COMMUNITY PARTNERSHIPS DIVISION
Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

SUPPORT SERVICES NETWORK
MEETING MINUTES

Date: June 4th, 2019 @ 2:30pm
Location: Ryan White Part A Program Office
115 S. Andrews Ave., GC-320
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

PROIVDERS PRESENT
Patrick Saint Fleur; AHF
Marlena Solomon; AHF
Roseline Lebissiere; BCFHC
Glynette Roberts; BCFHC
Karen Whyte; Broward House
Natasha Markman; BRHPC
Edgar Mojica; Care Resource
Rafael Jimenez; Care Resource
Amanda Sorge; Legal Aid
Kara Schickowski; Legal Aid
Edna Ferguson-Walker; Broward Health
Amy Pont; Memorial
Guerline Verger; Memorial
Brad Barnes; Poverello

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Debbie Cestaro-Seifer
Marcus Guice

PART A RECIPIENT STAFF
Edith Garcia
Teisha Fender

PROVIDERS ABSENT
Latinos Salud

I. **Call to Order**
The meeting was called to order at 2:45 p.m.

II. **Welcome/Introductions**
CQM Staff welcomed everyone and individual introductions were made.

III. **Activity: QI IQ Survey Completion**

IV. Members filled out a short paper assessment that asked foundational questions about their experience and comfort with Quality Improvement.

V. Case Study: Legal Aid

(The client background and details of the case study can be found attached to the meeting packet.) The presentation was made by Amanda Sorge of Coast to Coast Legal Aid. She prefaced the presentation with noting that medical treatment is the most important part of cases of this nature and Ryan White is the only source of funding in a few cases. It was also affirmed that procurement of medical records is highly beneficial for clients engaging in social security cases. She notes that the legal team's access to client medical records affects their ability to provide advice to the client. A member of the support services reinforced this and highlighted that policies and staff reference lists should always be kept up to date, especially in listing new staff hires during onboarding. It is important to keep lines of communication open between case managers and the legal team. Clients often need specialists who can connect clients to services that could otherwise not be utilized.

A member asked the presenter if a client is unhappy with their current legal representation, can they access services at Legal Aid? Amanda remarked that the client can come to talk with Legal Aid, however, all referred cases are not accepted. Legal Aid will, however, give advice to all clients that seek consultation. If someone already has an attorney and wants Legal Aid to represent them, they will need a letter from their private attorney that says (1) their attorney is no longer representing them and (2) the client does not owe any fees.

Access to Care Schedule

The Recipient staff emphasized the importance of the monthly Access to Care Schedules. This is a tool that is intended to help personnel at each agency identify key contacts for various services that clients may need. It is imperative that staff changes are communicated to the Recipient team every month to maximize the benefit of this tool in providing interagency referrals.

VI. Mentimeter Introduction

Mentimeter is a tool that the CQM team is using to build interactive presentations and add questions and polls to engage and draw feedback from the network members. The audience use their smartphones, tablets, or laptops to connect to the presentation where they can give responses to the questions that the CQM team present. Results from Mentimeter breaks will be recorded in the minutes.

VII. Data Talk: Numbers and Drill Downs

CQM staff gave an introductory presentation covering the mission of the CQM program in the Fort Lauderdale/Broward EMA, the aims and definition of quality improvement, and the importance of data.

VIII. Broward EMA Continuum Care FY2017-FY2018 Data Review

The CQM staff explained that the aim for this presentation is to use the HIV Care Continuum data to assess disparities by agency and create QIPs per agency by the end of the Fiscal Year. Four nationally identified disparate populations—African American & Latina Women, MSM of Color, Youth (age 13-24), and Transgender people, was the focus of the data drilldown. According to the drill down that the CQM staff conducted prior to the meeting, the only Broward Part A EMA population considered to be disparate is Youth (18-28 years old). Systemwide, the EMA experienced increases in viral load suppression in the following subpopulations: Black/African American and Latina Women, MSM of Color, and Youth. There was a decrease in viral load suppression among transgender people. MSM of color and the Transgender subpopulations experienced decreases in retention in care while Black/African American & Latina Women and Youth experienced an increase. Trends from the agencies differed and were fairly heterogenous.

IX. Mentimeter Break

Question: What were some of the notable or surprising trends that were apparent in the data presented?

Answers:

- "Decrease in Transgender care"
- "Some agencies had much higher viral suppression than others, we should look into what they are doing"
- "The retention to care amongst the youth"
- "The retention in care and VL suppression numbers are close (identical)"
- "Lower than expected outcomes"
- "The data presented on viral load suppression does not reflect what shows on my case load"
- "For the most part, all agencies saw a similar trend in decreases of VL suppression and retention in care"
- "Data seem restricted although it may be representative of a group. (e.g. some data seem to have been omitted)."

Discussion:
Several of the Network members remarked that retention to care, in our system, is susceptible to be affected by the Test and Treat population who only have a temporary certification in the Ryan White program, if eligibility is not established within the initial 30-day window. The CQM staff also remarked that national trends show retention being higher than viral load suppression as viral suppression has been statistically observed to be a dependent variable to retention in care. Additionally, additional confounds could attribute to lower retention rates, with many of the cases being people who dropped out of care. In these cases, providers

were challenged to consider the nature of the clients who drop out of care, because this can be attributed to a broken relationship or an unsuccessful attempt to form a relationship with the client. The CQM staff impressed upon the members that all agency clients should be retained in care, not just Ryan White clients. Managing the connection with the client and using communication techniques with clients that help to empower and engage individuals is critical to strengthening an agency's relationship with all of their clients.

Question: What questions do you have about the data?

- Can you compare viral load suppression and retention for people that are in case management as opposed to those who are not?
- Are data results shared with clients during each stage of the quality improvement project?
- Number of clients per category: N=
- When looking at retention data for an agency, does the data include clients who are successfully linked to another agency?
- Should we be looking at seasonal data, such as summer time, spring…since appointments and retention may be seasonal?
- Can Black African American Latina Women (BAAL) be further broken down into individual categories, such as age, ethnicity? Also knowing now many Black African American women and Latina women we are talking about would be helpful. Can we drill down these two populations by service categories?
- Can we break down data by service rather than provider since some providers have offer more than one service?
- Can you provide the primary elements you look at when you sort these data so we can clearly understand the limitations, if there are any? We need to also understand the variations, so we know the exceptions and consistencies.

X. Announcements

- Peer Certification Program first class completion in May/June 2019
- CQII Plus Consumer QI Training AHF & Poverello participated in May 2019
- Quality Network Training Day June 12, 2019

XI. Evaluation

Staff asked all Quality Network members to complete a Meeting Evaluation Survey and make suggestions for topic discussions for the September 3rd, 2019 meeting.

XII. Adjournment

The meeting was adjourned at 4:22 p.m.

Next Meeting Date: September 3rd, 2019 (time TBD)

Support Services: Case Study

Viral Load:	<20 copies/mL; Undetectable
History of Viral Load	Undetected since diagnosis/start of ARVs (*diagnosed February 2015, started meds March 2015*) HIV 1 Viral Load HIV 1 Viral Load 2019/01/25 20 HIV 1 Viral Load 2018/06/13 20 HIV 1 Viral Load 2018/06/13 20 HIV 1 Viral Load 2018/01/23 20 HIV 1 Viral Load 2018/01/23 20 NOT DETECTED HIV 1 Viral Load 2017/07/14 20 NOT DETECTED HIV 1 Viral Load 2017/07/14 20 HIV 1 Viral Load 2016/12/28 20 NOT DETECTED HIV 1 Viral Load 2016/08/19 20 NOT DETECTED HIV 1 Viral Load 2016/04/26 20 NOT DETECTED HIV 1 Viral Load 2015/09/23 20 HIV 1 Viral Load 2015/06/16 20 DETECTED HIV 1 Viral Load 2015/02/18 4148
Mode of Transportation:	*unknown*
Housing Status:	Temporary (*staying with friends/family*)
Insurance Status:	no insurance – Ryan White primary medical provider
Length of Time in Care:	Four years: diagnosed 2015; last medical visit January (*retained in care*)
Other Medical Conditions:	
Support System (Family, Friends, etc.):	
Other Barriers to Care:	No income; temporary housing

Client History:

30 year old black female; no income/temporary housing; retained in care and undetectable (active ADAP and RW medical care)

Client Issues:

Client applied for SSI disability and was denied. She had to stop working due to her medical problems. She is getting good support from her case manager, but we have had issues obtaining her medical records with Care Resource (unreturned messages, cannot get them after multiple phone calls/attempts). Medical records are the most important component of a disability case, and it makes it extremely difficult for us to represent client or even advise them if we can't access the records. The client is reportedly getting mental health therapy, but I cannot get any record or confirmation. She has no income source and is completely reliant on friends and family for support and housing, which is an inherently unstable situation.

Support Services: Case Study

Viral Load:	<20 copies/mL; Undetectable
History of Viral Load	When in care, viral load is suppressed/undetectable (no Medicaid from 2013-2018) HIV 1 Viral Load 2018/07/09 20 HIV 1 Viral Load 2017/12/05 20 HIV 1 Viral Load 2017/12/05 20 HIV 1 Viral Load 2017/06/26 20 HIV 1 Viral Load 2017/03/09 29 HIV 1 Viral Load 2017/03/09 29 HIV 1 Viral Load 2016/12/27 87 HIV 1 Viral Load 2016/10/31 1218 HIV 1 Viral Load 2016/06/01 16172 HIV 1 Viral Load 2016/02/03 132463 HIV 1 Viral Load 2015/10/12 95821 HIV 1 Viral Load 2015/07/22 2378 HIV 1 Viral Load 2015/03/16 90444 HIV 1 Viral Load 2014/10/02 3872 HIV 1 Viral Load 2014/06/04 30 HIV 1 Viral Load 2014/02/07 45994 HIV 1 Viral Load 2012/11/02 42025 HIV 1 Viral Load 2011/07/14 116 HIV 1 Viral Load 2010/12/03 48 HIV 1 Viral Load 2010/12/03 48
Mode of Transportation:	*unknown*
Housing Status:	Stable (*apartment with housing subsidy*)
Insurance Status:	Medicaid (*approved 2018*)
Length of Time in Care:	Diagnosed 1992; documented labs and/or medical appointments since 2008; seems to be in stable medical care currently
Other Medical Conditions:	*Mental health?*
Support System (Family, Friends, etc.):	*Daughter is emergency contact? Reports household of 1*
Other Barriers to Care:	*Mental health?*

Client History:

Client came to CCLA in 2016 after losing her SSI disability case hearing in front of a judge. We represented her in an appeal to the Appeals Council. Once the case is at that level, it's very difficult to win. At that time, she did not have Medicaid or access to needed specialists (only RW). She had undiagnosed and untreated mental health issues. She reapplied for SSI and was approved in 2018, but the issues in her prior case are significant. The client had a 10th grade education, was staying with friends/family, and was in an unstable situation.

