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, Florida 33020 954-561-9681 • FAX 954-561-9685

Quality Management Committee Meeting

AGENDA

Date: July 19, 2021 at 12:30 p.m.
Location: WebEx Virtual Meeting Platform
Chair: Bisiola Fortune-Evans
Vice Chair: David Shamer

Facilitator: CQM Support Staff
quality@brhpc.org
(954) 561-9681 ext. 1343

QMC Purpose: To ensure quality, comprehensive care, and to positively impact the health of people with HIV at all stages of illness.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 07/19/21
   b. Last Meeting Minutes 06/21/21
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   I. **CQM Work Plan Progress Review (Handouts A)**
   Work Plan Activity 4.1: Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.
   ACTION ITEM: Review QMC's FY2021 CQM Work Plan progress.
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
   I. **Ryan White Part A Data Review: FY2021 Quarter 1 (Handout B)**
   Work Plan Activity 1.1: Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.
   Work Plan Activity 1.3: Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.

ACTION ITEM: Review and discuss data regarding RWPA program outcomes in the first quarter of FY2021.

II. **Ryan White Part A (RWPA) Program Update (Handout C)**
Work Plan Activity 3.2: Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.
ACTION ITEM: Review RWPA & EHE activities conducted in the first quarter of FY2021.

III. **QMC Orientation Videos (Handout D)**
Work Plan Activity 2.5: Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, client access to eligible services, and quality improvement strategies.
Work Plan Activity 3.4: Provide routine CQM Program updates to the HIVPC.
ACTION ITEM: Share QMC Orientation Videos.

8. **Recipient's Report**

9. **Public Comment (10 minutes)**

10. **Agenda Items/Tasks for Next Meeting**

a. Next Meeting Date: September 20, 2021 at 12:30 p.m. via WebEx Videoconference

b. Next Meeting Agenda Items:
RWPA data by insurance

11. **Announcements**

12. **Adjournment**

FOR A DETAILED DISCUSSION ON ANY OF THE ABOVE ITEMS,
PLEASE REFER TO THE MEETING MINUTES.
Meeting Packets are available at: The HIV Planning Council Website
(http://www.brhpc.org/programs/hiv-planning-council/)

Please complete your meeting evaluations here
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Meeting of the

Quality Management Committee

Monday, June 21, 2021
12:30 – 2:30 PM
By WebEx Videoconference

M I N U T E S

QMC Members Present: B. Barnes, B. Fortune-Evans, N. Markman, Z. Munet, D. Shamer

Ryan White Part A Recipient Staff Present: T. Thompson, N. Walker, W. Cius

Planning Council Support Staff Present: V. Oratien, J. Ramos, W. Saint-Fleur, T. Williams

Guests Present: B. Mester

Agenda Item #1: Call to Order, Welcome & Public Record Requirements

The *QMC Chair* called the meeting to order at 12:30 p.m. The *QMC Chair* welcomed all meeting attendees that were present. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *QMC Chair, QMC Vice Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #2: Meeting Approvals

The approval for the agenda of the June 21, 2021, Quality Management Committee meeting was proposed by B*. Barnes*, seconded by H*. Bradley Katz*, and passed unanimously. The approval for the minutes of the April 19, 2021 meeting was proposed by B*. Barnes*, seconded by Z*. Muneton,* and approved with no further corrections.

Mr. Barnes, on behalf of QMC, made a motion to approve the June 21, 2021 Quality Management Committee agenda as presented. The motion was adopted unanimously.

Mr. Barnes, on behalf of QMC, made a motion to approve the April 19, 2021, Quality Management Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #3: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. No public comments were made.

Agenda Item #4: Standard Committee Items

CQM Support Staff reviewed the progress made in completing the FY2021 CQM Work Plan (Handout A on file). CQM Support Staff provided data presentations to the committees, networks, and HIVPC regarding activities from Q1 2021 to the present date. The Committee asked for additional information regarding the client satisfaction survey and service delivery models (SDMs). The Client Satisfaction Survey proposal was submitted to the Recipient and CQM Support Staff has received feedback. QMC will be updated on progress in the development of the survey. SOC continued its review of the Service Delivery Models during its June meeting will complete its review in July. QMC is slated to review SDMs toward the end of the fiscal year. In the event of feedback being provided for service delivery from any Committee or the HIVPC, QMC will expedite its SDM review.

CQM Support Staff provided technical assistance (TA) to a new provider agency that joined the Broward County Ryan White Part A system of care. CQM Support Staff also provided TA to agencies representatives in the Quality Network who are in the process of preparing their FY2021 quality improvement projects (QIPs). Network Trainings took place in Q1 of FY2021 and are currently being planned for Q2. CQM Support Staff submitted its annual report after a PE reporting error caused a delay. Overall, CQM Work Plan progress remains on track.

Agenda Item #5: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #6: Meeting Activities/New Business

CQM Support Staff presented an overview of Network activity in the first quarter of FY2021 (Handout E on file). Identifiable information regarding provider agencies was omitted from the presentation. Members completed Network Evaluation Surveys by the end of the fourth quarter of FY2020. Overall survey results were positive and reviewed with respective networks in Q1 of FY2021. The three main discussion themes posed across the networks are client care process, barriers to care, and COVID-19 vaccine strengths and challenges. The AIDS Education and Training Center (AETC) provided training to the Medical Provider Network on long-acting antiretroviral medications. AETC also provided training to the Disease Case Management Network on the challenges of medication adherence during COVID-19 and ways to mitigate them. Lastly, CQM Support Staff provided training to the Quality Network regarding Quality Improvement via the introduction of a Quality Improvement Toolkit which will aid them in the development of their FY2021 QIPs. As Q2 approaches, more trainings and case studies will be introduced to enrich discussion within the meetings. Members suggested moving clients to telehealth as a FY2021 QIP for the Quality Network.

PCS Support Staff next provided an overview of the Needs Assessments conducted in FY2020 (Handout C on file). PCS Support Staff highlighted factors associated with the continuum of care. Oral Health consumers reported that barriers to care included lack of communication and improper customer services from an agency categorized under the Oral Health Network. The need for a help line and transportation was reported by Oral Health consumers. Consumers across most networks felt that age-friendly HIV care was not being provided.

Next, *CQM Support Staff* presented the Ryan White Part A Data Review: FY2020 (Handout D on file). QMC requested for data to be drilled down by available insurance provider information. The reason being that as clients are being encouraged to utilize ACA plans, providers outside of the Ryan White Part A Program's system of care may not be documenting in PE. As a result, and as presented in the Ryan White Part A Data Review: FY2020, a discrepancy is present when retention in care rates are lower than viral suppression rates. Thus, QMC's request will provide clarification

regarding the relationship between reported retention in care and viral load suppression.

ACTION ITEM: Provide a data drilldown by available insurance provider information.

Finally, *CQM Support Staff* led a conversation regarding the presentations QMC received in this meeting, including the recommendations that it would make to PSRA as a result (Handout E on file). Members were encouraged to consider what they learned at this meeting and share any thoughts with PCS Support Staff in advance of the PSRA meeting to be included in the Committee's discussion. Members discussed the importance of reaching out to PWH who are not receiving services but have need of them. A discussion of why PWH are not receiving needed services is imperative. PSRA was also encouraged to retain the alternative client recertification options adopted during the pandemic, since transportation has proven to be an issue across various networks. ShareRide was also suggested as a means of mitigating deficiencies in transportation. Lastly, it was suggested that PSRA discuss the current number of dental providers in the Oral Health network for FY2022.

Agenda Item #7: Recipient Report

The Recipient's Office provided no report.

Agenda Item #8: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County.

Agenda Item #9: Agenda Items/Tasks for Next Meeting

The next QMC meeting will be held on July 19, 2021, at 12:30 p.m. via WebEx Videoconference.

