



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting

Monday, October 18, 2021 - 12:30 PM

Meeting via [WebEx Videoconference](#)

Chair: Bisola Fortune-Evans • Vice Chair: David Shamer

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 717 8906)

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for October 18, 2021
5. **ACTION:** Approval of Minutes from September 20, 2021
6. Standard Committee Items
 - a. CQM Work Plan Progress Review (Handout A)- Review QMC's FY2021 CQM Work Plan progress.
Work Plan Activity 4.1: Review Progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.
7. Unfinished Business
None.
8. New Business
 - a. **Action Item:** FY2021 Q2 Ryan White Part A Data- Review and discuss data regarding RWPA program outcomes in the second quarter of FY2021.
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

9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting

a. Next Meeting Date: November 15, 2021, at 3:00 p.m. via WebEx Videoconference

12. Announcements
13. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:
[HIV Planning Council Website](#)*

Please complete the [meeting evaluation](#).

*Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •*

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Dale V.C. Holness •
Nan H. Rich • Tim Ryan • Barbara Sharief • Michael Udine

[Broward County Website](#)

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa eskizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/‘Staff’: Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient’s care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.



Meeting of the
Quality Management Committee

Monday, September 20, 2021
12:30 – 2:30 PM
By WebEx Videoconference

MINUTES

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

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

Planning Council Support Staff Present: G. Berkeley-Martinez, V. Oratien, F. Ukpai, T. Williams

Guests Present: S. Cook, C. Dumas, B. Mester, J. Rodriguez, K. Drummond

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

The *QMC Chair* called the meeting to order at 12:33 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*, 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 September 20, 2021, Quality Management Committee meeting was proposed by B. *Barnes*, seconded by Z. *Muneton*, and passed unanimously. The approval for the minutes of the June 21, 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 September 20, 2021, Quality Management Committee agenda as presented. The motion was adopted unanimously.

Mr. Barnes, on behalf of QMC, made a motion to approve the July 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 through the halfway period of the fiscal year. In the second quarter, CQM Support Staff provided data presentations including the review of FY2020 Scorecards and client health outcomes with the Priority Setting & Resource Allocation (PSRA) Committee. Also in the second quarter, Service Delivery Models (SDMs) were reviewed with the System of Care (SOC) Committee. The Quality Network continued to develop aim statements and consider drivers before planning beginning Plan Do Study Act (PDSA) Cycles. QMC previously received an overview of Network activities in the first quarter and the reviewed second quarter in this meeting. Additionally, CQM updates were provided to the HIVPC and its Committees. CQM Support Staff conducted technical assistance with agencies working through the Quality Improvement Toolkit and continued to develop a Client Satisfaction Survey proposal. Overall, CQM Work Plan progress remains on schedule.

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 the Network Overview: FY2021 Quarter 2 (Handout B on file). In discussion following the overview, attendees were asked to share their opinions on proposed topics for Provider Appreciation Week and to add any additional topics to explore. Responses included the extension of services westward to increase client access, self-care & work/life balance, virtual burnout (best practices for engaging in meaningful conversation), and engaging clients via technology. Attendees were also asked what topics might be of value to QMC for training or discussion. Responses included reviewing what other EMAs/TGAs are doing to continue working during the pandemic, needs assessment & analysis, and the need for balance in contractual and provider obligations.

Next, *CQM Support Staff* provided an overview of the Oral Health No-Show Tracking Report (Handout C on file). The presentation reviewed the project which took place over the course of FY2019. Following the presentation, attendees asked whether additional data was available for the number of rescheduled appointments kept. CQM Support Staff will follow up on this question and share the response with QMC. Additionally, members noted the benefit of using a Motivational Interviewing approach to reach out to clients who missed appointments as well as the importance of a flexible schedule to accommodate clients whose obligations keep them from keeping appointments. Incorporating peers was described as a potential method to improve the number of appointments kept, as it has been beneficial to CIED for both new and existing clients. Members also noted that including the client's referring agency as a field in the no-show tracking process may be helpful if conducted in the future because case managers and social workers may be more successful in reaching clients who are not in contact with the oral health provider.

ACTION ITEM: Determine whether additional data are available that confirm whether clients who rescheduled appointments kept their new appointments.

Finally, *CQM Support Staff* announced changes to current staffing on the CQM & PCS Teams. Vanessa Oratien has stepped down from her position as CQM Coordinator. Florence Ukpai, PCS Coordinator will be the Manager overseeing both programs. At this time, one of two CQM Health Planners positions has been filled.