Client Issues:

The client's SSI case was denied because her medical records were insufficient. The records (Specialty Care Center) lacked a narrative and had basically zero information. The client needed to apply for MOPED and could not do it on her own. She needed mental health treatment and was not able to navigate the system on her own. With stronger records, she may have been approved sooner. Also, she did not come to us until she already lost at the hearing level. Once a case is lost at the hearing level, it is extremely difficult to win, and we are limited in what we can do to intervene.

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!

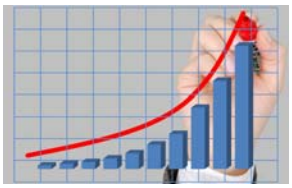


Image accesssd on 6.3.2019 at https://pixabay.com/images/search/improvement/

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

Support Services Network
June 4, 2019

Definitions

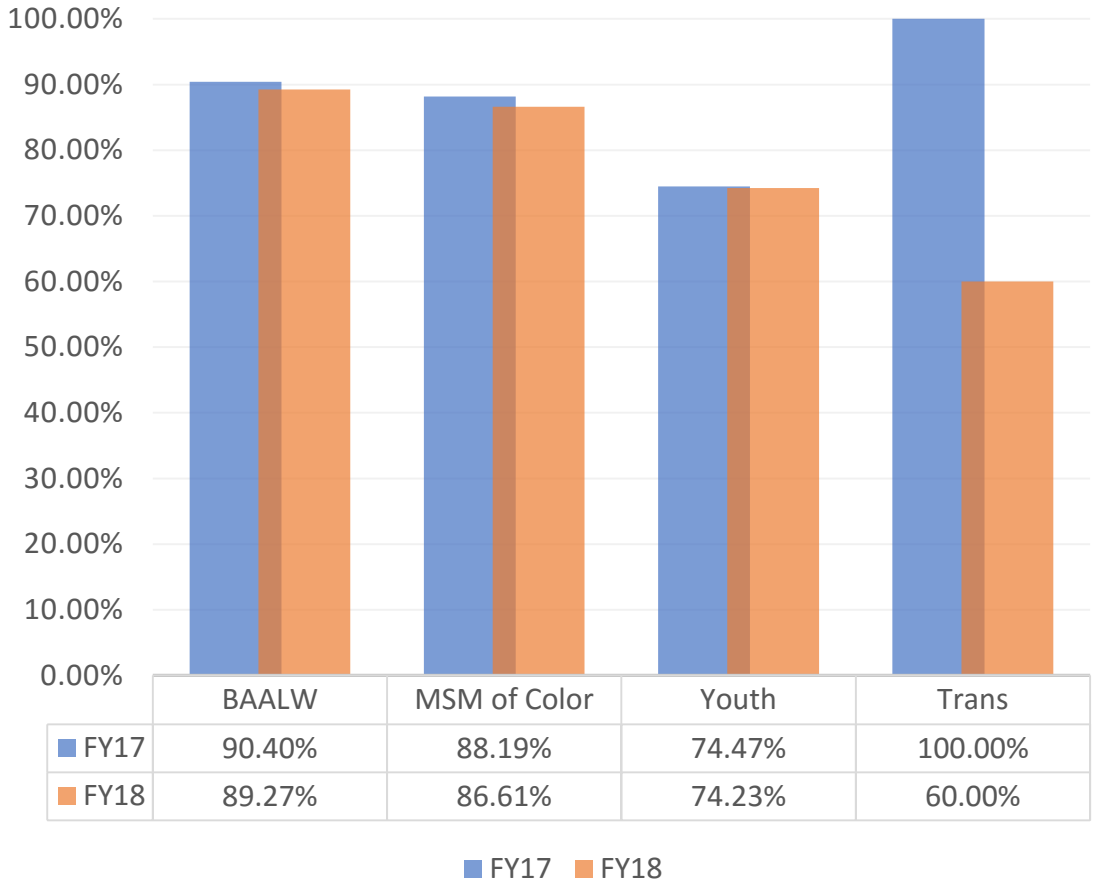
Retention in Care: HIV+ clients who had two or more medical care services at least three months apart in the reporting period.

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

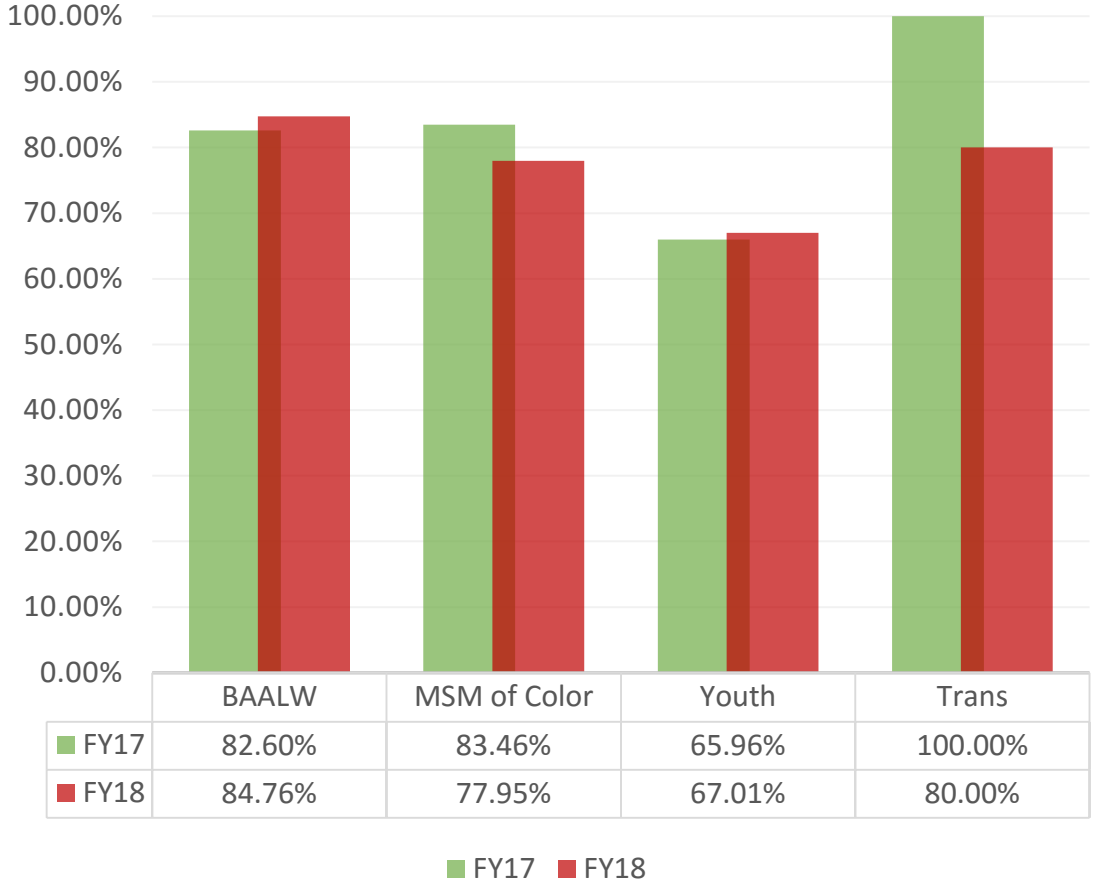
Alpha

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	90.40%	88.19%	74.47%	100.00%
FY18	89.27%	86.61%	74.23%	60.00%

Viral Load Suppression

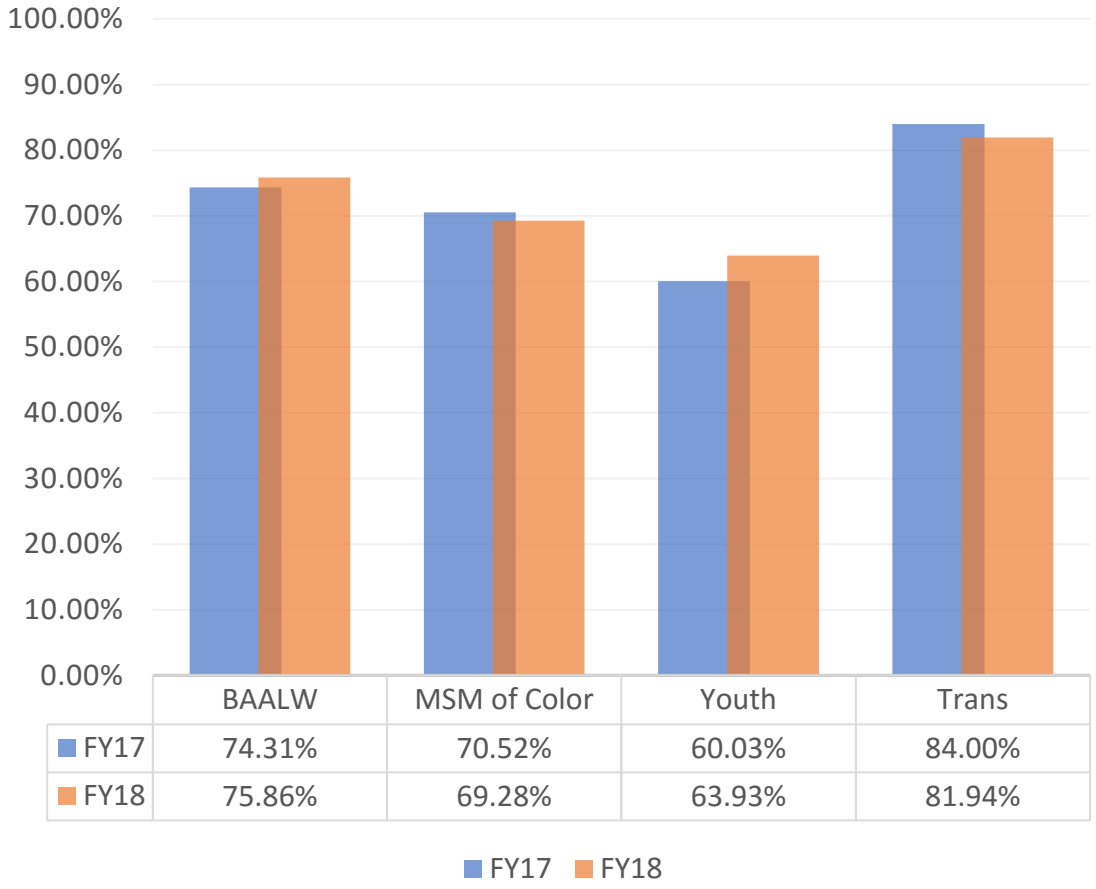


	BAALW	MSM of Color	Youth	Trans
FY17	82.60%	83.46%	65.96%	100.00%
FY18	84.76%	77.95%	67.01%	80.00%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