Members suggested that more innovative approaches towards virtual client involvement should be created. No public comments were made.

Agenda Item #10: Announcements

There were no announcements.

Agenda Item #10: Adjournment

There being no further business, the meeting was adjourned at 1:51 p.m.

QMC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	C	15	19	CX	21							
0	0	0	**1**	Fortune-Evans, B. V. Chair			X	X	NQX	X							
1	1	2	**2**	Katz, H.B.			X	A	NQA	X							
0	1	2	**3**	Barnes, B.			A	X	NQA	X							
0	0	0	**4**	Markman, N.			X	X	NQX	X							
0	0	0	**5**	Muneton, Z.			X	X	NQX	X							
1	1	1	**6**	Shamer, D.			X	X	NQA	X							
				Quorum = 4	0	0	5	5	3	6	0	0	0	0	0	0	

Legend:	
X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

HANDOUT A

Broward EMA CQM Annual Work Plan FY 2021-2022

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.													
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X		X	X			X			X			CQM Staff, QMC, Quality Network
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.			X	X			X			X			CQM Staff, QMC, Quality Network
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X	X	X	X			X			X			CQM Staff, QMC, Networks
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.													
1. Review Service Delivery Models as part of the system-wide QIP and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.	X	X										X	CQM Staff, QMC, Networks
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.											X		CQM Staff, QMC
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X	X		X			X			X			CQM Staff, QMC
4. Ensure the development, implementation, and evaluation of at least one quality improvement project per agency during the fiscal year.	X		X	X			X			X			CQM Staff, Quality Network
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.		X	X			X		X			X		CQM Staff
6. Provide technical assistance to providers as needed.	X		X	X			X			X			CQM Staff
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.													
1. Distribute the annual CQM Program Report.		X											CQM Staff
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.		X	X			X			X			X	CQM Staff
4. Provide routine CQM Program updates to the HIVPC.	X				X			X			X		CQM Staff
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.								X					CQM Staff
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.													
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X	X	X									X	CQM Staff, QMC
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.		X											CQM Staff, QMC, Networks
3. Conduct surveys of all meetings and make suggested improvements.			X			X						X	CQM Staff
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.				X									CQM Staff
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.													
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.													CQM Staff
2. Research best practices in obtaining consumer feedback about patient experience.		X											CQM Staff
3. Plan, initiate, and implement a client satisfaction/client experience plan and provide training as indicated.													CQM Staff

X = goal for objective completion

= in progress

= completed

= planned

HANDOUT B

Broward EMA RW Part A Program

FY 2021-2022 Q1 Update

GET CARE BROWARD TREAT HIV | BEAT HIV RYAN WHITE | PART A

Broward EMA HIV Health Services Planning Council (HIVPC)

Quality Management Committee (QMC)

Presented by BRHPC CQM Support Staff – Jaclyn Ramos, MPH, MHSA

HANDOUT B

HIV Care Continuum

Definitions

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

HANDOUT B

Overview

Data Reporting

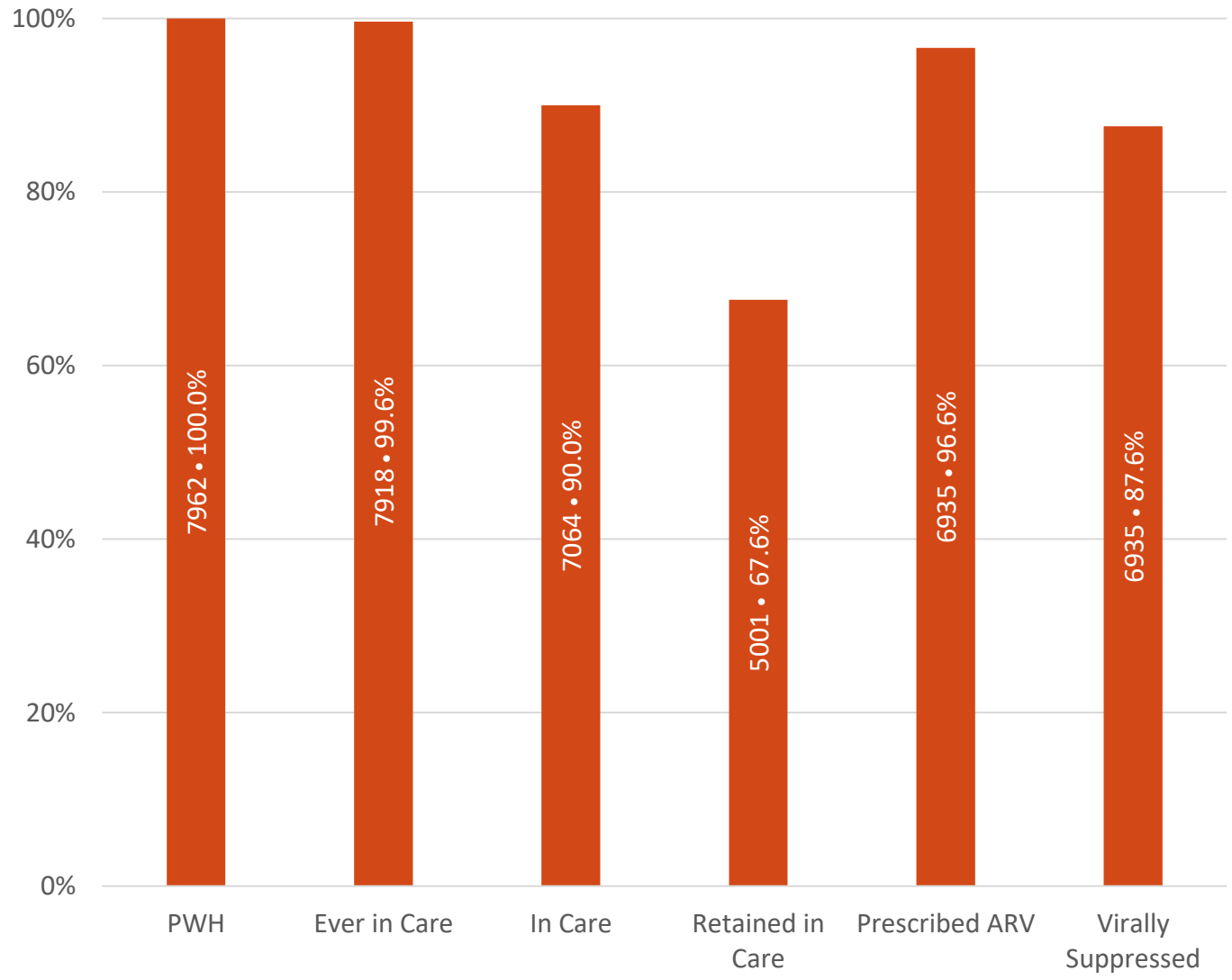
- Data is pulled through the end of the first quarter (6/1/20-5/31/21) of the fiscal year