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. No public comments were made.

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

The next QMC meeting will be held on October 18, 2021, at 12:30 p.m. via WebEx Videoconference.

Agenda Item #10: Announcements

There were no announcements.

Agenda Item #10: Adjournment

There being no further business, the meeting was adjourned at 1:20 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	19	C	20				
0	0	0	1	Fortune-Evans, B. V. Chair			X	X	NQX	X	X		X				
1	1	3	2	Katz, H.B.			X	A	NQA	X	X		A				
0	1	2	3	Barnes, B.			A	X	NQA	X	X		X				
0	0	0	4	Markman, N.			X	X	NQX	X	X		X				
0	0	0	5	Muneton, Z.			X	X	NQX	X	X		X				
1	1	2	6	Shamer, D.			X	X	NQA	X	A		X				
Quorum = 4					0	0	5	5	3	6	5	0	5	0	0	0	

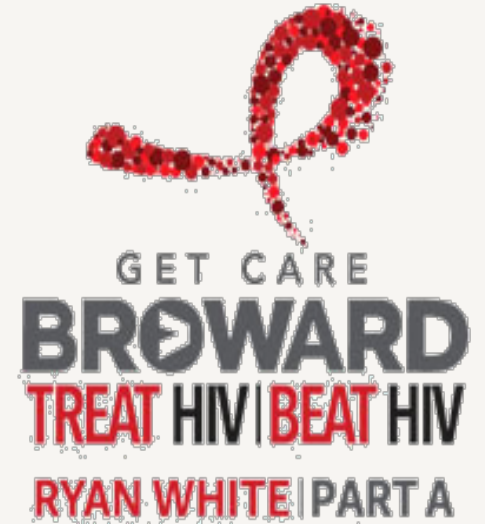
Legend:

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

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	Comment
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			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			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	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			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			X		CQM Staff	
6. Provide technical assistance to providers as needed.	X		X	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	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	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	X	X	X	X							CQM Staff	
3. Plan, initiate, and implement a client satisfaction/client experience plan and provide training as indicated.					X	X							CQM Staff	
X = goal for objective completion														
= in progress														
= completed														
= planned														



Broward EMA RW Part A Program FY 2021-2022 Q2 Update



Broward EMA HIV Health Services Planning Council (HIVPC)

Quality Management Committee (QMC)

Presented by BRHPC CQM Support Staff – Brianne Miller, MPH, CHES & Jasmine Rohoman, MPH



Overview

Data Reporting

Data is pulled through the end of the second quarter (6/1/21-8/31/21) of the fiscal year.