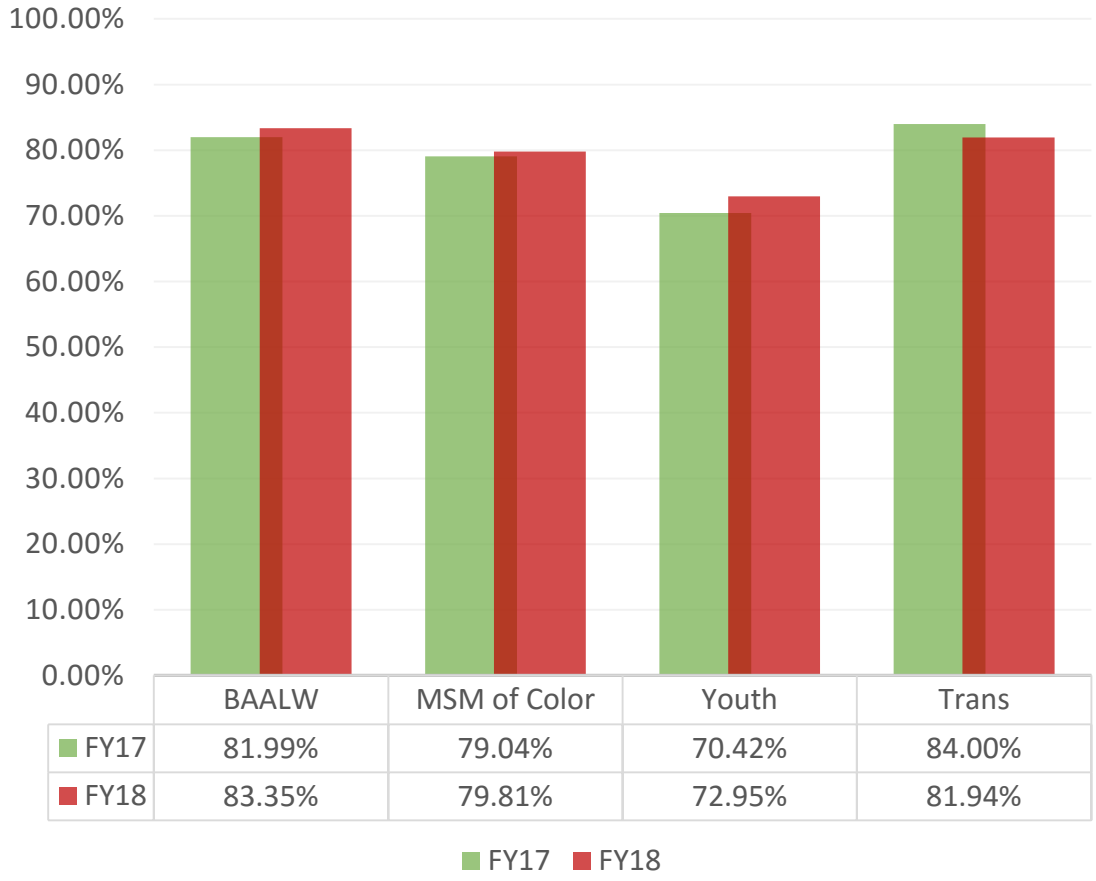
Gamma

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	74.31%	70.52%	60.03%	84.00%
FY18	75.86%	69.28%	63.93%	81.94%

Viral Load Suppression

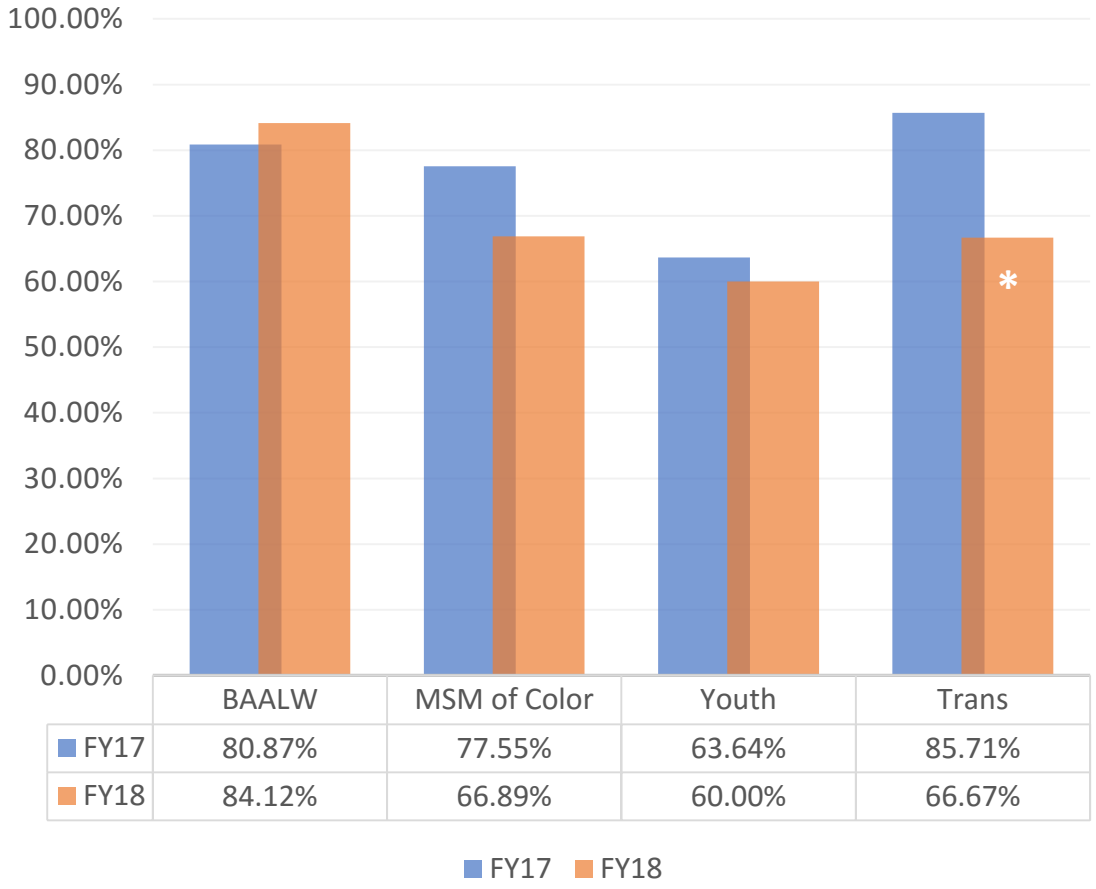


	BAALW	MSM of Color	Youth	Trans
FY17	81.99%	79.04%	70.42%	84.00%
FY18	83.35%	79.81%	72.95%	81.94%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

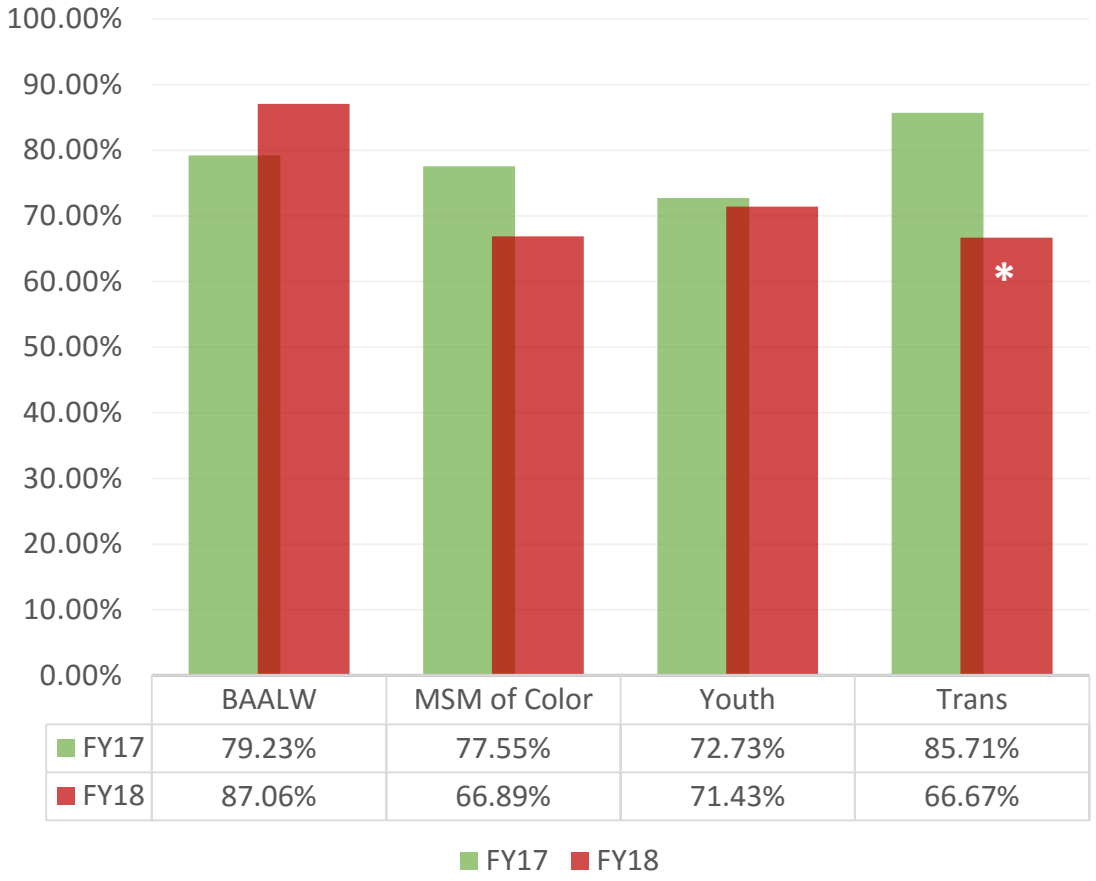
Delta

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	80.87%	77.55%	63.64%	85.71%
FY18	84.12%	66.89%	60.00%	66.67%

