 9/16/19 Minutes

3. **STANDARD COMMITTEE ITEMS**
   None
4. **UNFINISHED BUSINESS**
   None.

5. **MEETING ACTIVITIES/NEW BUSINESS**

   I. Findings of the Evaluation of the Test and Treat Program (Handout A)

   Work Plan Activity Objective 2.2: Actively participate and engage in learning programs focused on data-to-care initiatives, health disparities, HIV treatment and care, evidence-based practices, and strategies that improve consumer access to and retention in care.

   ACTION ITEM: Present findings of an evaluation of Test and Treat Program using demographic, clinical, and service utilization records.

   II. Quality Improvement Activities Progress (Handout B)

   Work Plan Activity Objective 5.1: Facilitate and support the development, implementation, and evaluation of a minimum of one quality improvement project (QIP) per agency and for the EMA during the fiscal year.

   ACTION ITEM: Members will learn about the process in which the CQM Staff have coordinated QIPs among Part A agencies.

6. **RECIPIENT REPORT**

7. **PUBLIC COMMENT**

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** November 18, 2019 **Venue:** A-337

9. **ANNOUNCEMENTS**

10. **ADJOURNMENT**

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PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES 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, September 16, 2019 at 12:30 p.m. **Location:** Governmental Center Annex, A-337
Chair: Vacant **Vice Chair:** Fortune-Evans, B.

Attendance						
#	**Members**	**Present**	**Absent**		**Guests**	**Recipient Staff**
1	Barnes, B.	**X**			Hensley, G.	Morris, R.
2	Fortune-Evans, B. *V Chair*	**X**			Richardson, C.	Walker, N.
3	Katz, H. B.	**X**			Butler, T.	
4	Markman, N.	**X**				**Support Staff**
5	Muneton, Z.	**X**				Guice, M
6	Simpson, R.	**X**				Oratien, V.
7.	Caraballo, J	**X**				Cestaro-Seifer, D.
						Ukpai, F.
						Seitchick, J.
	Quorum = 4	**5**				

1. CALL TO ORDER:

The Vice-Chair called the meeting to order at 12:30 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, Recipient staff and support staff made self-introductions. A moment of silence was observed. There were no public comments.

2. APPROVALS:

Motion #1 To approve the 9/16/19 meeting agenda
Proposed by: Barnes, B. **Seconded by:** Katz, H. B.
Action: Passed Unanimously

Motion #2 To approve minutes were taken at the 8/19/19 meeting
Proposed by: Barnes, B. **Seconded by:** Markman, N.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

None.

4. MEETING ACTIVITIES/NEW BUSINESS

QMC Member Reference Notebooks: CQM program staff explained changes to the QMC member reference notebooks. Items changed were as followed: QMC Workplan was updated; attendance policy was included; frequently asked questions (FAQs) were updated; emergency financial assistance (EFA) service delivery model (SDM) was updated to reflect the current approved version. CQM staff explained that this notebook will be

updated as needed and is provided as a reference for Committee members. Committee members are able to check-out notebook from CQM staff or request copies of included documents by emailing quality@brhpc.org.

Quality Improvement in HIV Care: Responsive, Team-Based and Data-Powered Presentation: CQM team presented slideshow regarding quality improvement. Key take-aways from this presentation are as follows: quality Improvement is about learning, measuring progress, and sustaining improvements through continuous cycles of changes; focus on the Triple Aim "end goal" to avoid complacency and create a culture of continuous improvement to ultimately support person-centered HIV treatment and care; each QI goal and project is connected to the aim of improving the health of people with HIV; partner with consumers to develop, inform and evaluate Quality Improvement Projects (QIPs). A previously recorded version of the presentation can be found at: https://www.seaetc.com/quality-improvement-in-hiv-care-responsive-team-based-and-data-powered-course/. Committee members discussed the importance of creating a culture of improvement in addition to utilizing paperwork and procedures to conduct quality improvement. One member suggested a resource for learning more about creating a culture of quality improvement. This book is titled *Primed to Perform: How to Build the Highest Performing Cultures Through the Science of Total Motivation.*

Presentation of Broward EMA Quality Improvement for the Broward RW EMA 2018-2019: CQM Support Staff presented information regarding the 2019-2020 Broward EMA Quality Improvement project. This Project is the Dental-No Show Tracking Tool. Work on the Project began in the Spring of 2019. The Dental Network members have served as advisors and contributors to the Project. Currently all of the Broward Ryan White Part A EMA Oral Health Providers are using the No Show Tracking Tool to Collect Data for the Project. CQM support staff presented an overview of the Project, aims, and timeline for Project execution. Committee members provided feedback on the Project and asked questions of CQM support staff.