- All HIV Care Continuum data only includes clients with HIV

HANDOUT B

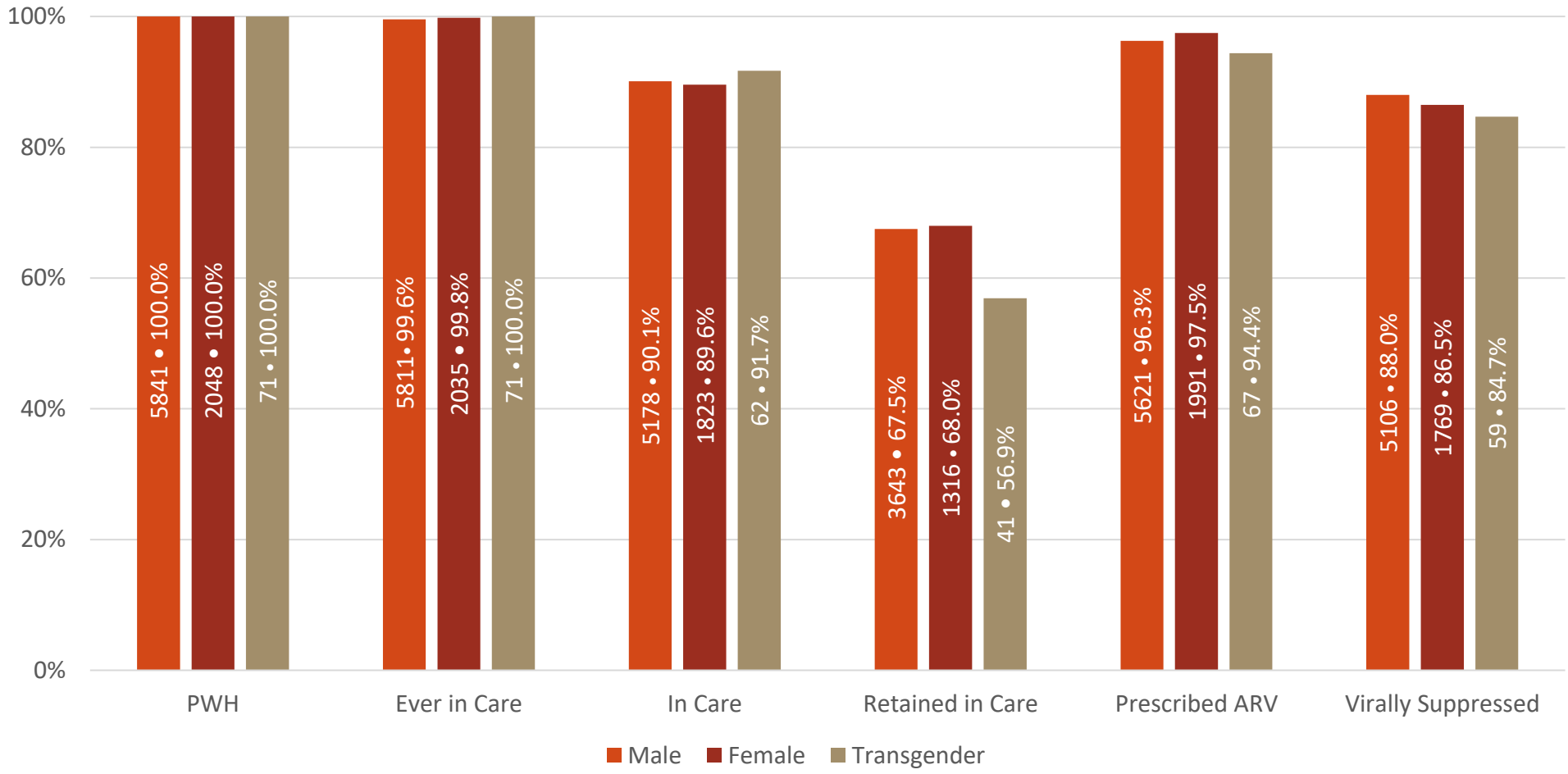
Broward Part A HIV Care Continuum FY2021 Q1

- A total of 7,962 clients are included in the HIV Care Continuum for FY2021-2022*
- Viral Suppression is 87.6%
  - Most recent FL-DOH data** (2019) reports 70.2% viral suppression in Broward County (Ryan White and Non-Ryan White clients)