HIV Care Continuum

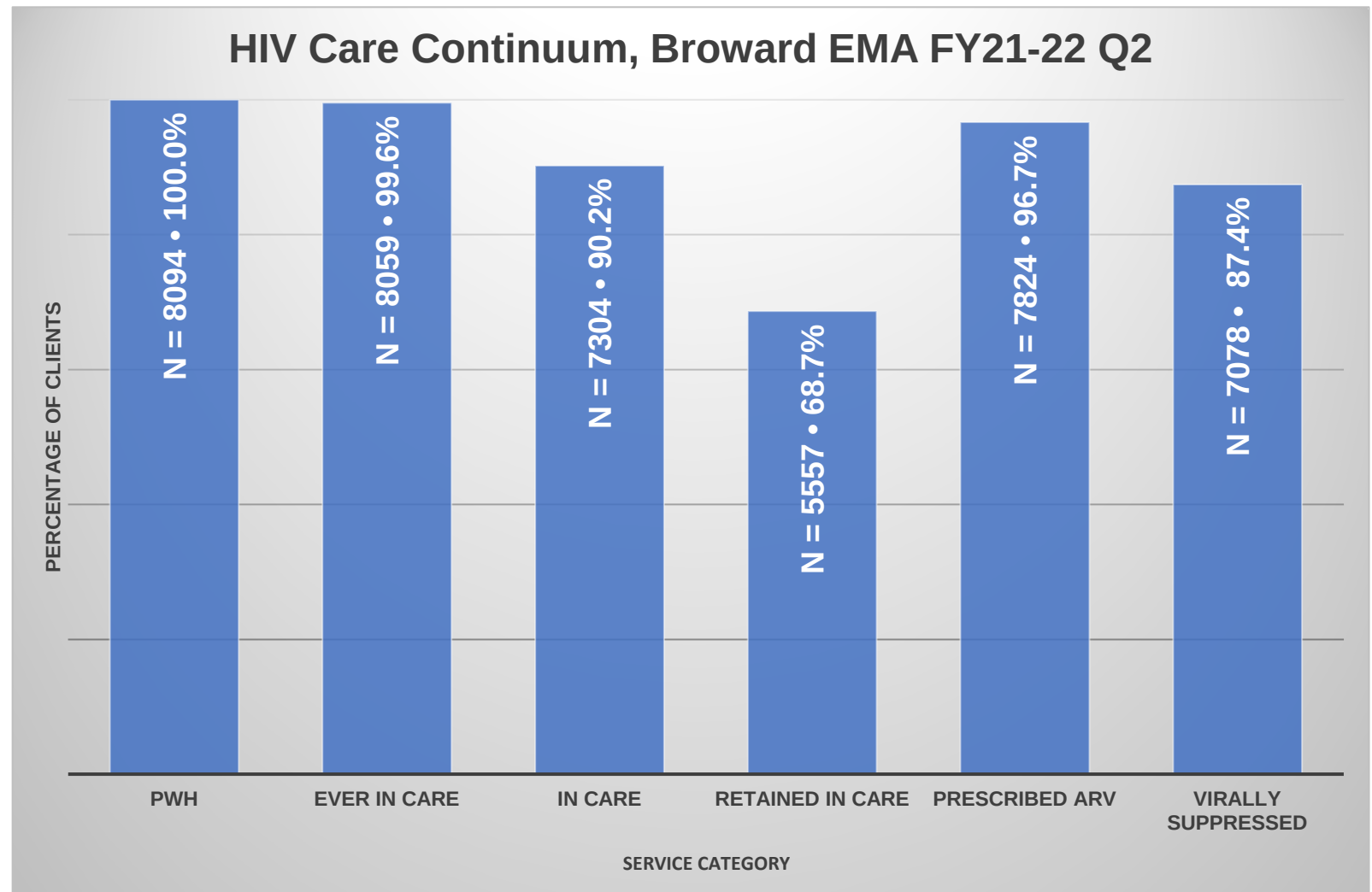
Definitions

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



Broward Part A HIV Care Continuum, FY21-22, Q2

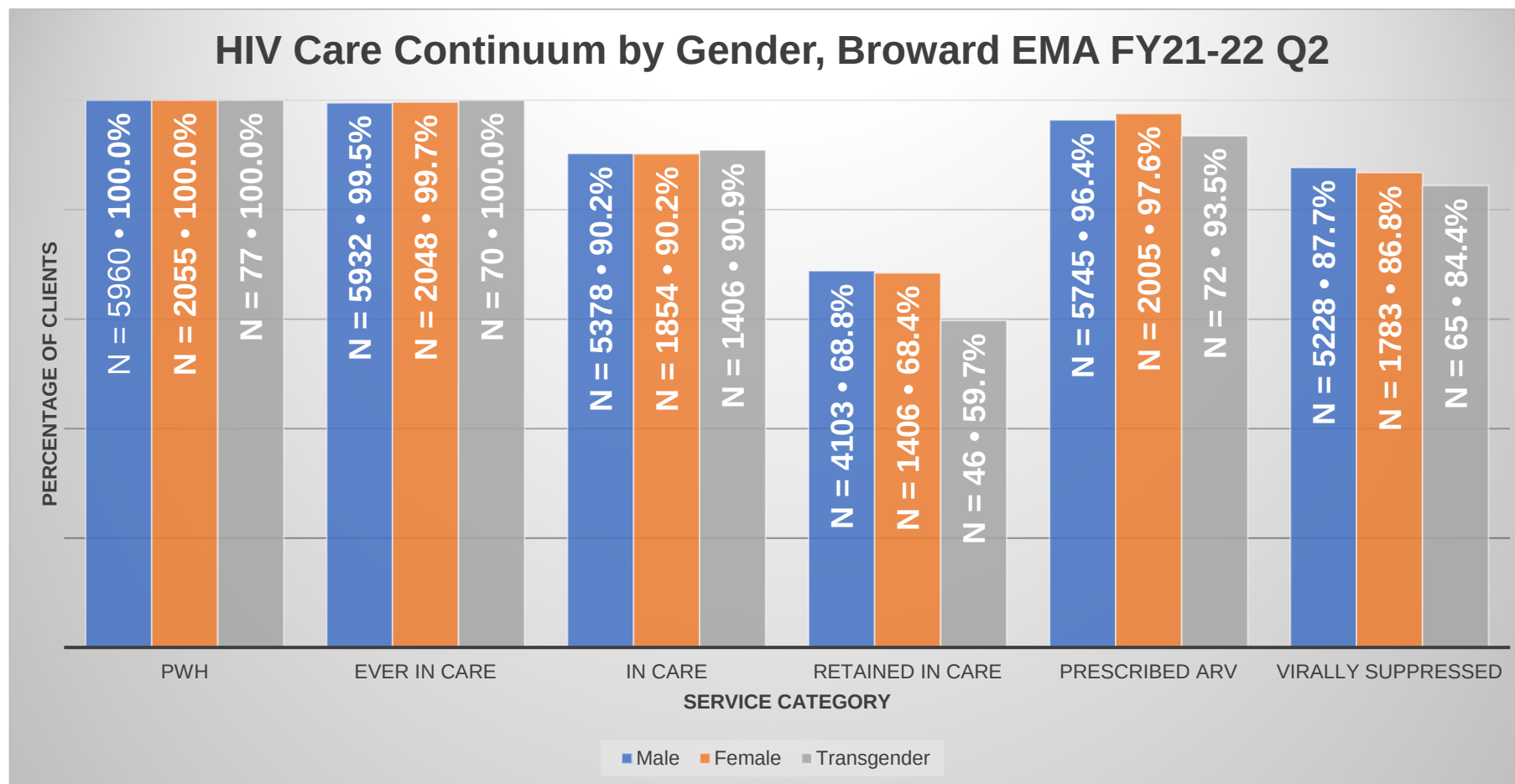
Figure 1: HIV Care Continuum – Systemwide, Broward EMA FY 21-22 Q2