5. PUBLIC COMMENT

None.

6. RECIPIENT'S REPORT

The Recipient discussed the new funding opportunity for Ending the Epidemic. This is an initiative first mentioned in the 2019 State of the Union Address granting $55 million to be distributed to identified EMAs and states. The goal of this grant is to reduce new cases of HIV nationwide. This grant is due October 15th while the Part A grant is due September 30th.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING (10/21/19, 12:30PM in GC A-337)

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*
QMC Committee Work Plan Framework	N/A	N/A
QI project updates	N/A	N/A

8. ANNOUNCEMENTS

The CQM support staff shared a video that gave a short over view of the Class of 2019 Peer Certification graduation. If anyone is aware of open Peer positions at their agencies, please contact BRHPC Staff or send an email to quality@brhpc.org.

CQM support staff shared a flyer for AETC Southeast event "EPIC - Enhancing Prevention in Communities Summit 2019 . This event takes place on September 29th, 2019 in Weston, FL. More information can be found on AETC Southeast's website (https://www.seaetc.com/).

9. ADJOURNMENT

The meeting was adjourned at 2:29 pm.

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Quality Management Committee Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	28	C	C	C	C	C	CX	19	16				
0	1	0	**1**	Caraballo, J.	N - 8/22								X				
1	1	0	**2**	Fortune-Evans, B. *V. Cha*	X						X	X	X				
0	0	**2**	**3**	Katz, H.B.	A						A	X	X				
0	0	**2**		Moragne, T.	A						A	Z - 7/15					
0	0	1	**4**	Simpson, R.	X						A	E	X				
0	0	1		Taveras, J.	A				Z - 4/1								
0	1	0	**5**	Barnes, B.	N - 3/28						X	X	X				
0	0	0	**6**	Markman, N.	N - 6/27						X	X	X				
0	0	0	**7**	Muneton, Z.	N - 6/27						X	X	X				
				Quorum = 5	2	0	0	0	0	0	4	5	6	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - cancelled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
	R - removal letter

Findings of the Evaluation of Test & Treat Program

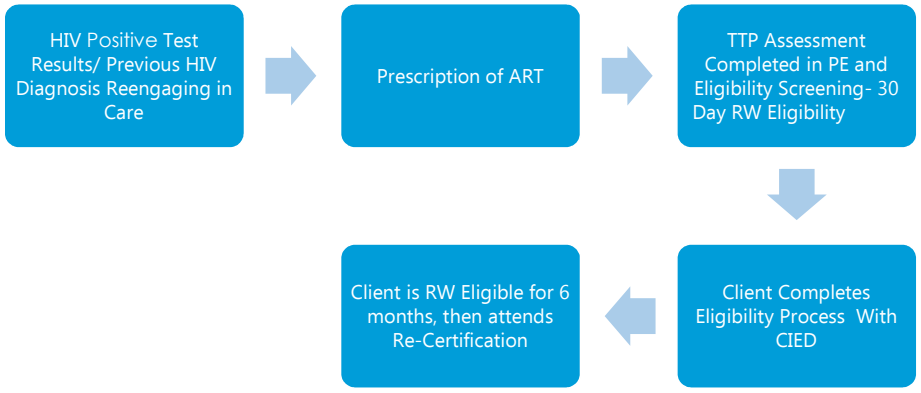
Summary of the findings of Julia Hidalgo, August 2019