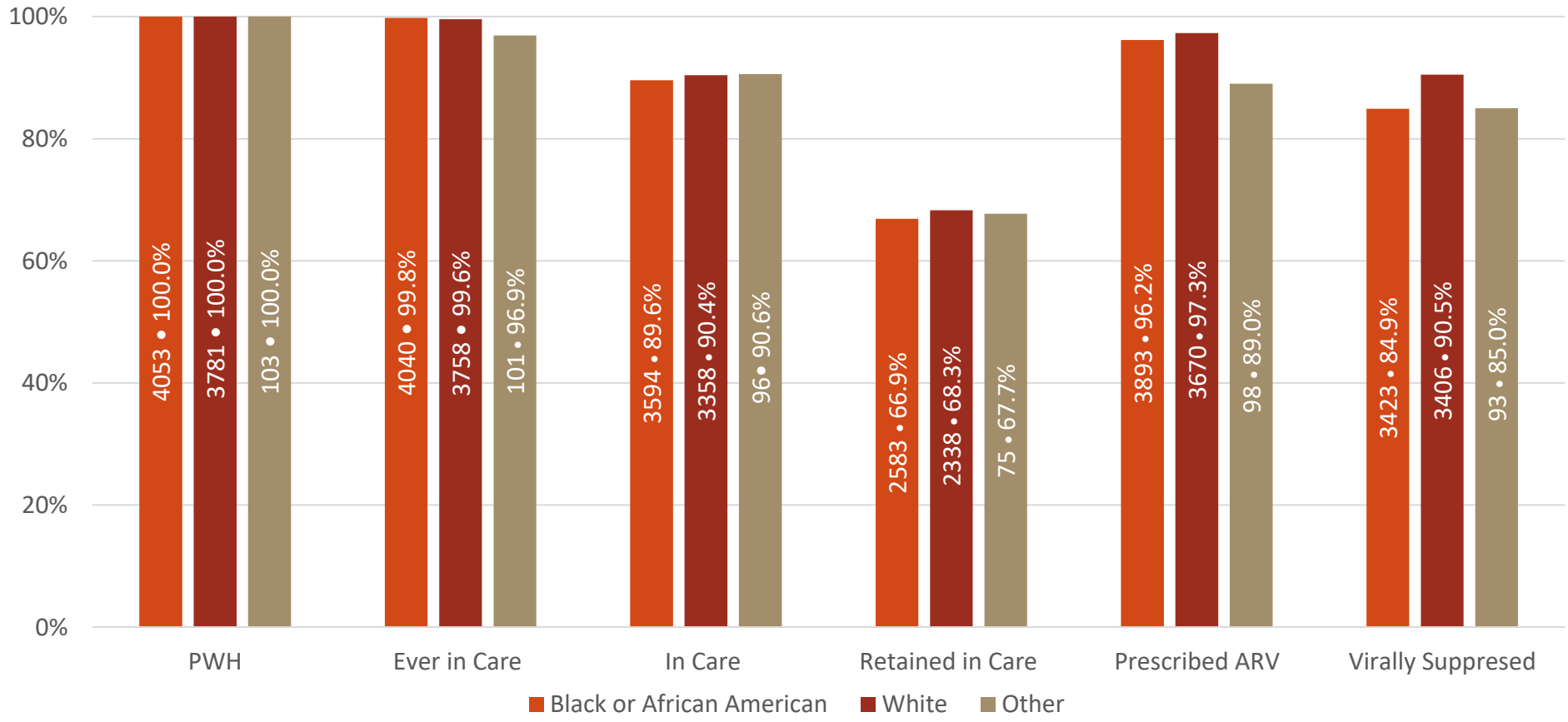
HANDOUT B

Broward Part A HIV Care Continuum FY2021 Q1 - Gender



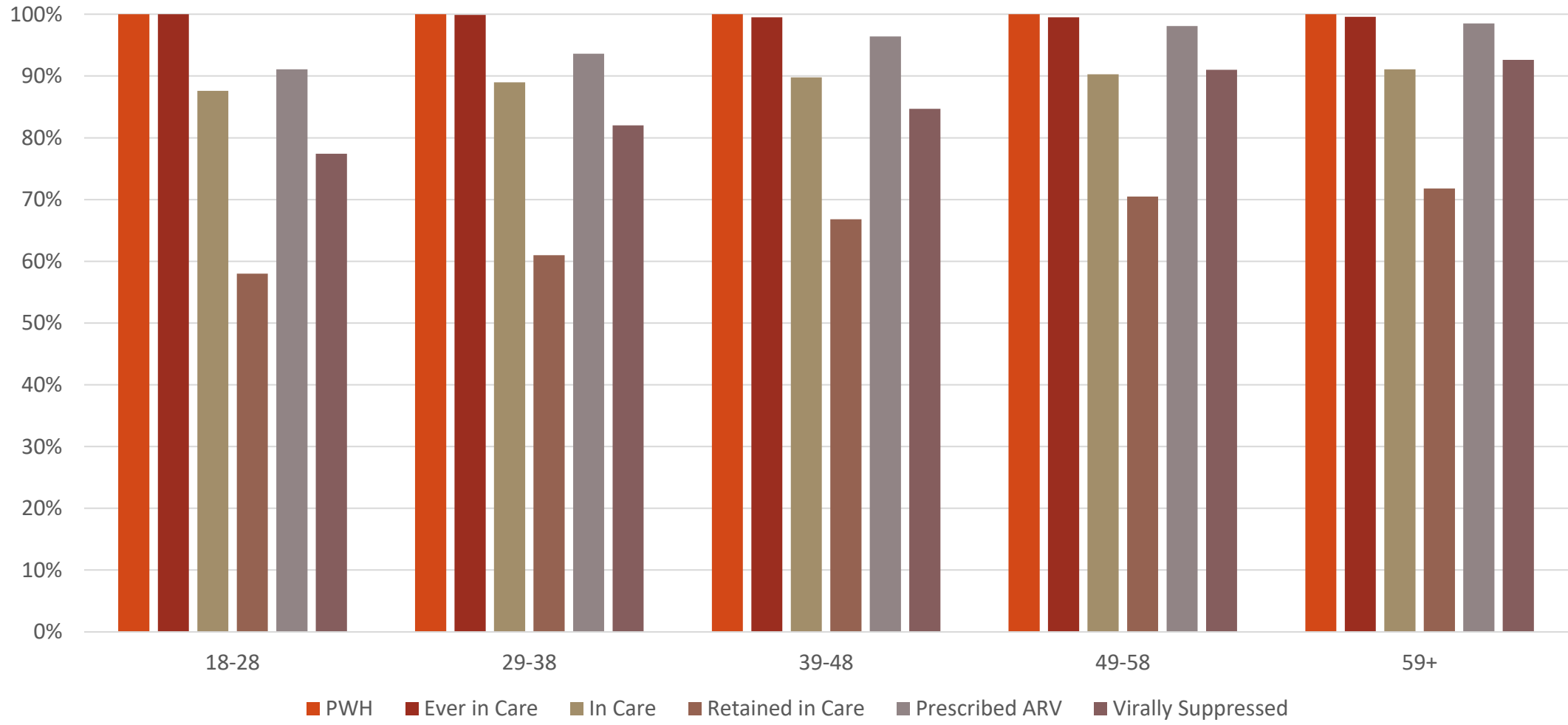
HANDOUT B

Broward Part A HIV Care Continuum FY2021 Q1 – Race & Ethnicity



HANDOUT B

Broward Part A HIV Care Continuum FY2021 Q1 - Age



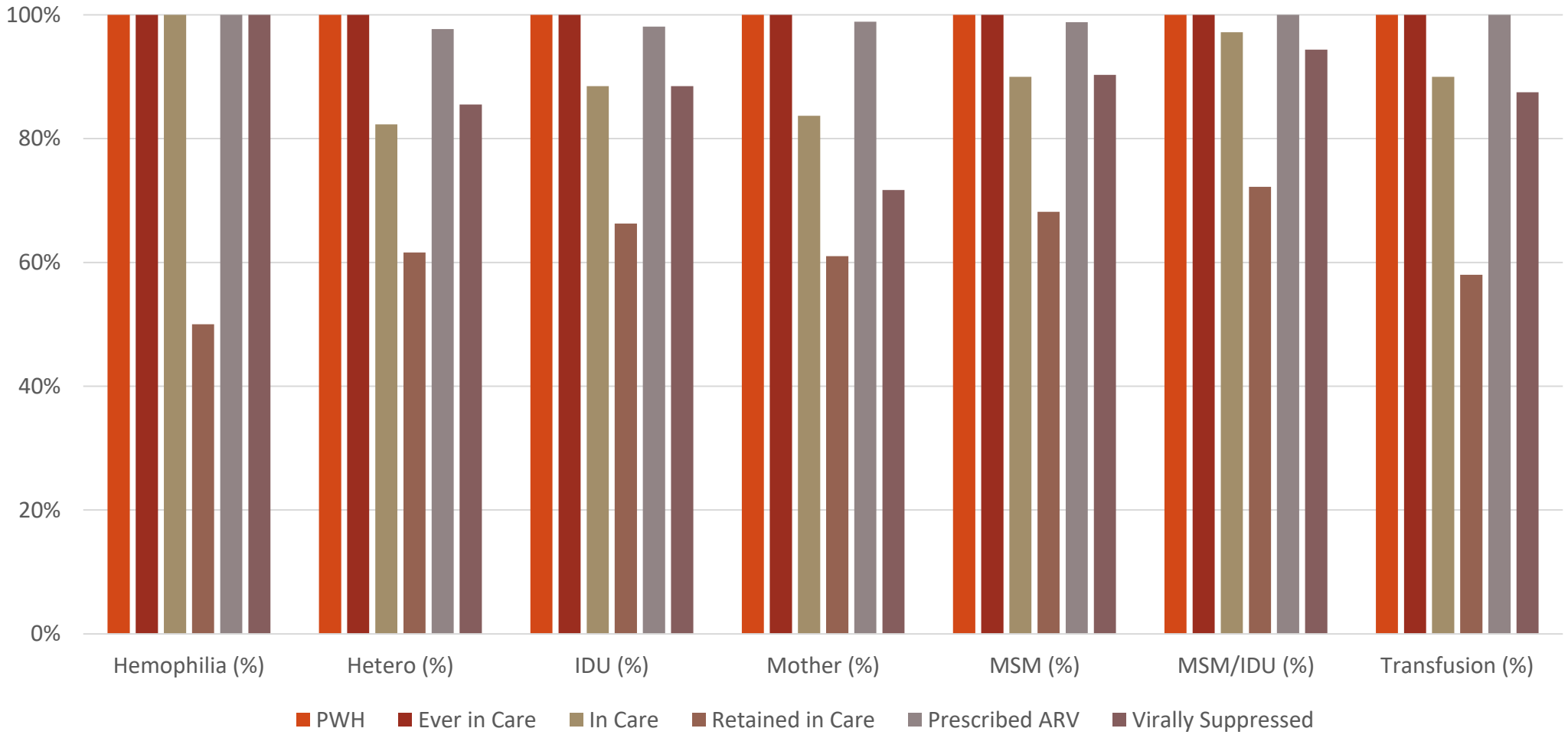
HANDOUT B

Broward Part A HIV Care Continuum FY2021 Q1- Age
Data Table

Age Group	PWH	Ever in Care	In Care	Retained in Care	Prescribed ARV	Virally Suppressed
18-28 (N)	541	541	474	314	493	419
18-29 %	100.0%	100.0%	87.6%	58.0%	91.1%	77.4%
29-38 (N)	1422	1420	1266	867	1331	1166
29-38 %	100.0%	99.9%	89.0%	61.0%	93.6%	82.0%
39-48 (N)	1535	1527	1378	1025	1480	1300
39-48 %	100.0%	99.5%	89.8%	66.8%	96.4%	84.7%
49-58 (N)	2432	2421	2196	1714	2387	2206
49-58 %	100.0%	99.5%	90.3%	70.5%	98.1%	91.0%
59+ (N)	2101	2093	1914	1509	2070	1945
59+ %	100.0%	99.6%	91.1%	71.8%	98.5%	92.6%