Viral Load Suppression



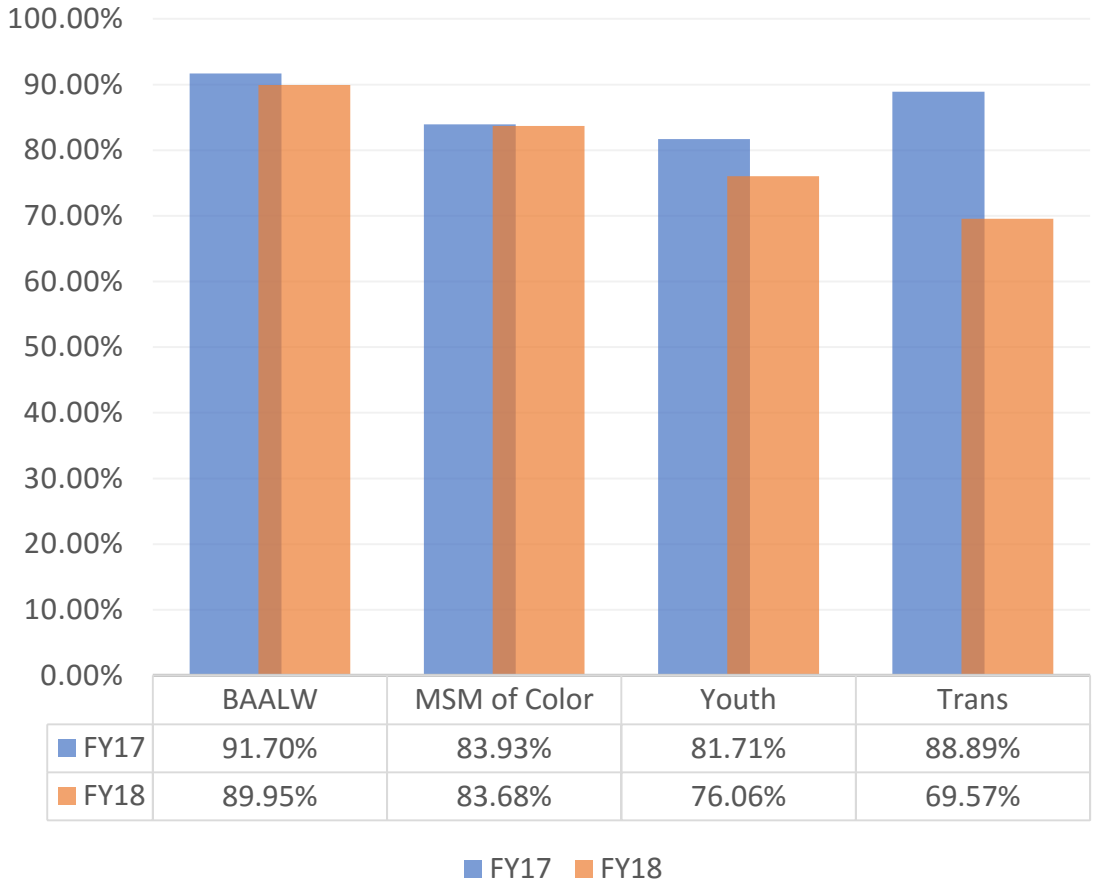
	BAALW	MSM of Color	Youth	Trans
FY17	79.23%	77.55%	72.73%	85.71%
FY18	87.06%	66.89%	71.43%	66.67%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

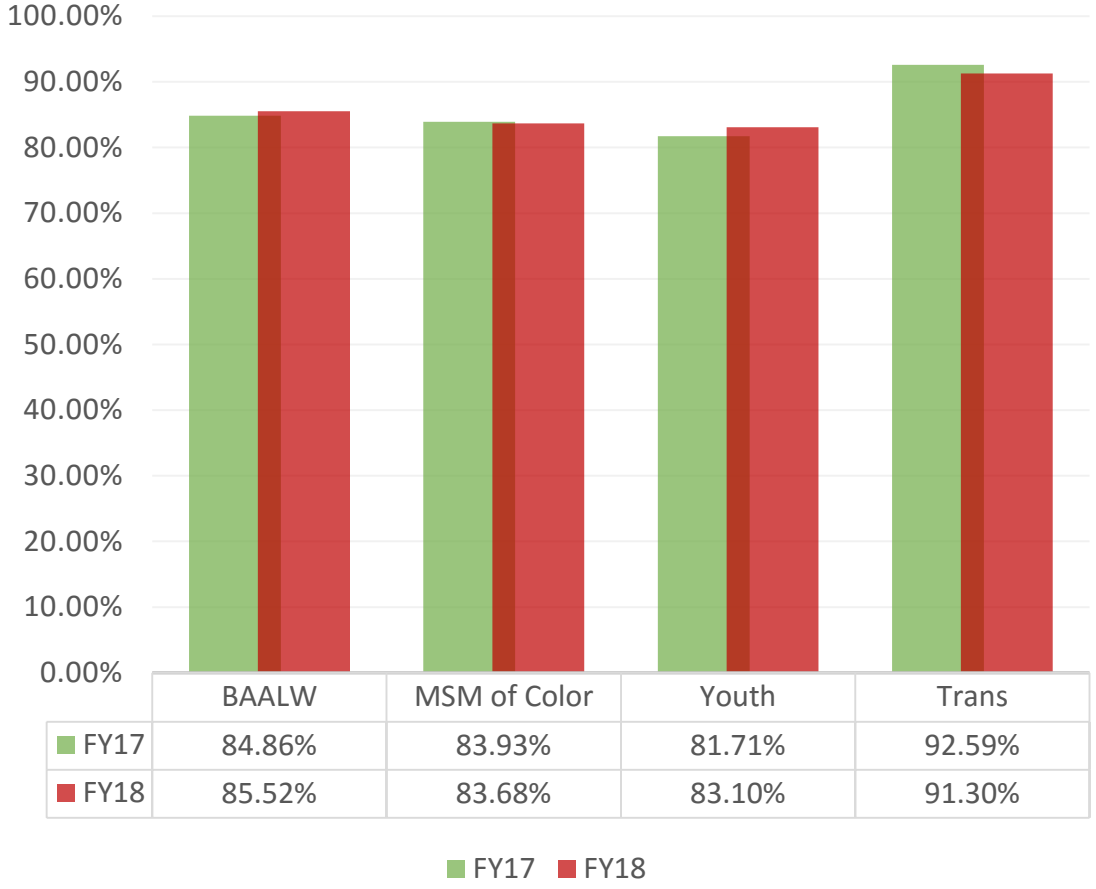
Epsilon

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	91.70%	83.93%	81.71%	88.89%
FY18	89.95%	83.68%	76.06%	69.57%

Viral Load Suppression

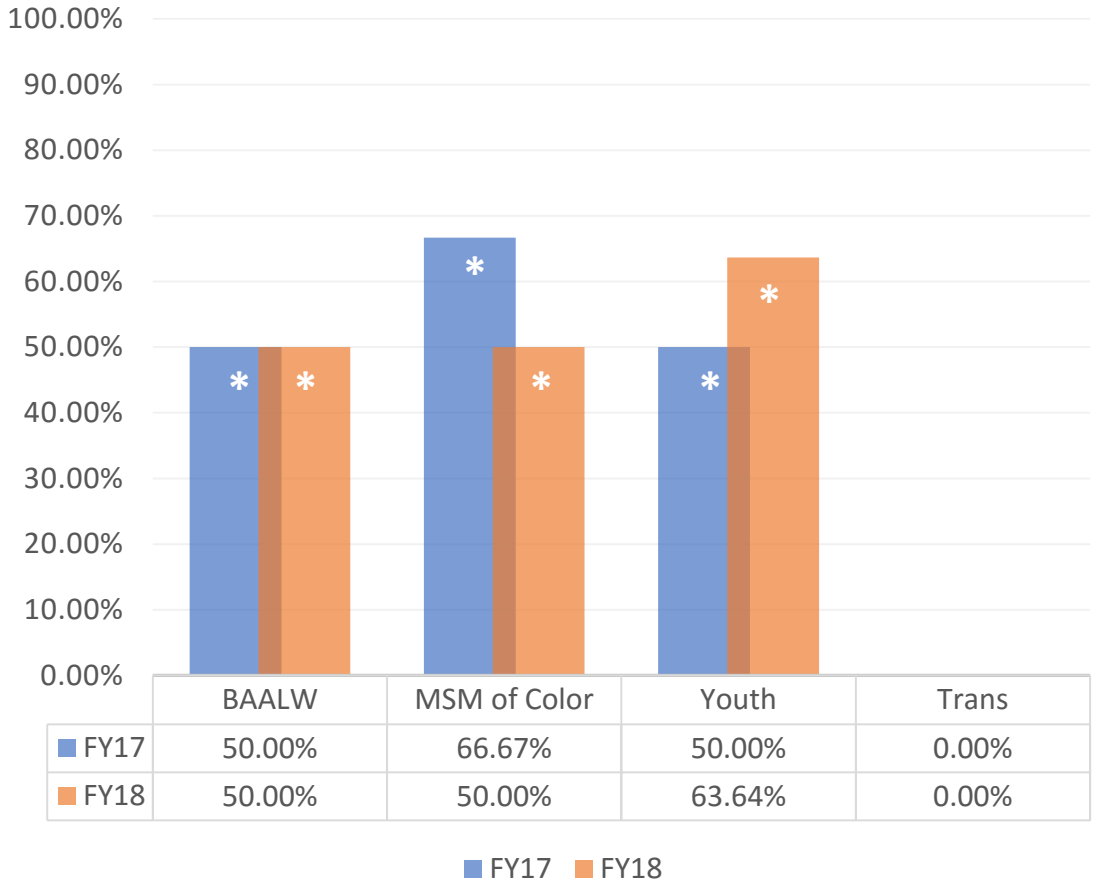


	BAALW	MSM of Color	Youth	Trans
FY17	84.86%	83.93%	81.71%	92.59%
FY18	85.52%	83.68%	83.10%	91.30%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