Quality Management Committee

Test & Treat Program (TTP) Overview

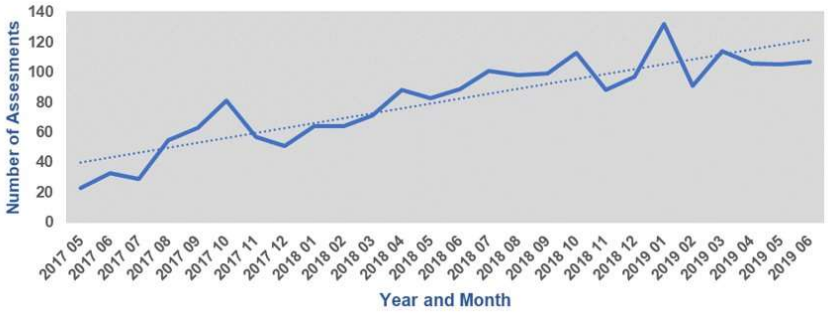
- Broward County, FL began Test and Treat Program in May 2017
- Test and Treat is a clinical program providing immediate linkage to HIV care and initiation of ART (Antiretroviral Therapy) at the time of HIV diagnosis and/or at the time of returning to care after a gap in services.
- What are the goals of Test and Treat?
  - Improve health outcomes in people who do not yet know their HIV status (New + Clients) or those who are not in care but have been previously diagnosed with HIV (Previous+ Clients)
  - Reduce HIV transmission and new HIV cases in the community

Ryan White Part A Test & Treat Program (TTP) Process Overview



Evaluation Findings: Volume of TTP Assessments

Figure 1. Total TTP Assessments Per Month, May 2017- June 2019



Number of TTP assessment increased steadily overtime throughout the measurement period.

The TTP began in May 2017 in Broward County, the number of TTP assessments increased throughout the observation period (May 2017- June 2017)

Evaluation Findings: Multiple TTP Assessments

- Most clients (89%) received only 1 TTP assessment
- 11% of clients received 2+ TTP assessments
- Indicative of clients who may have fallen out of care and re-entered via TTP after many months

Table 1. Number of Days Between TTP Assessments (p <.005)	# of Clients	Days Between Assessments		
		Mean	Minimum	Maximum
One Assessment Only	1,748	NA	NA	NA
2 Assessments Only	199	245	1	731
3 Assessments Only	29	145	7	421
4 Assessments Only	4	137	43	279
5 Assessments Only	1	54	54	54

Most clients have only 1 TTP, indicating that they did not fall out of and re-enter care via TTP. Number of days between TTP assessments ranges but likely indicates clients who did not complete RW eligibility/ re-certification and re-enter the program via Test and Treat after some time.

Evaluation Findings: Characteristics, Service Use and Outcomes of New + and Previous + TTP Clients

New + (n= 918, 49%)

- New+ = Client who has no documented HIV diagnosis prior to TPP assessment
- Less likely to report zero income
- 90% (~ 826 clients) had only 1 TTP assessment; mean of 1.1 assessments*

Previous + (n=948, 51%)

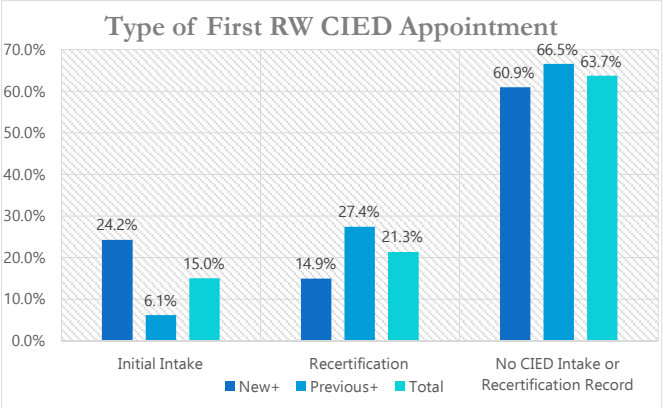
- Previous += Client with documented HIV diagnosis prior to TTP assessment
- 87% (~824 clients) had only 1 TTP assessment; mean of 1.2 assessments*

No difference in Medicaid status, household size, or household income

Previously diagnosed clients had a higher number of average TTP assessments, this indicates entering and leaving care multiple times.