***Data Source:** Broward County Ryan White Part A Care Continuum Provide Enterprise Report 6/1/2021-8/31/2021, data pulled through end of Q2

Broward Part A HIV Care Continuum FY2021 Q2 - Gender

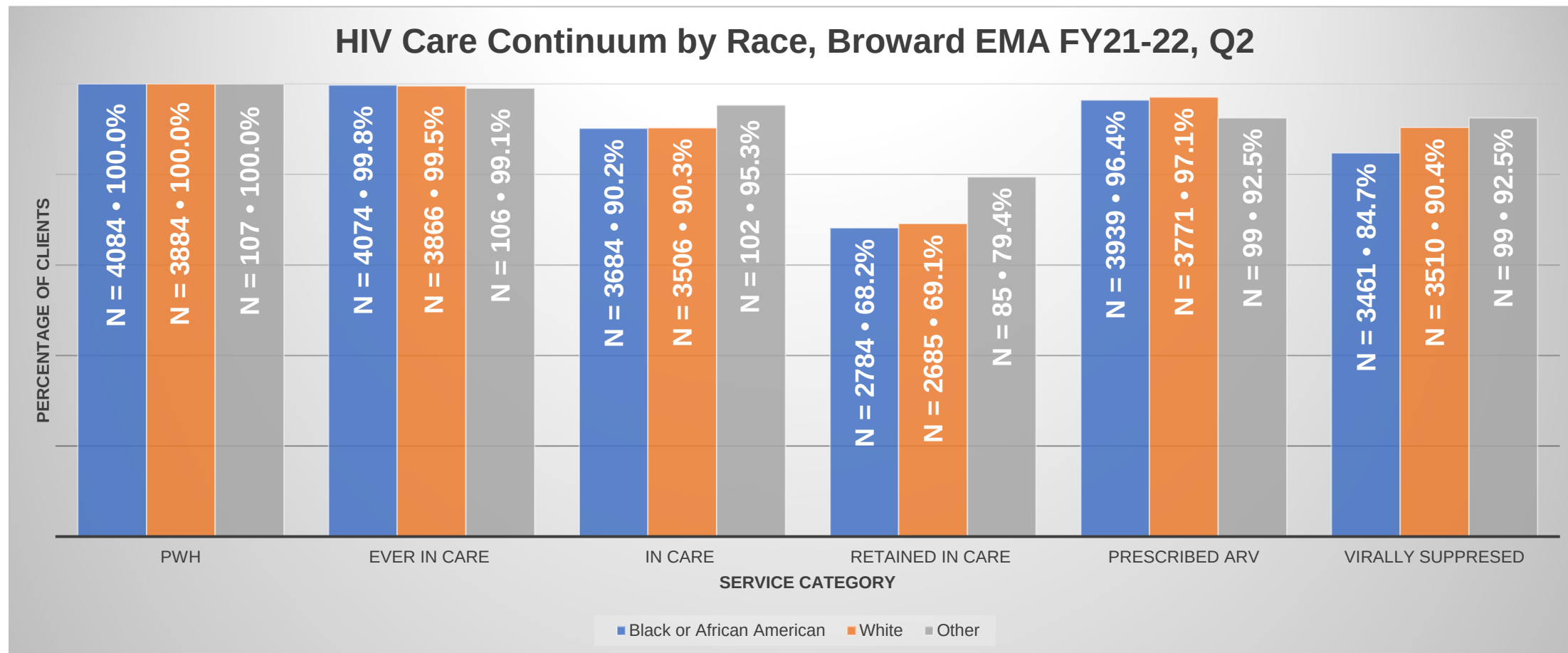
Figure 2: HIV Care Continuum by Gender, Broward EMA FY 21-22 Q2



*Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report 6/1/2021-8/31/2021, data pulled through end of Q2

Broward Part A HIV Care Continuum FY2021 Q2 – Race

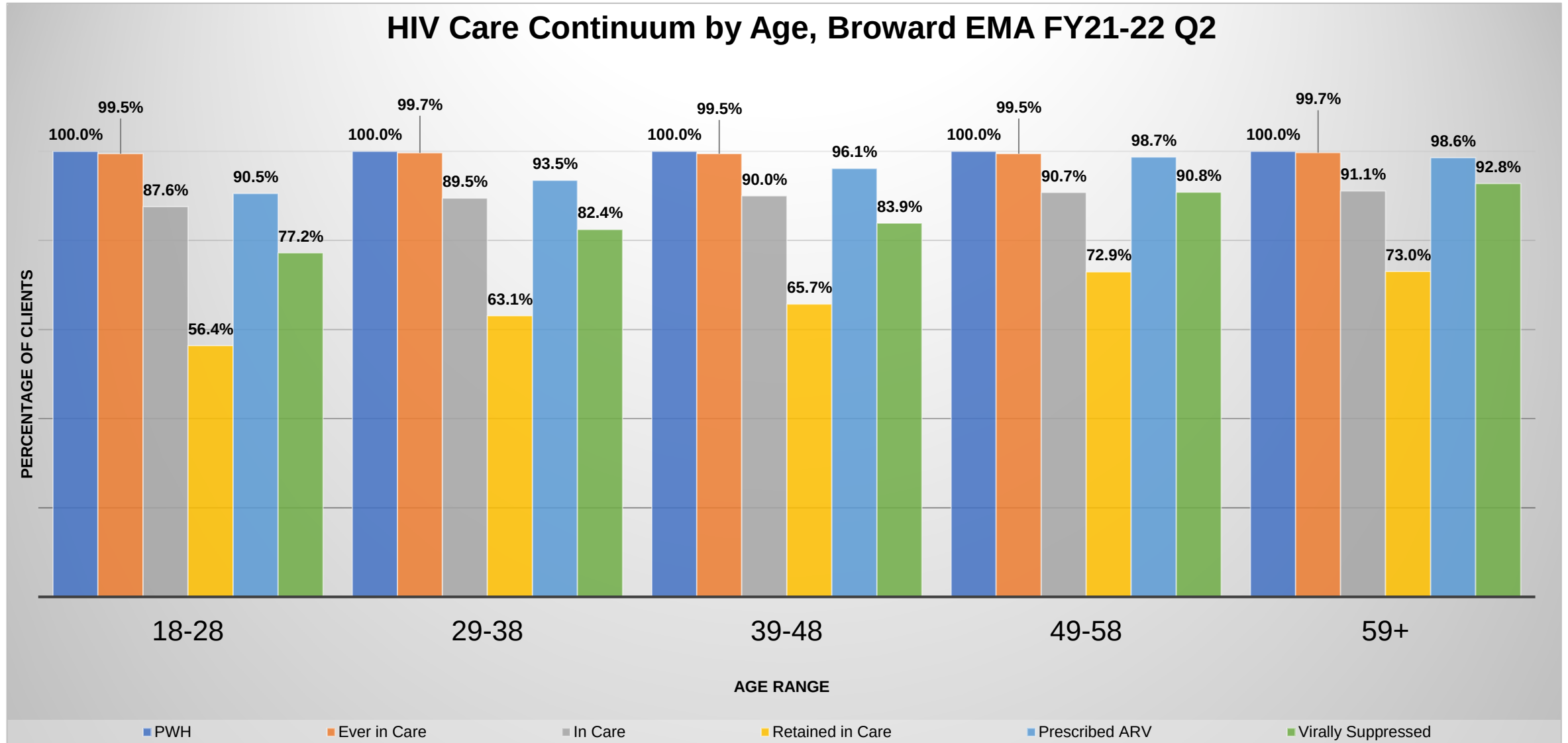
Figure 3: Figure 2: HIV Care Continuum by Race, Broward EMA FY 21-22 Q2