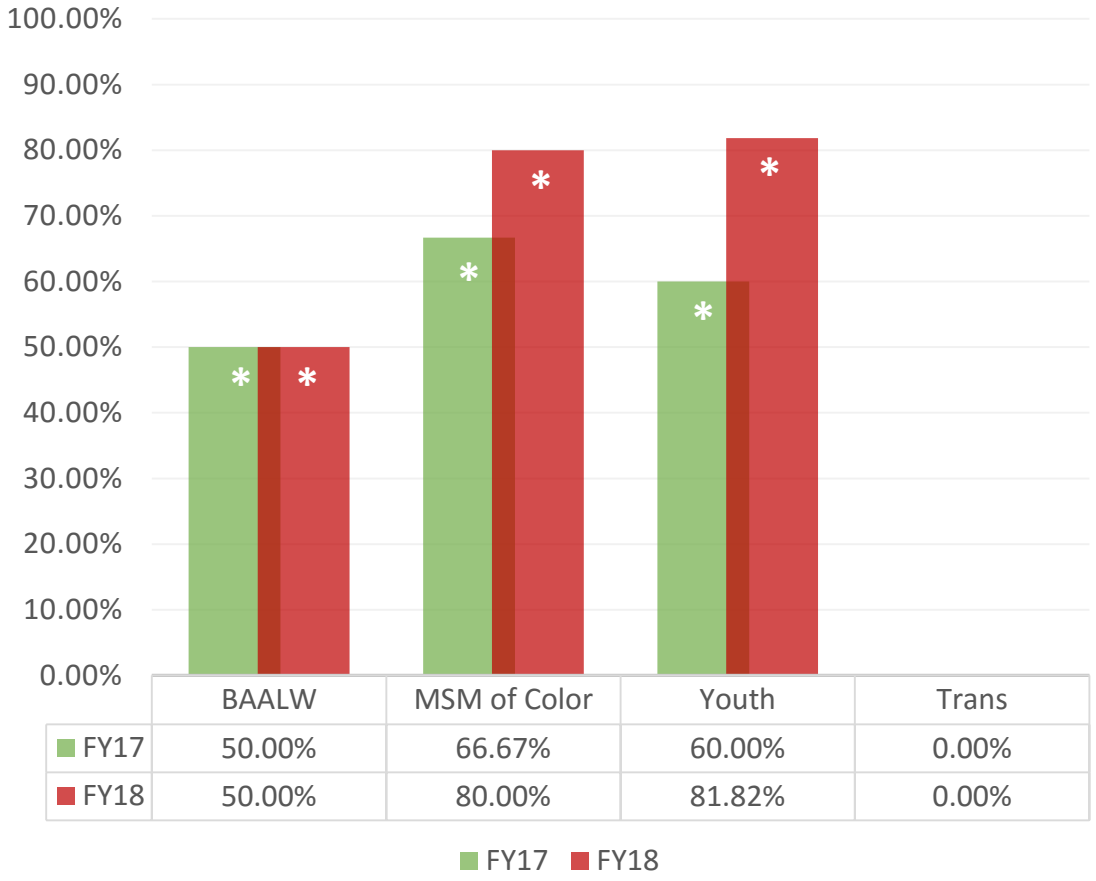
Eta

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	50.00%	66.67%	50.00%	0.00%
FY18	50.00%	50.00%	63.64%	0.00%

Viral Load Suppression



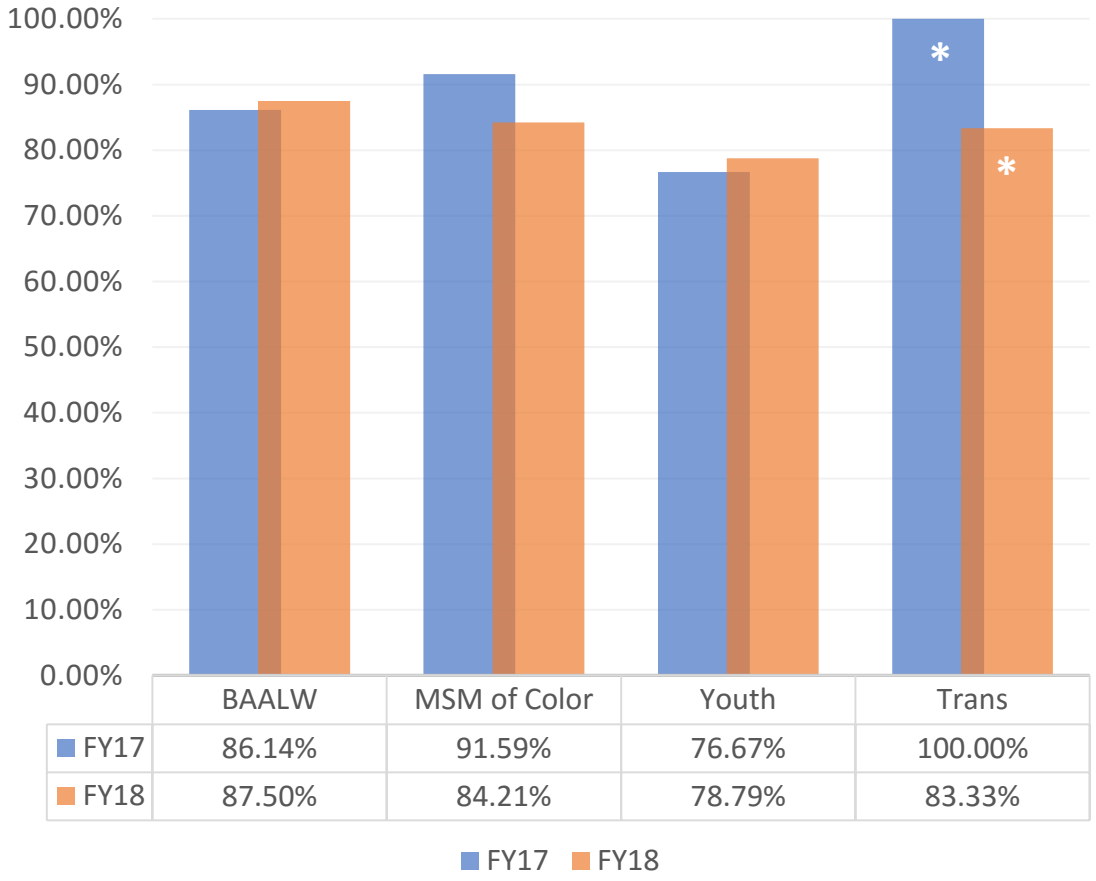
	BAALW	MSM of Color	Youth	Trans
FY17	50.00%	66.67%	60.00%	0.00%
FY18	50.00%	80.00%	81.82%	0.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

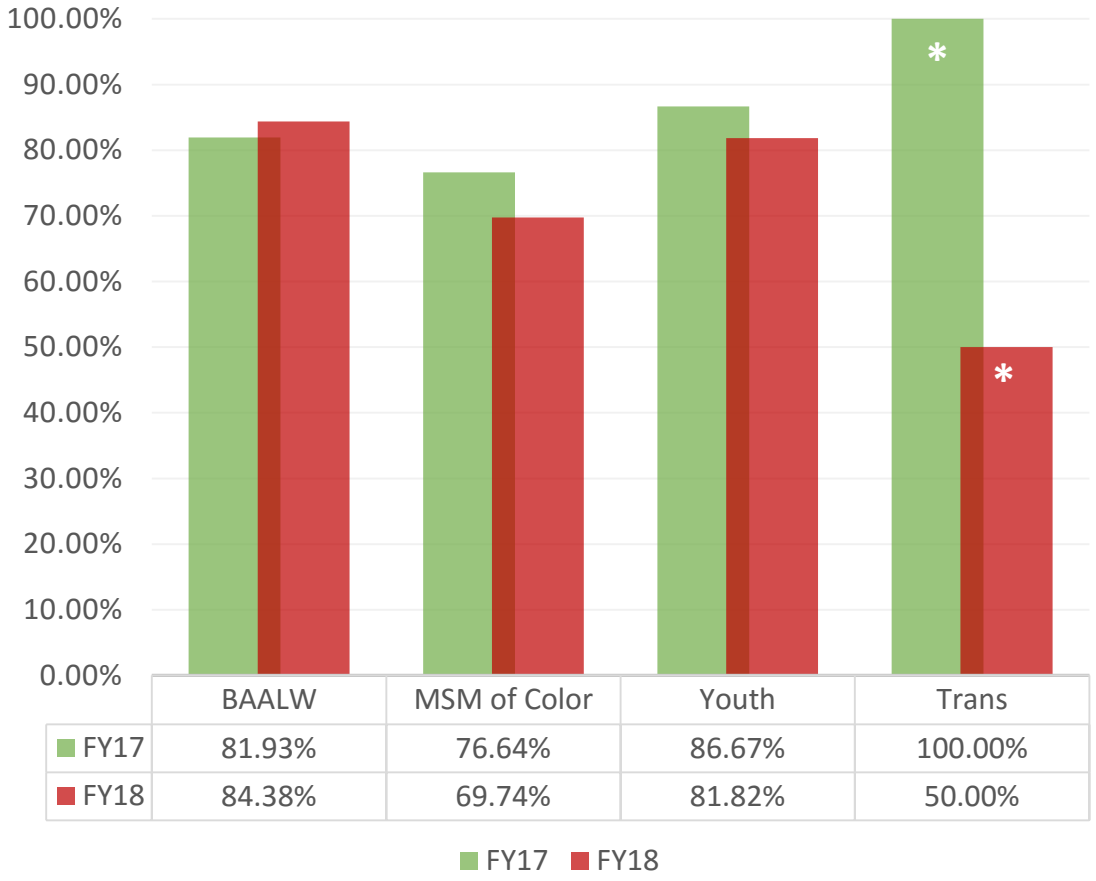
Theta

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	86.14%	91.59%	76.67%	100.00%
FY18	87.50%	84.21%	78.79%	83.33%

Viral Load Suppression



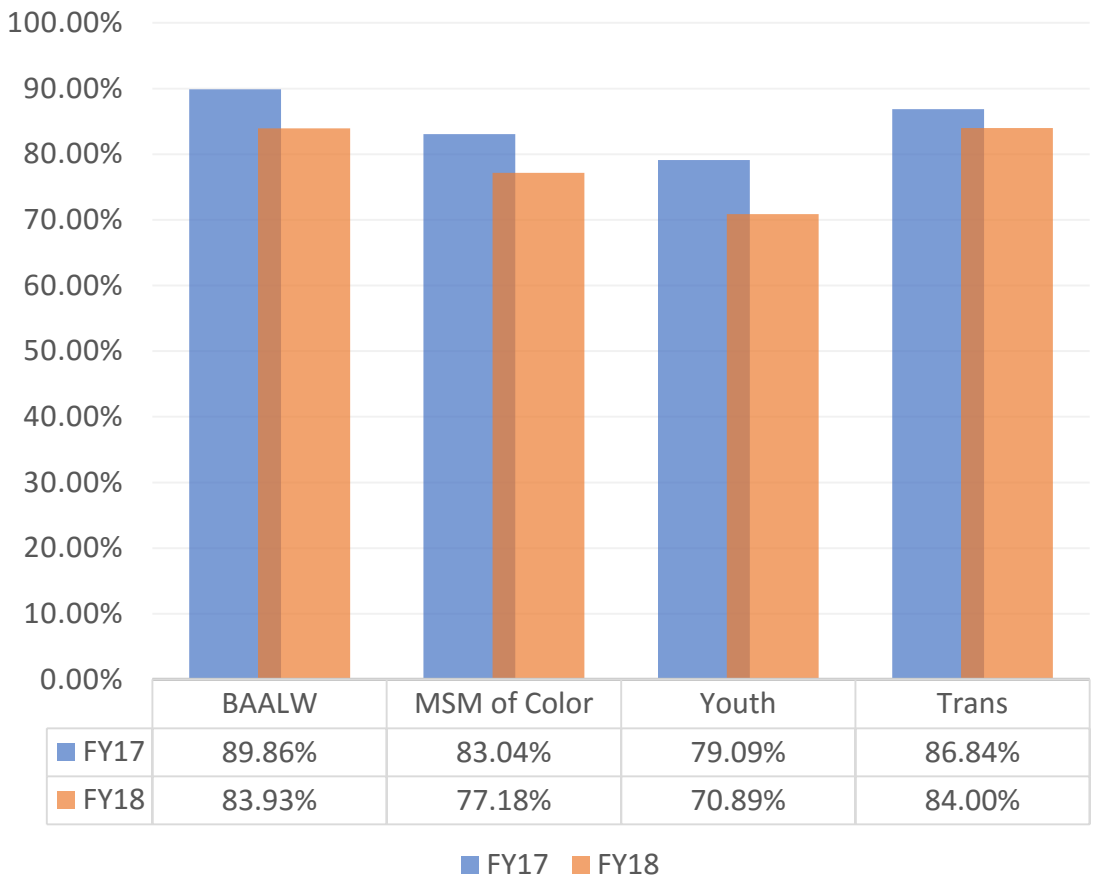
	BAALW	MSM of Color	Youth	Trans
FY17	81.93%	76.64%	86.67%	100.00%
FY18	84.38%	69.74%	81.82%	50.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