Evaluation Findings: CIED Intake and Reassessment

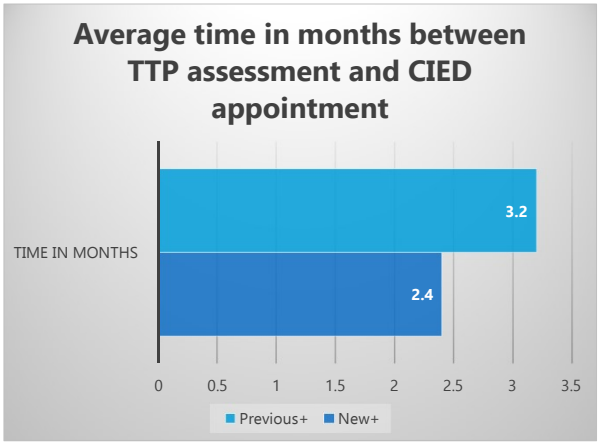
- New + clients more likely to have initial RWHAP assessment and have a TTP assessment prior to CIED appointment
- Previous + clients were more likely to have a recertification
- Previous + clients were more likely to have NO CIED services in record



Majority of TTP clients (63.7%) total had no CIED intake or recertification record. This indicates that these clients came to TTP but never completed enrollment in RW.

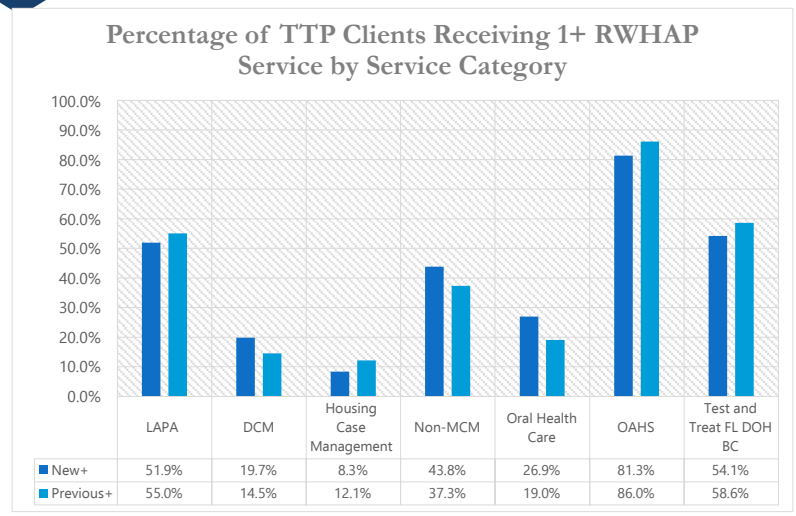
Evaluation Findings: CIED Intake and Reassessment

- New+ clients had a shorter average time between TTP assessment and CIED
- New+ clients were more likely to have CIED appointment within 30 days of TTP assessment



New clients had a shorter time, on average, between TTP assessment and CIED appointment. 49% of New+ and 40% of Previous + clients had a CIED appointment within 30 days of TTP assessment. TTP temporary eligibility lasts for 30 days after TTP assessment.

Evaluation Findings: RWHAP Service Utilization



	LAPA	DCM	Housing Case Management	Non-MCM	Oral Health Care	OAHS	Test and Treat FL DOH BC
New+	51.9%	19.7%	8.3%	43.8%	26.9%	81.3%	54.1%
Previous+	55.0%	14.5%	12.1%	37.3%	19.0%	86.0%	58.6%

Majority of TTP clients (84%) had PE service records, however 16% had no PE service records after TTP assessment. This indicates that 16% of TTP clients (~262 individuals) have not used RW services after TTP encounter and may be out of care. Most clients used OAHS services (84%), non-medical case management (41%), oral health services (23%) and peer counseling (25%). New+ clients used a higher number of services than previous clients on average.

Evaluation Findings: LAPA Utilization and Expenditures Associated with TPP and Non-TPP Clients

Table 13. Mean and Total LAPA ARV and Non-ARV Expenditures by TTP and Non-TTP Clients	Medication Type	# of Service Units	Mean Expenditures (p < .000)	Total Expenditures	Percentage of Expenditures by Client Type
TTP Client	Non-ARV	2,949	$11	$33,893	11.5%
	ARV	281	$920	$258,544	88.5%
	Total	3,230	$91	$292,437	100%
Non-TTP Clients	Non-ARV	14,534	$11	$158,001	69.7%
	ARV	77	$893	$68,777	30.3%
	Total	14,611	$16	$226,778	100%
Total	Non-ARV	17,483	$11	$191,893	36.9%
	ARV	358	$914	$327,322	63.1%
	Total	17,841	$29	$519,215	100%

Majority of expenditures for TTP clients was on ARV vs Majority of expenditures for non-TTP on non-ARV

For TTP clients LAPA expenditures, the majority (88.5%) was for ARV. For non-TTP clients, most LAPA expenditures were for non-ARV. These values do not account for ADAP usage; many TTP clients receive medication via ADAP after enrollment in RWHAP.