HANDOUT B

Broward Part A HIV Care Continuum FY2021 Q1 -Transmission Type



HANDOUT B

Broward Part A HIV Care Continuum FY2021 Q1 -Transmission Type
Data Table

Mode of Transmission	PWH	Ever in Care	In Care	Retained in Care	Prescribed ARV	Virally Suppressed
Hemophilia (%)	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%
Hemophilia (N)	12	12	12	6	12	12
Hetero (%)	100.0%	100.0%	82.3%	61.6%	97.7%	85.5%
Hetero (N)	927	927	763	571	906	793
IDU (%)	100.0%	100.0%	88.5%	66.3%	98.1%	88.5%
IDU (N)	104	104	92	69	102	92
Mother (%)	100.0%	100.0%	83.7%	61.0%	98.9%	71.7%
Mother (N)	92	92	77	56	91	66
MSM (%)	100.0%	100.0%	90.0%	68.2%	98.8%	90.3%
MSM (N)	3880	3880	3491	2645	3833	3504
MSM/IDU (%)	100.0%	100.0%	97.2%	72.2%	100.0%	94.4%
MSM/IDU (N)	36	36	35	26	36	34
Transfusion (%)	100.0%	100.0%	90.0%	58.0%	100.0%	87.5%
Transfusion (N)	40	40	36	23	40	35

HIV Care Continuum

Notable Trends

- Transgender clients (n=71) are 10.6-11.1% less likely to be retained in care than female (n=2048) and male (n=5841) clients
- The races categorized as “other” (n=103) are 7.2%-8.3% less likely to be prescribed ARV than Black or African-American (n=4053) and White (n=3781) clients
- The White race is ~5.5% more likely to be virally suppressed than the other races

HIV Care Continuum

Notable Trends Cont.

HANDOUT B

- Individuals 18 – 28 years old are 8.8%-13.8% less likely to be Retained in Care, 5.3%-7.4% less likely to be prescribed ARV, and 7.3%-15.2% less likely to be Virally Suppressed than the other age groups

- Individuals who indicated Hemophilia (n=12) as their transmission type are 10.0% less likely to be In Care, 20.0% less likely to be Retained in Care, and 10.0% more likely to be Virally Suppressed than the other transmission type groups

- Individuals who indicated heterosexual contact as their transmission type are 8.1% more likely to be Retained in Care and 13.6% more likely to be Prescribed ARV than the other transmission type groups

Broward Outcomes & Indicators

Overview

- FY 2021 Quarter 1: March 1, 2021 – May 31, 2021
- CQM Support Staff track RW performance measures on a data dashboard

Broward Part A HIV Outcomes & Indicators by Service Category FY2021 Q1

Oral Health

Outcome 1: Continuity of oral health care.
Indicator 1.1: 75% of clients have a dental visit at least 2 times within the past 12 months.

Outcome 2: Screening of periodontal health is provided.
Indicator 2.1: 75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months.

Mental Health

Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health
diagnosis
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date

Outcome 2: Increased access, retention, and adherence to primary medical care
Indicator 2.1: 85% of clients are retained in primary medical care

Substance Abuse - Outpatient

Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.

Outcome 2: Increased access, retention, and adherence to primary medical care.
Indicator 2.1: 85% of clients are retained in Primary Medical Care.

Food Services

Outcome 1: Increased access, retention, and adherence to Primary Medical Care.
Indicator 1.1: 85% of clients are retained in primary medical care.

Outcome 2: Increased viral suppression.
Indicator 2.1: 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL.

CIED

Outcome 1: Increase access, retention, and adherence to primary medical care.
Indicator 1.1: 95% of Part A clients who have not had a primary medical care visit within the last six (6) months at the time of recertification have a primary medical care or disease case management appointment scheduled within one (1) business day.

Indicator 1.2: 80% of clients will not experience a lapse in Ryan White Part A eligibility.

Health Insurance Continuation Program

Outcome 1: Increased access, retention, and adherence to Primary Medical Care.

Indicator 1.1: 85% of clients are retained in primary medical care.

**Data Source: Broward County Ryan White Part A Care Broward Outcomes Provide Enterprise Report V2 3/1/2021-5/31/2021, as of 6/18/2021*

HANDOUT B

Broward Part A HIV Outcomes & Indicators by Service Category FY2021 Q1

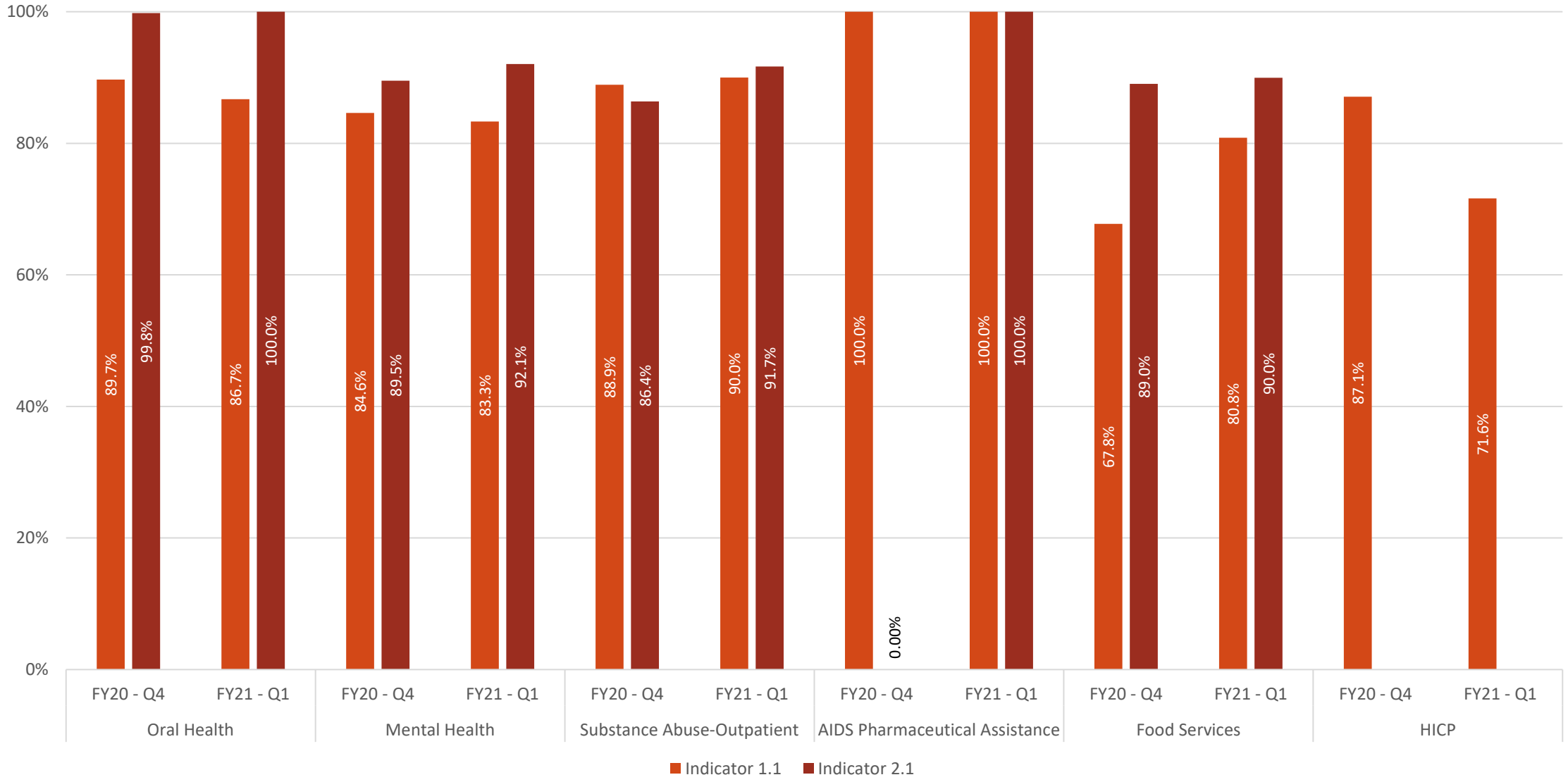
Legal Services
Outcome 1: Increased access to benefits for the which the client is eligible. **Indicator 1.1:** 60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of cash benefits and/or medical benefits or will have their case remanded for a hearing before an Administrative Law Judge. **Indicator 1.2:** 80% of clients whose cases are accepted for representation at a Social Security Administrative Law Judge hearing will win approval of case benefits and/or medical benefits thus improving their financial stability.
Integrated Primary Care & Behavioral Health
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients are retained in Integrated Primary Care and Behavioral Health services. **Indicator 1.2:** 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL.
AIDS Pharmaceutical Assistance
Outcome 1: Improve access to medication. **Indicator 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. **Outcome 2:** Clients provided an opportunity to improve medication adherence. **Indicator 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).