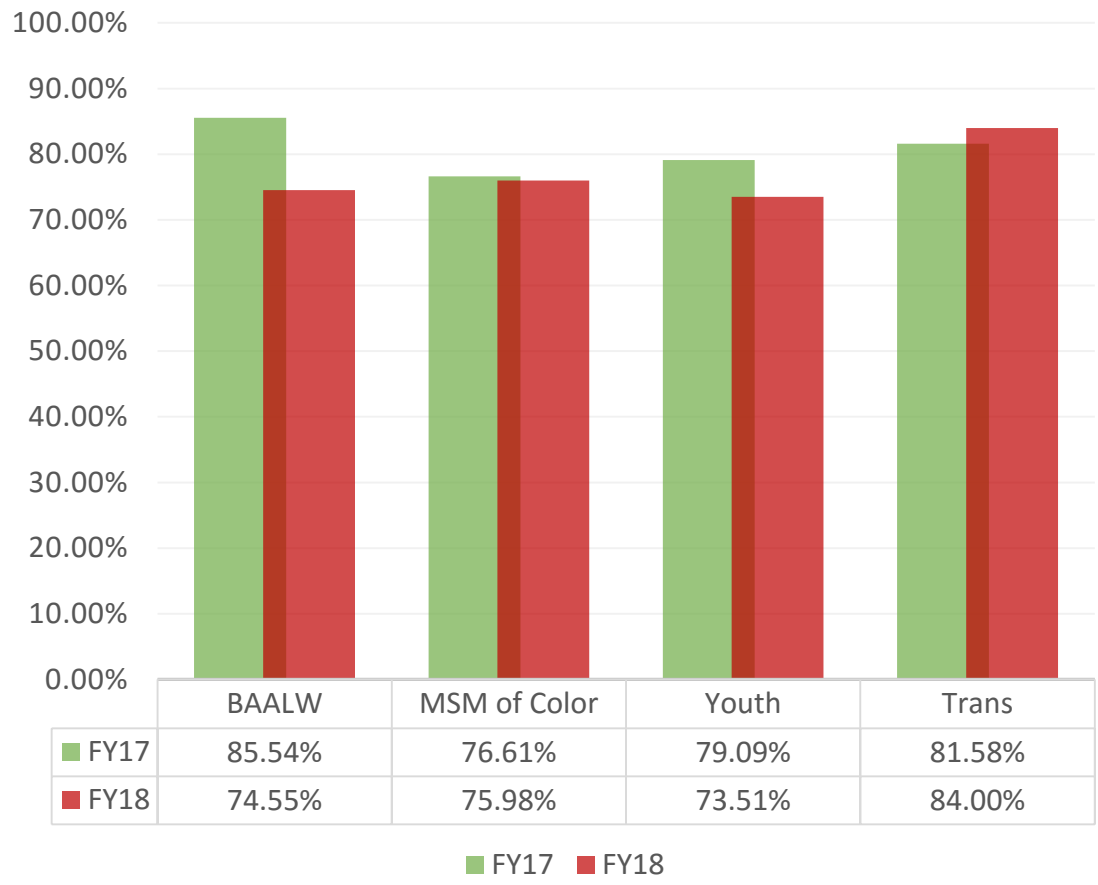
Iota

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	89.86%	83.04%	79.09%	86.84%
FY18	83.93%	77.18%	70.89%	84.00%

Viral Load Suppression

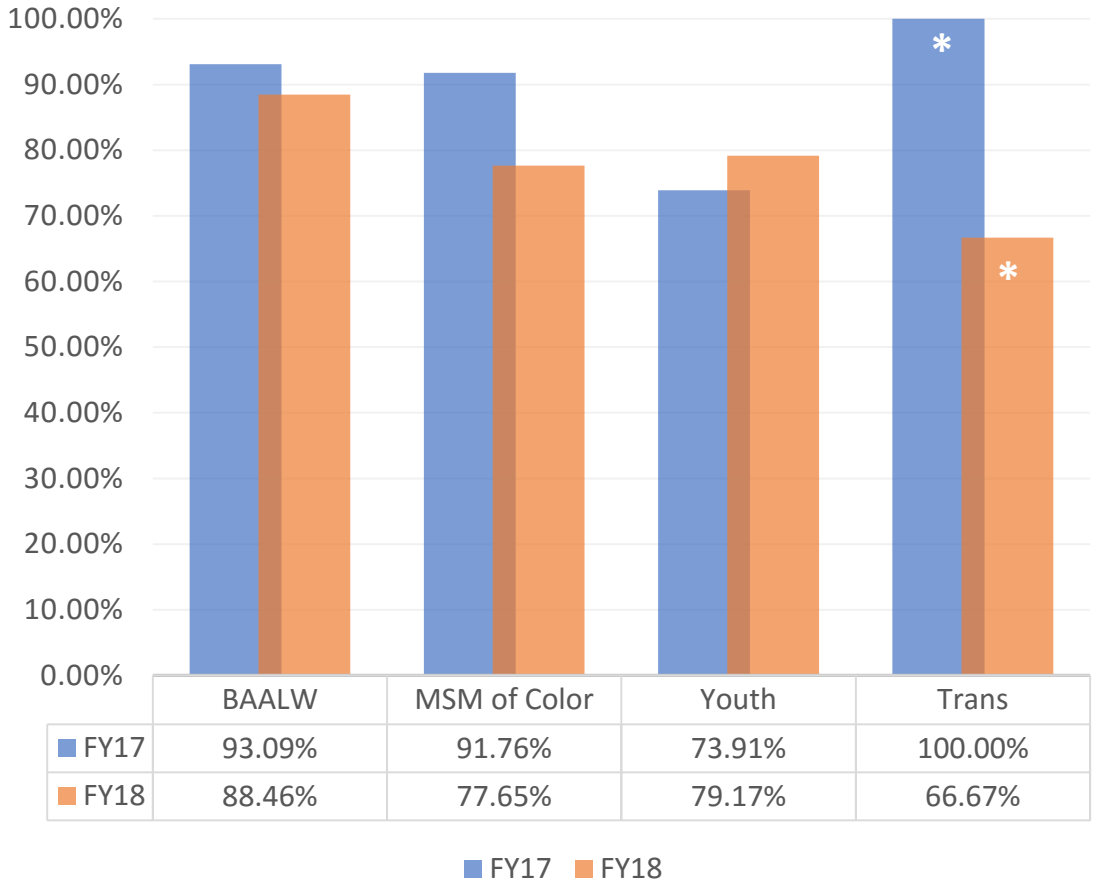


	BAALW	MSM of Color	Youth	Trans
FY17	85.54%	76.61%	79.09%	81.58%
FY18	74.55%	75.98%	73.51%	84.00%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

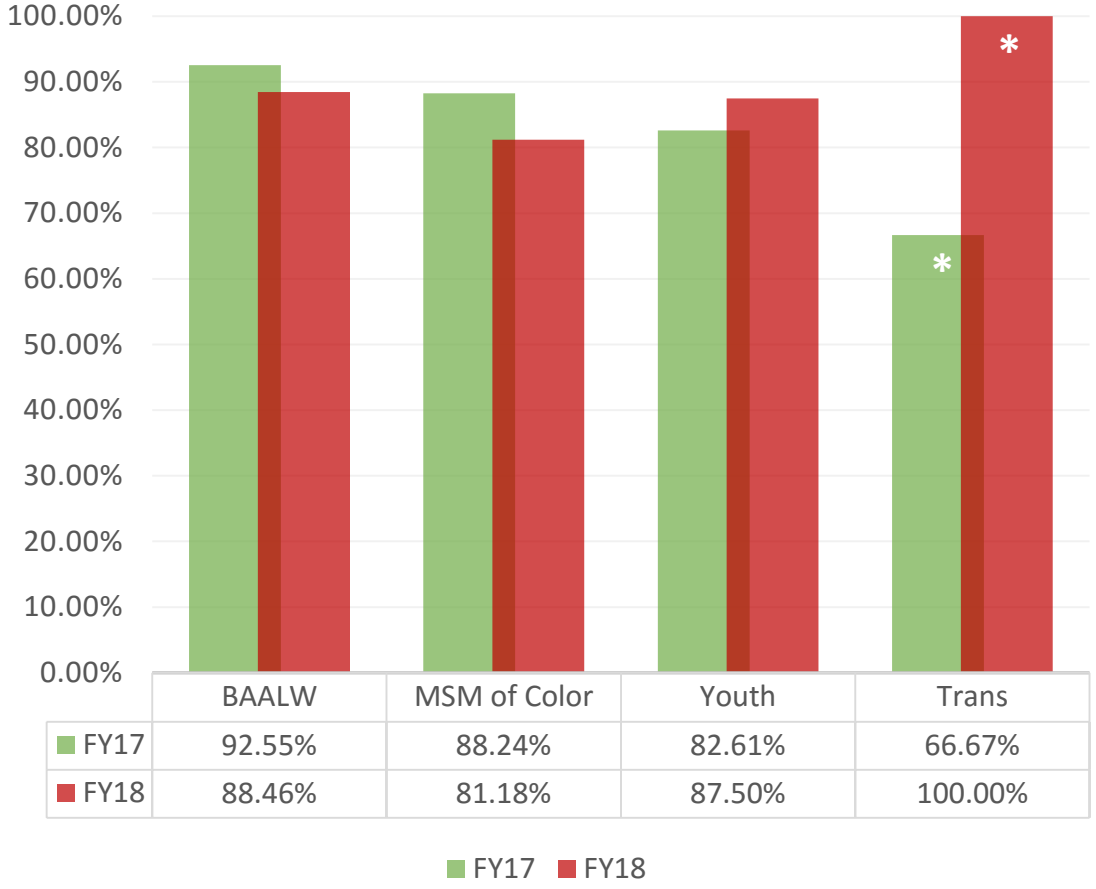
Kappa

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	93.09%	91.76%	73.91%	100.00%
FY18	88.46%	77.65%	79.17%	66.67%