Evaluation Findings: Receipt of DCM Services and Retention in OAHS

- 318 (17%) TTP clients received DCM services in observation period
  - 21 clients did not have PE records needed to determine retention
- Clients with less time since last DCM service were more likely to be retained in OAHS in last 6 months

Table 14. Association Between TTP Clients Receiving OAMC and the Timeliness and Volume of DCM Services in the Observation Period		# of Months Since Last DCM Service Date (p < .000)	# of DCM Service Units (ns)
In Care in Last 6 Months	Mean	5.4	10.7
	# of DCM Clients	213	213
Out of Care 7-12 Months	Mean	7.5	9.2
	# of DCM Clients	49	49
Out of Care 1 Year or More	Mean	13.1	7.2
	# of DCM Clients	35	35
Total	Mean	6.7	10.1
	# of DCM Clients	297	297

17% of TTP clients received DCM services. Clients retained in care had a shorter time since their last DCM visit. This may indicate the more frequent DCM services may increase retention for TTP clients.

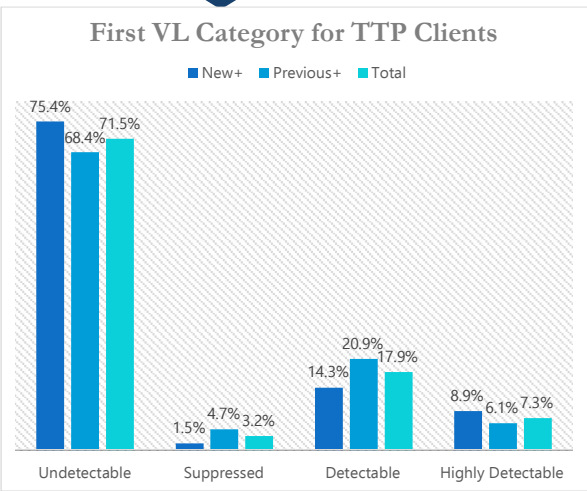
Evaluation Findings: Clinical Outcomes

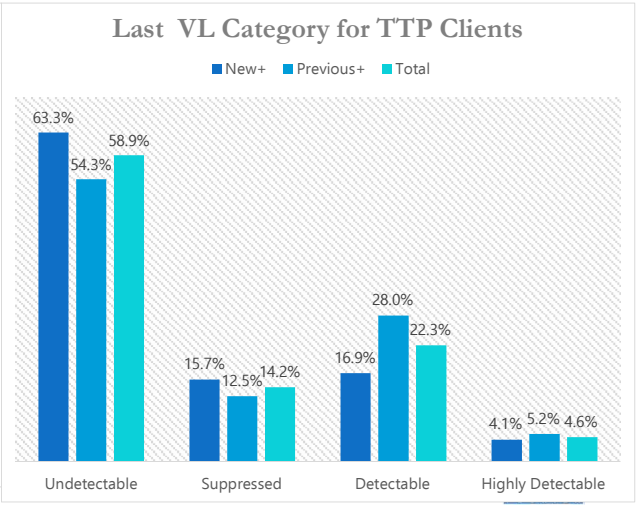
Table 15. Comparison of the Total Number of VL tests in the Observation Period and the Mean Number of Months Since Last VL, by New HIV+ Versus Previous+ Clients		Total # VL Tests (p < .000)	Mean Months Since Last VL (Among Clients with No VL in Last 6 Months) (p < .000)
New+	Mean	5.1	11.1
	# of Clients	827	501
Previous+	Mean	3.8	12.9
	# of Clients	875	651
Total	Mean	4.4	12.1
	# of Clients	1,702	1,152

- 89% of TPP clients had 1 or more VL tests in observation period
- New+ clients had a higher mean number of VL tests and shorter time period between

Most clients (89%) had 1 or more VL tests in the 26-month observation period. New+ clients averaged more total VL tests and a shorter time interval between VL tests.