Non-Medical Case Management
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 85% of clients are retained in primary medical care.
Disease Case Management
Outcome 1: Increase access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 90% of clients are retained in primary medical care.

**Data Source: Broward County Ryan White Part A Care Broward Outcomes Provide Enterprise Report V2 3/1/2021-5/31/2021, as of 6/18/2021*

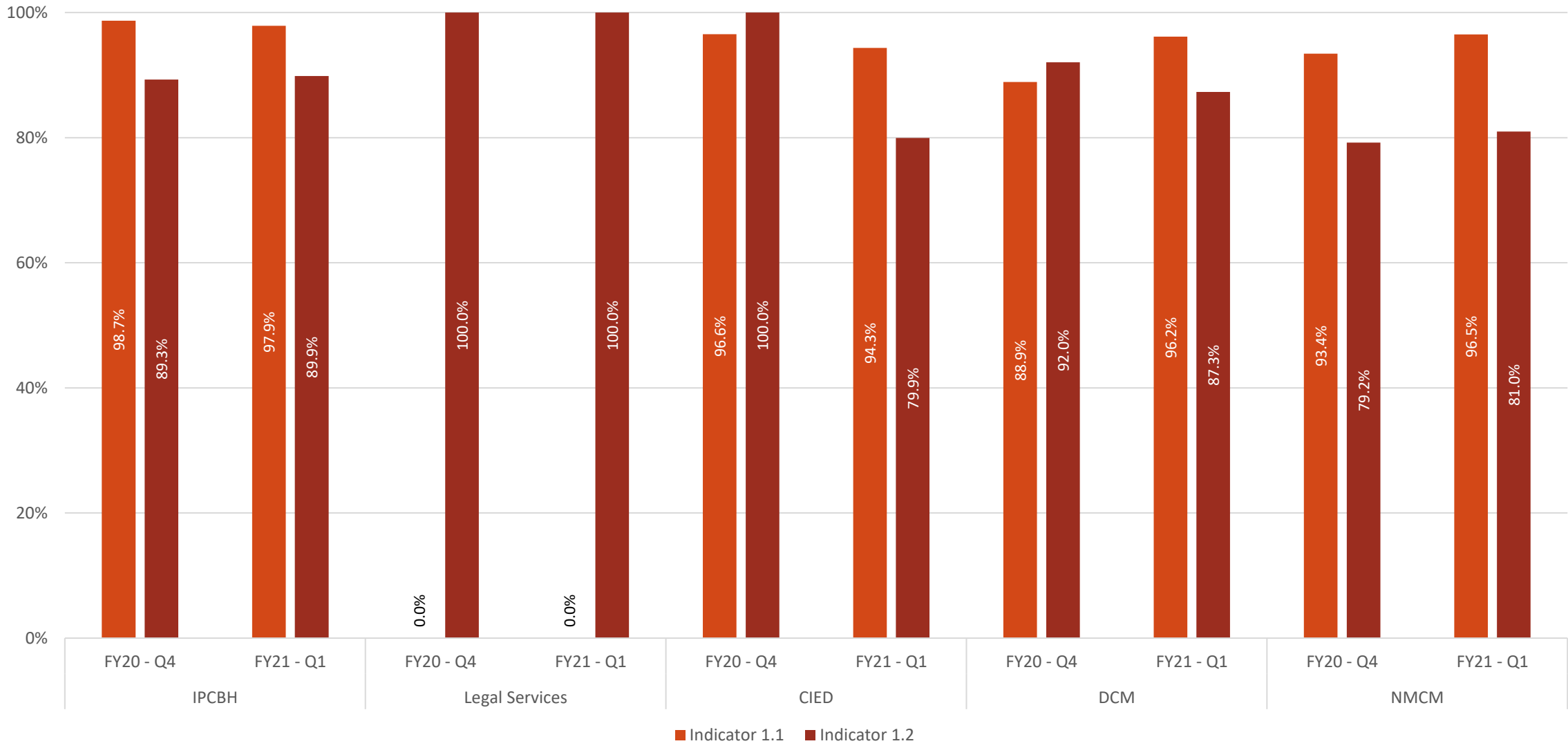
HANDOUT B

Broward Part A HIV Outcomes & Indicators by Service Category FY20-Q4 & FY2021-Q1



HANDOUT B

Broward Part A HIV Outcomes & Indicators by Service Category FY20-Q4 & FY2021-Q1



Broward Outcomes & Indicators

Notable Trends

- **Indicator 2.1** showed a remarkable increase of 5.3% for Substance Abuse – Outpatient between reporting periods
- **Indicator 1.1** showed a remarkable increase of 13.1% for Food Services between reporting periods
- **Indicator 1.1** showed a remarkable decrease of 15.5% for Health Insurance Continuation Program (HICP) between reporting periods

Broward Outcomes & Indicators

Notable Trends Cont.

- **Indicator 1.2** showed a remarkable decrease of 20.1% for Central Intake & Eligibility Determination (CIED) between reporting periods

- **Indicator 1.1** showed a remarkable increase of 7.3% for Disease Case Management (DCM) between reporting periods