Viral Load Suppression



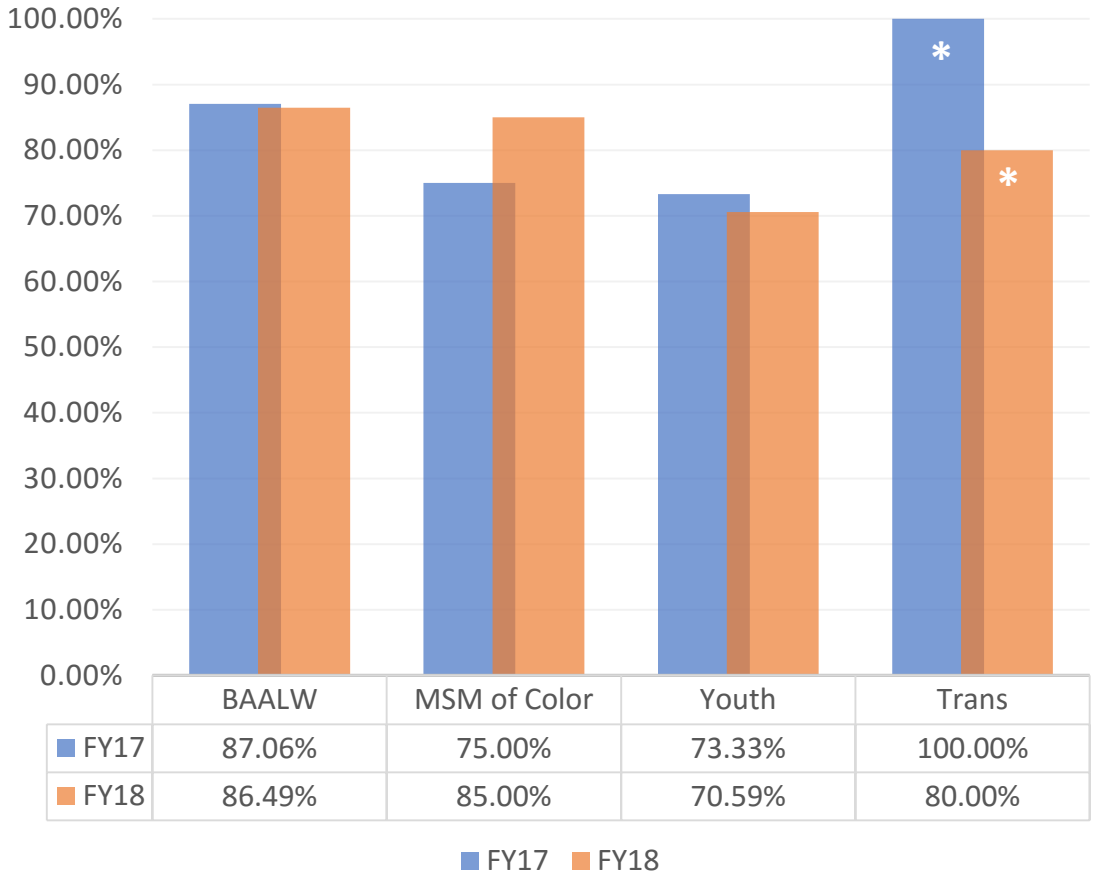
	BAALW	MSM of Color	Youth	Trans
FY17	92.55%	88.24%	82.61%	66.67%
FY18	88.46%	81.18%	87.50%	100.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

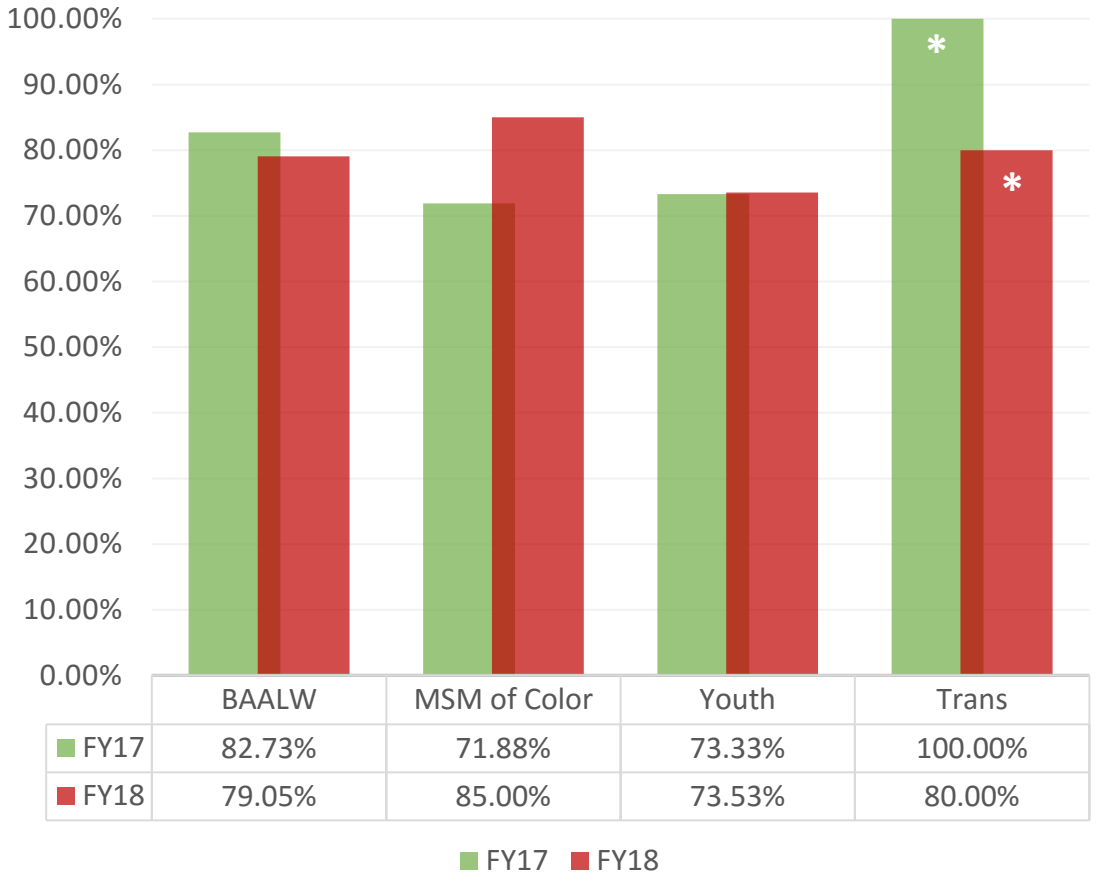
Lambda

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	87.06%	75.00%	73.33%	100.00%
FY18	86.49%	85.00%	70.59%	80.00%

Viral Load Suppression



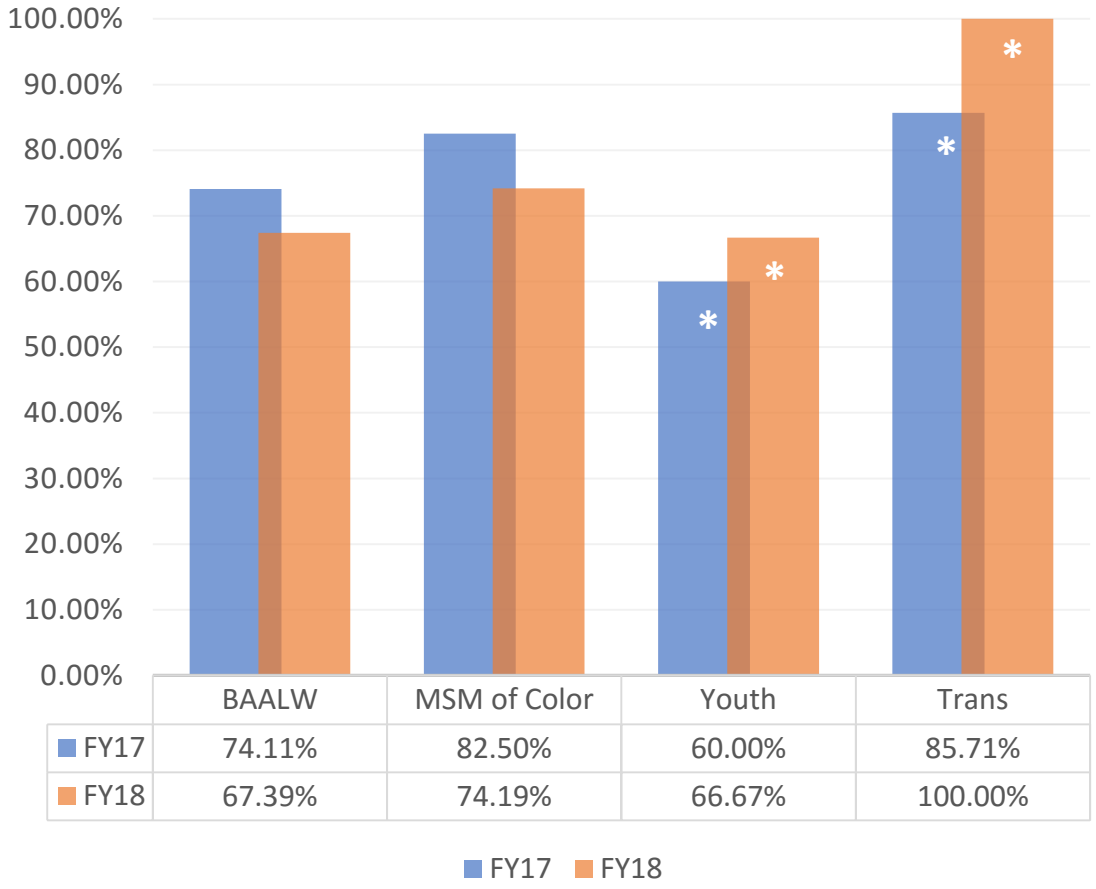
	BAALW	MSM of Color	Youth	Trans
FY17	82.73%	71.88%	73.33%	100.00%
FY18	79.05%	85.00%	73.53%	80.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