Other Race: Alaskan Native, American Indian, Asian, Native Hawaiian, Other, and Pacific Islander

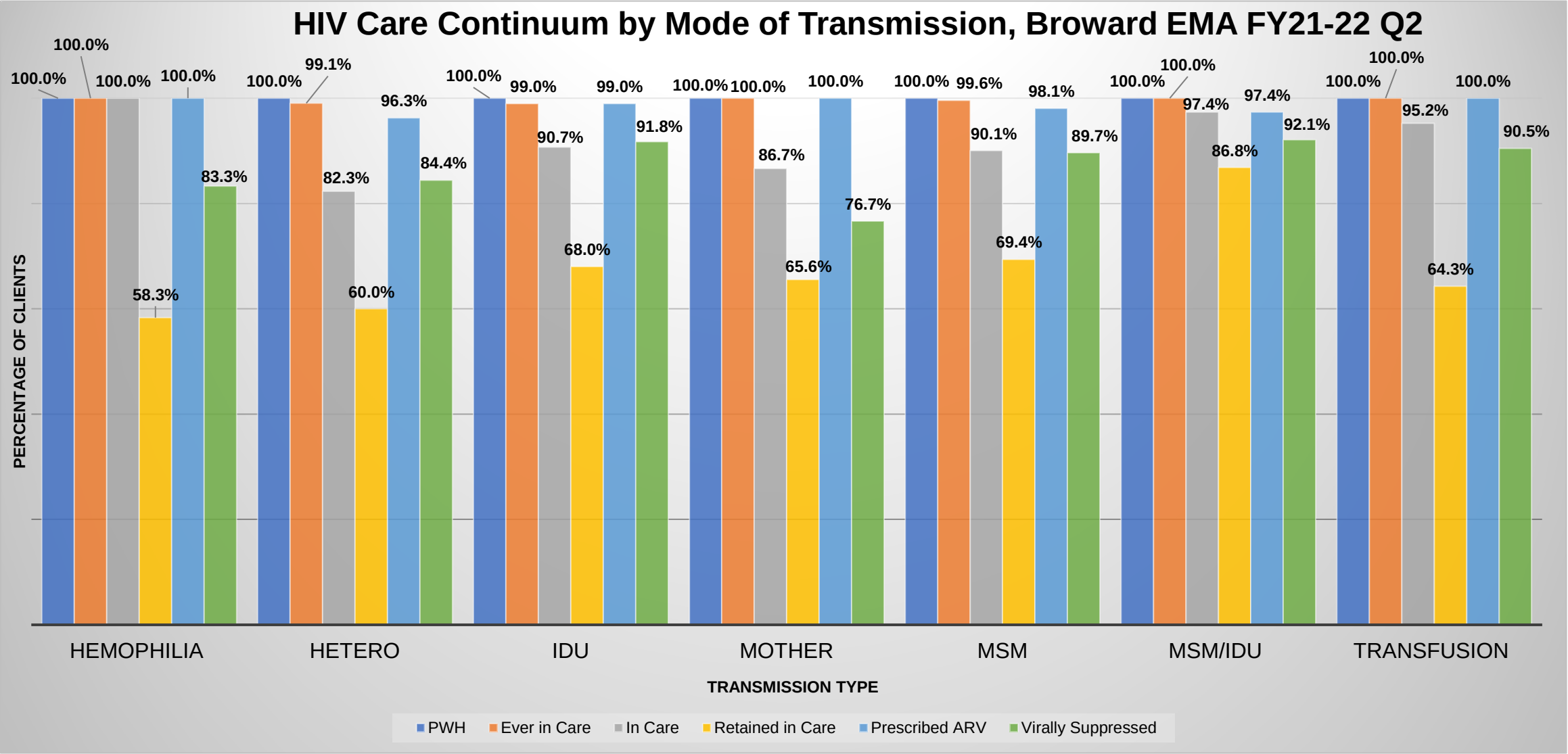
***Data Source:** Broward County Ryan White Part A Care Continuum Provide Enterprise Report 6/1/2021-8/31/2021, data pulled through end of Q2