HANDOUT B

Broward Part A HIV Outcomes & Indicators by MAI Service Category

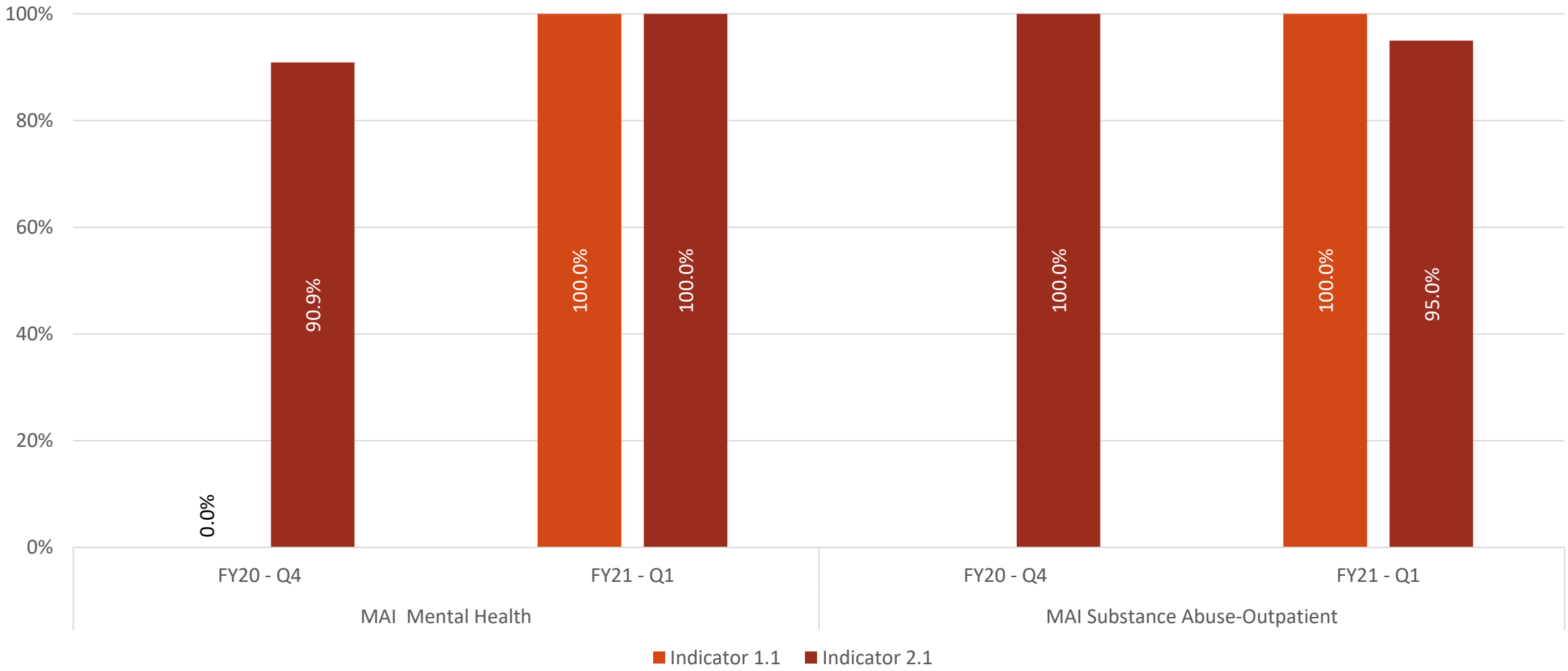
FY2021 Q1

MAI Integrated Primary Care & Behavioral Health
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients retained in MAI Integrated Primary Care and Behavioral Health Services. **Indicator 1.2:** 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL.
MAI Mental Health
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis. **Indicator 1.1:** 85% of clients achieve treatment plan goals by designated target date. **Outcome 2:** Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in primary medical care.
MAI Non-Medical Case Management
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 85% of clients are retained in primary medical care.
MAI Substance Abuse - Outpatient
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis. **Indicator 1.1:** 85% of clients achieve treatment plan goals by designated target date. **Outcome 2**: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in primary medical care.

**Data Source: Broward County Ryan White Part A Care Broward Outcomes Provide Enterprise Report V2 3/1/2021-5/31/2021, as of 6/18/2021*

HANDOUT B

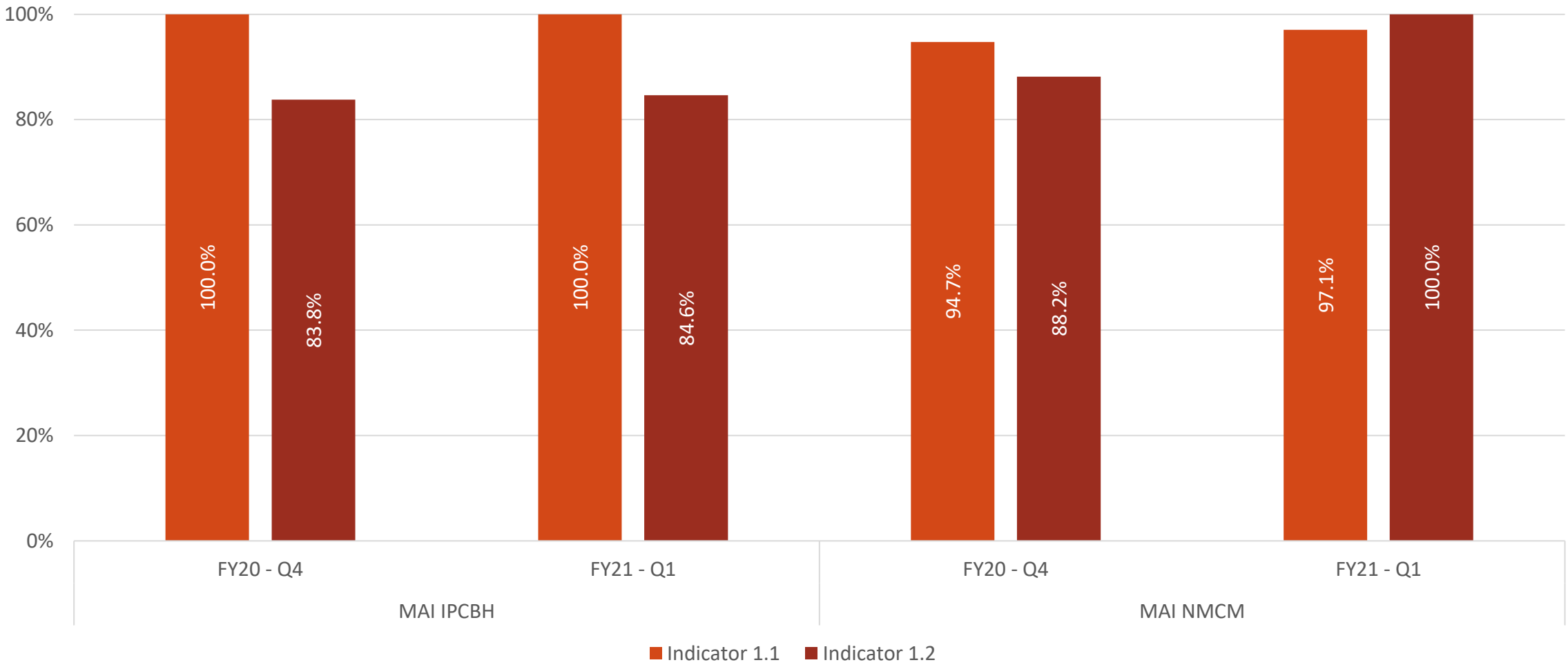
Broward Part A HIV Outcomes & Indicators by MAI Service Category
FY20-Q4 & FY2021-Q1



**Data Source*: *Broward County Ryan White Part A Care Broward Outcomes Provide Enterprise Report V2 3/1/2021-5/31/2021, as of 6/18/2021*

HANDOUT B

Broward Part A HIV Outcomes & Indicators by MAI Service Category
FY20-Q4 & FY2021-Q1



**Data Source*: *Broward County Ryan White Part A Care Broward Outcomes Provide Enterprise Report V2 3/1/2021-5/31/2021, as of 6/18/2021*

Broward Outcomes & Indicators by MAI Services Category

Notable Trends

- **Indicator 2.1** showed a remarkable increase of 9.1% for MAI Mental Health between reporting periods
- **Indicator 2.1** showed a remarkable decrease of 5.0% for MAI Substance Abuse-Outpatient between reporting periods
- **Indicator 1.2** showed a remarkable increase of 11.8% for Non-Medical Case Management (NMCM) between reporting periods

Questions?

Broward Regional Health Planning Council

BRHPC

HEALTH & HUMAN SERVICE INNOVATIONS

www.brhpc.org

Thank You!