Evaluation Findings: Clinical Outcomes





Most TTP clients were undetectable at first VL. New + clients were more likely to be undetectable at first and last VL.

Evaluation Findings: Clinical Outcomes, Viral Suppression Category at Last VL

For TTP clients with an undetectable first viral load:

- 84% remained undetectable
- 7% were suppressed
- 8% were detectable
- 1% were highly detectable

For TTP clients with a detectable first viral load:

- 53% were undetectable
- 11% were suppressed
- 34% remained detectable
- 2% were highly detectable

Less than half (46%) of TTP clients attained undetectable status by end of reporting period; 15% of TTP clients were detectable and 18% were highly detectable

Most clients who began an undetectable remained undetectable. However, most clients did not obtain undetectable status, with 18% of clients being highly detectable by the end of observation period.

Summary

1. 1/10 of TTP clients receive more than 1 TTP assessment, indicating they enter RW via TTP more than 1 time
2. About half of TTP clients were new diagnoses while half are previously diagnosed individuals
3. Previous+ clients averaged more TTP assessments
4. Less than half of TTP clients have CIED service records in PE
5. 16% of TTP clients had no PE service records except TTP assessment
6. Less than 1/5 of TTP clients received DCM services, however majority receiving DCM were retained in OAHS
7. Less than half of TTP clients were undetectable at last VL

References

1. THE HIV/AIDS SECTION – MEDICAL TEAM BUREAU OF COMMUNICABLE DISEASES DIVISION OF DISEASE CONTROL AND HEALTH PROTECTION FLORIDA DEPARTMENT OF HEALTH . (2018). *Test and Treat Guidance* . *Test and Treat Guidance* . Retrieved from http://www.floridahealth.gov/diseases-and-conditions/aids/Clinical_Resources/_documents/Test_and_Treat_Guidance_FEB2018.pdf

2. HRSA Care Action: TEST AND TREAT: A NEW PARADIGM FOR SLOWING THE SPREAD OF HIV, HRSA Care Action: TEST AND TREAT: A NEW PARADIGM FOR SLOWING THE SPREAD OF HIV (2012). Retrieved from https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/hab_test_and_treat_january_careaction_pdf.pdf

3.Positive Outcomes, Inc. (2019). *Findings of the Evaluation of the Test and Treat Program: Prepared for Broward County Human Services Department Ryan White HIV/AIDS Program. Findings of the Evaluation of the Test and Treat Program: Prepared for Broward County Human Services Department Ryan White HIV/AIDS Program*.

2019 Agency QIP Activities

Target Group	*Current System-wide VL Suppression Rate As of 9/30/19*	*Number of Agencies Targeting Population*
Youth (18-28 years of age)	69.7%	3
Black/African American & Latina Women	84.9%	4
Black/African American Males	82.1%	1
MSM of Color	81.4%	1
Multiple Target Groups	--	2
High Viral Load Clients	--	1
No-Show Clients	--	2

- **May 2019**
  - Quality Network Members' experience and comfort with Quality Improvement Assessed
  - Staff presented agency-specific HIV Care Continuum Drilldown for disparity groups
  - Quality Network Members' were asked to report follow-up activities regarding CHEI
- **June 2019**
  - Quality Network members participated in a mandatory quality improvement training
  - The Members' practiced creating AIM Statements at the meeting and were asked to submit final AIM statements to CQM Support Staff in the following month
- **July 2019**
  - Quality Network members were distributed a QIP documentation form
  - AIM Statements with target populations and project proposals were submitted to the CQM Support Staff for evaluation
- **August 2019**
  - Quality Network members met and received feedback from CQM Support staff regarding AIM statements
  - Necessary revisions were made, and updated AIM Statements were sent to the CQM Support Staff
- **September 2019**
  - Quality Network members were asked to assess the root causes contributing to the outcome in which agency QIPs are attempting to address
    - *Submitted as a page of the QIP documentation form*
  - The Quality Network met to discuss using root causes to develop interventions, how to implement PDSA Cycles, and participated in a learning activity to increase knowledge of PDSA cycles
- **October 2019**
  - Quality Network members were asked to submit documentation of the agency's first PDSA Cycle in their QIPs