Broward Part A HIV Care Continuum FY2021 Q2 - Age



*Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report 6/1/2021-8/31/2021, data pulled through end of Q2

Broward Part A HIV Care Continuum FY2021 Q2 – Mode of Transmission



*Data Source: Broward County Ryan White Part A Care Continuum Provide Enterprise Report 6/1/2021-8/31/2021, data pulled through end of Q2

HIV Care Continuum

Data Conclusions

- Subpopulations who experienced an increase in the “Retained in care” category from Q1 to Q2:
 - Transgender clients: 2.8%
 - Black/African-American clients: 1.3%
 - Transmission Type:
 - IDU: 1.7%
 - MSM: 1.2%
 - MSM/IDU: 14.6%
 - Transfusion: 6.8%
 - Ages:
 - 29-38: 2.1%
 - 29-58: 2.4%
 - 59+: 1.2%
- Subpopulations who experienced an increase in viral suppression from Q1 to Q2:
 - Transmission Type:
 - IDU: 3.3%
 - MSM: 1.2%
 - Transfusion: 3%



Broward Outcomes & Indicators

Overview

- FY 2021 Quarter 2: June 1, 2021 – August 31, 2021
- CQM Support Staff track RW performance measures on a data dashboard



Broward Outcomes & Indicators FY21-22, Q2

Figure 7: Broward Outcomes and Indicators by Service Category, FY 21-22 Q2

Broward Outcomes and Indicators	FY 2020 - 2021 ²		FY 2021 - Quarter 2 ³	
AIDS Pharmaceutical Assistance	Num/Denom	%	Num/Denom	%
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.	18/18	100%	2/2	100%
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).	2/2	100%	1/1	100%
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.	128/143	89.51%	22/23	95.65%
Indicator 1.2: 80% of clients will not experience a lapse in Ryan White Part A eligibility.	15,714/21,524	73.01%	4,481/5,669	79.13%
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.	257/301	85.38%	125/162	77.16%
Indicator 1.2: 90% of clients are retained in primary medical care.	473/533	88.74%	226/259	85.21%

Broward Outcomes & Indicators FY21-22, Q2

Figure 7: Broward Outcomes and Indicators by Service Category, FY 21-22 Q2

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.	1,251/1814	68.96%	1,142/1,292	88.39%
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.	1,666/1,878	88.71%	1,219/1,377	88.53%
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.	116/156	74.36%	62/71	87.32%
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.	2,297/3,161	72.67%	1,783/1,824	97.75%
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL.	2,881/3,314	86.93%	1,761/1,977	89.07%

Broward Outcomes & Indicators FY21-22, Q2

Figure 7: Broward Outcomes and Indicators by Service Category, FY 21-22 Q2

Legal Services				
Outcome 1: Increased access to benefits for 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.	0/0	-	0/0	-
	26/26	100%	9/9	100%
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.	55/63	87.30%	0/0	-
Outcome 2: Increased access, retention, and adherence to primary medical care. Indicator 2.1: 85% of clients are retained in primary medical care.	175/200	87.50%	117/131	89.31%
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.	1,512/1,728	87.50%	597/628	95.06%
Indicator 1.2: 85% of clients are retained in primary medical care.	1,359/1,591	85.42%	911/1,121	81.27%

Broward Outcomes & Indicators FY21-22, Q2

Figure 7: Broward Outcomes and Indicators by Service Category, FY 21-22 Q2

Oral Health				
Outcome 1: Continuity of oral health care. Indicator 1.1: 75% of clients have a dental visit at least two (2) times within the past 12 months.	1,497/1,607	93.15%	972/1,150	84.52%
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 two (2) times within the past 12 months.	903/904	99.89%	647/647	100%
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.	44/58	75.86%	0/0	-
Outcome 2: Increased access, retention, and adherence to primary medical care. Indicator 2.1: 85% of clients are retained in Primary Medical Care.	49/59	83.05%	22/26	84.62%

Questions?



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.