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

RYAN WHITE PART A PROGRAM UPDATE

+ Community Involvement

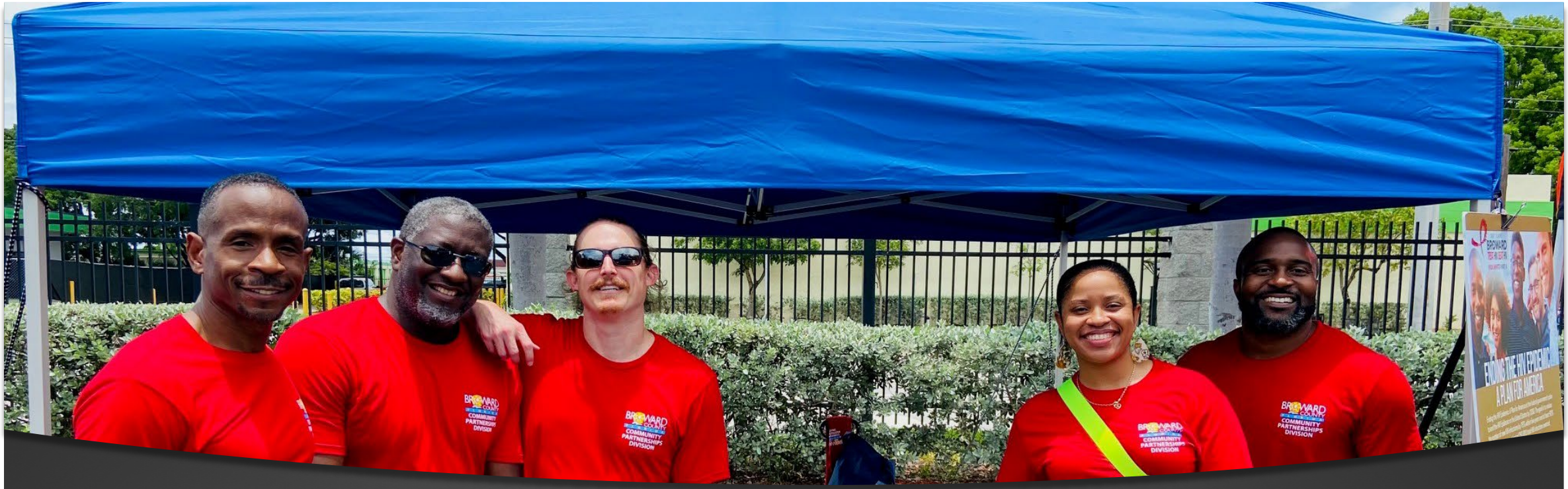
+ Program Activities

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A

HANDOUT C

Pride Event

- The Ryan White Part A Program Office attended the Pride event at Wilton Manors.
- Staff dispensed swag and educated attendees on HIV and Ryan White Part A services.



HIV Testing Day

- The Ryan White Program Office attended the HIV Testing Day event!
- Staff dispensed swag and educated attendees on HIV and Ryan White Part A services.

HANDOUT C

Recent Activities

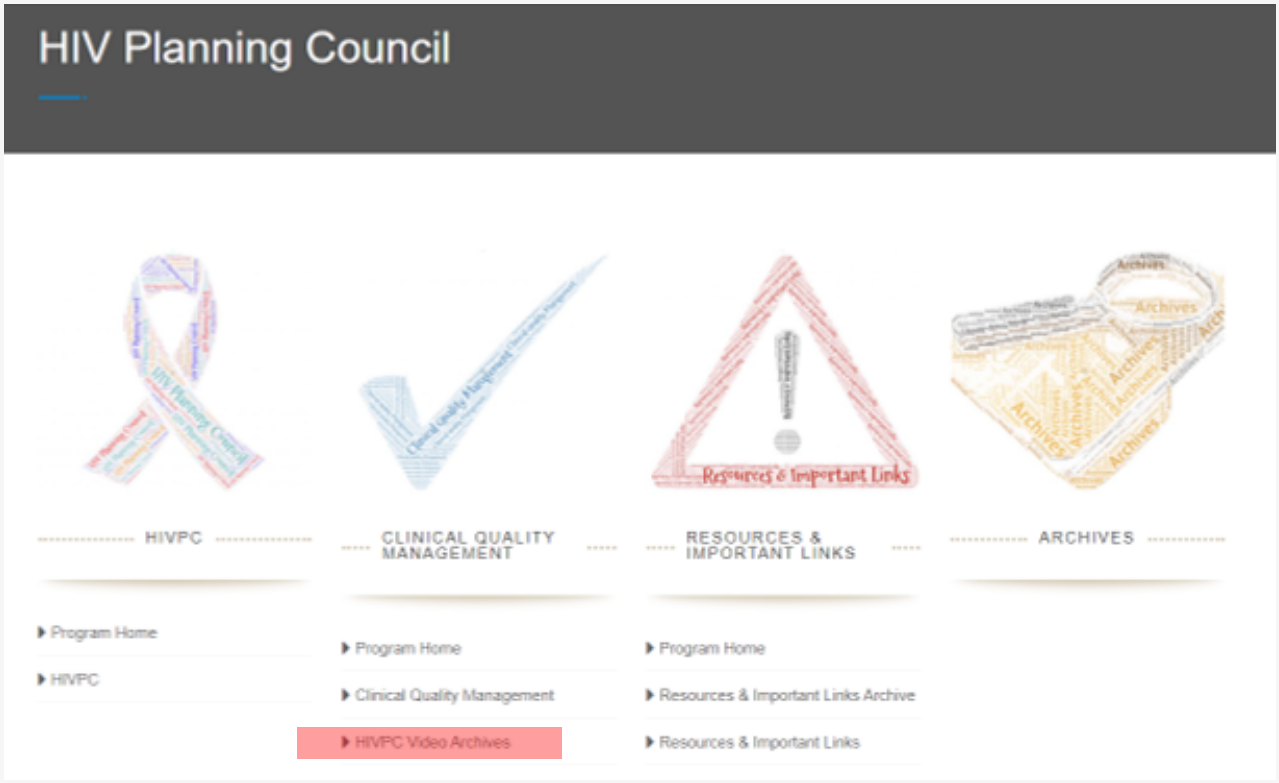
- Broward County is sponsoring Ryan White Part A providers to participate in Dismantling Racism Workshops (17 providers have attended so far!).
- Quality Assurance staff are reviewing provider Quarterly Reports and Performance Measures for FY 2021 – Quarter 1.
- Ryan White Part A Program collaborated with the Florida Department of Health and ViiV Healthcare to host a webinar on the availability of Cabenuva®, the long-acting injectable antiretroviral, in Broward County.

Recent Activities

- 2021 Ryan White Part A Provider Desktop Monitoring started in March. Eight audits have been completed, three are remaining.
- Provide Enterprise (PE) maintenance to improve system performance.
- Broward Outcomes report was updated in PE to align with new outcomes established in recently approved Service Delivery Models and to report MAI outcomes separately from Part A.
- Tier two of Ryan White Part A Pharmacy formulary was updated based on ADAP's formulary update in May.

QUESTIONS?

THANK YOU FOR YOUR TIME!



QMC ORIENTATION VIDEOS

NOW AVAILABLE ON THE HIVPC WEBSITE

TOPIC	LENGTH	LINK
VIDEO 01 ABOUT THE RYAN WHITE HIV/AIDS PROGRAM	07:34	WATCH VIDEO 01
VIDEO 02 CLINICAL QUALITY MANAGEMENT	09:04	WATCH VIDEO 02
VIDEO 03 WHAT IS A SERVICE DELIVERY MODEL?	09:03	WATCH VIDEO 03
VIDEO 04 RYAN WHITE DATA OVERVIEW	08:37	WATCH VIDEO 04