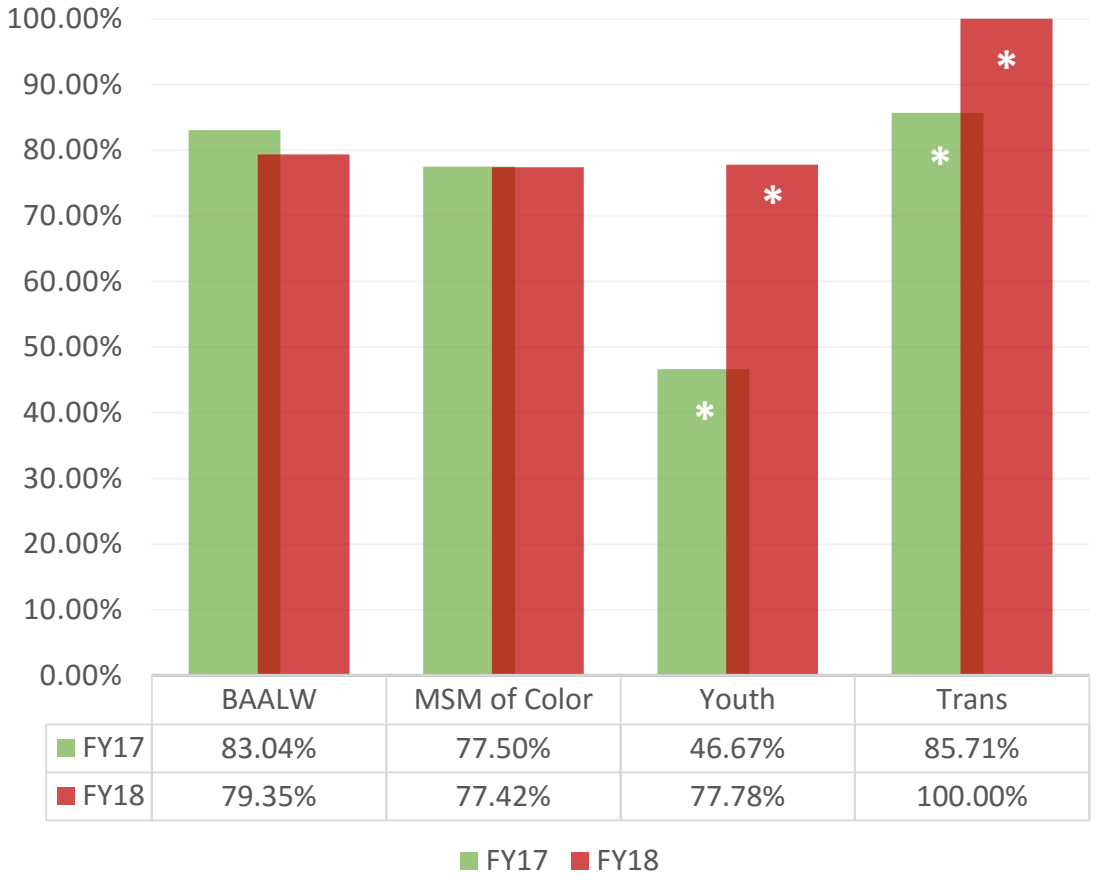
Mu

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	74.11%	82.50%	60.00%	85.71%
FY18	67.39%	74.19%	66.67%	100.00%

Viral Load Suppression



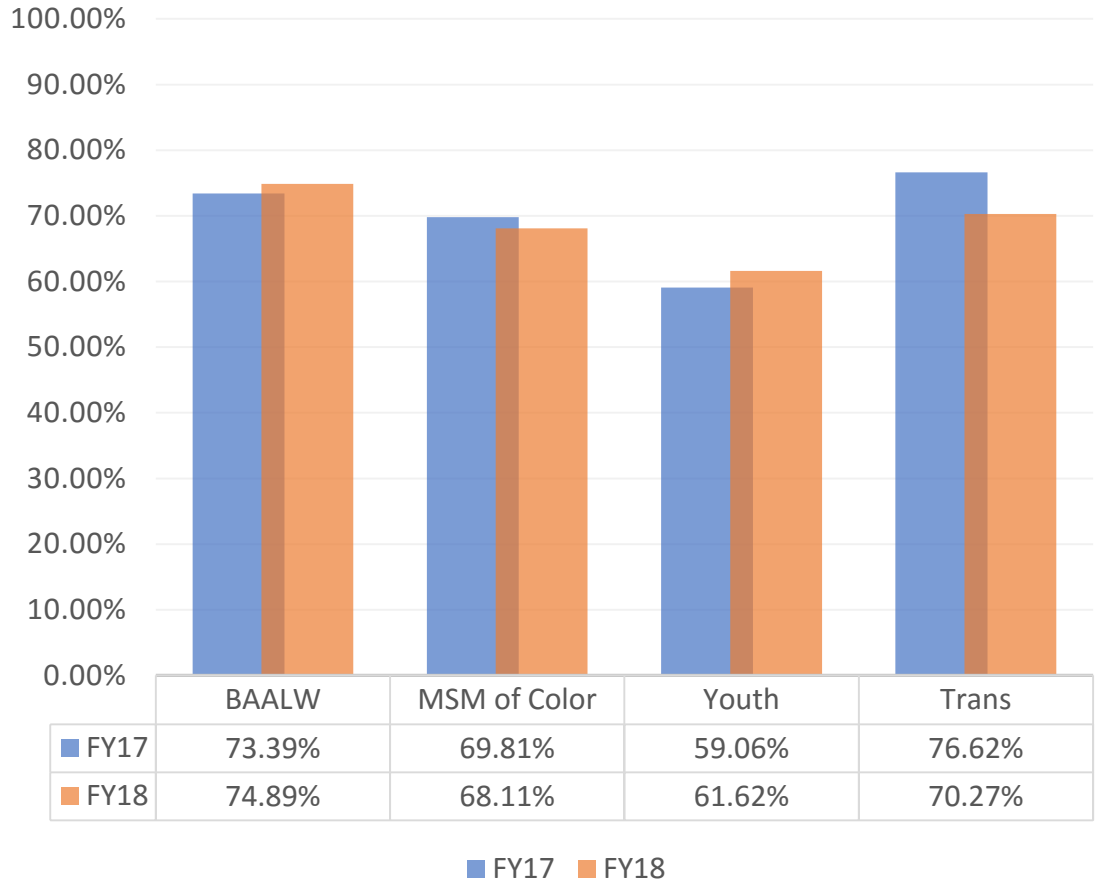
	BAALW	MSM of Color	Youth	Trans
FY17	83.04%	77.50%	46.67%	85.71%
FY18	79.35%	77.42%	77.78%	100.00%

* Denotes client population size fewer than n=20

Source: Provide Enterprise, Care Continuum Report FY17; FY18

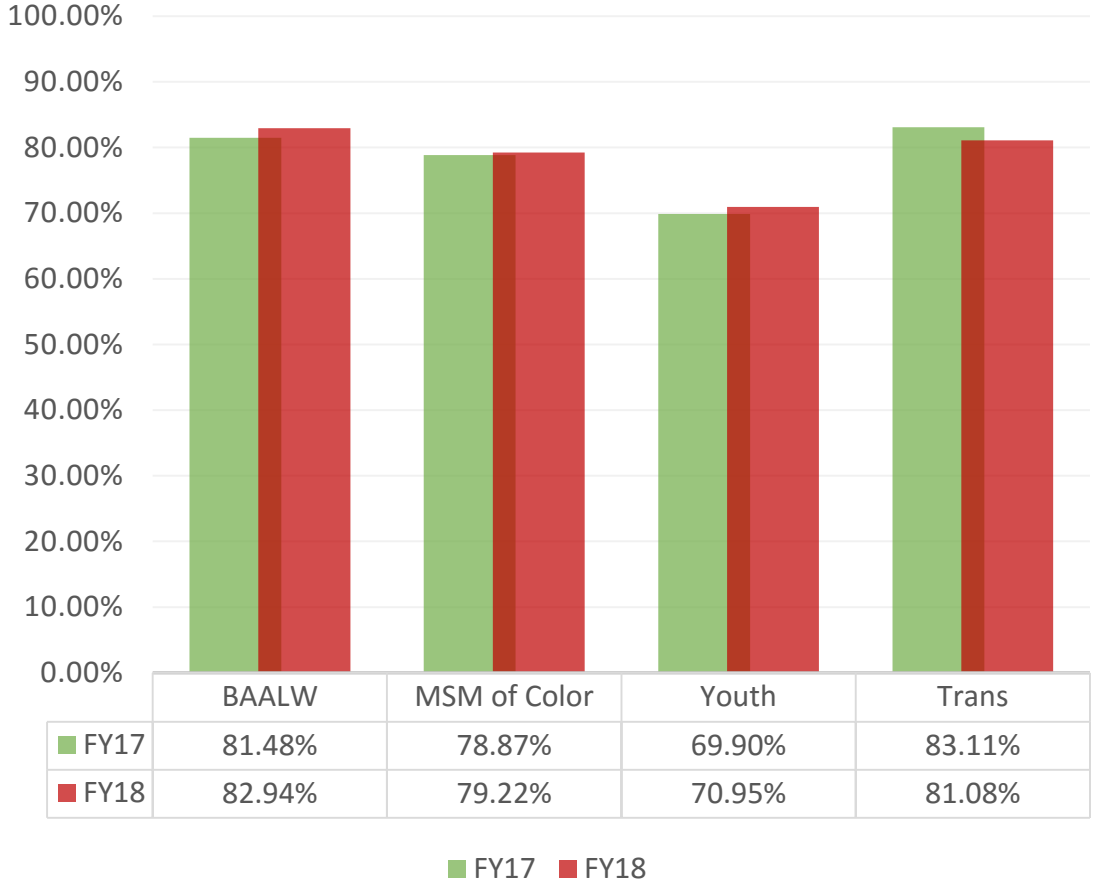
Systemwide

Retention in Care



	BAALW	MSM of Color	Youth	Trans
FY17	73.39%	69.81%	59.06%	76.62%
FY18	74.89%	68.11%	61.62%	70.27%

Viral Load Suppression



	BAALW	MSM of Color	Youth	Trans
FY17	81.48%	78.87%	69.90%	83.11%
FY18	82.94%	79.22%	70.95%	81.08%

Source: Provide Enterprise, Care Continuum Report FY17; FY18

COMMUNITY PARTNERSHIPS DIVISION
Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

SUPPORT SERVICES NETWORK
MEETING MINUTES

Date: June 4th, 2019 @ 2:30pm
Location: Ryan White Part A Program Office
115 S. Andrews Ave., GC-320
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

PROIVDERS PRESENT
Patrick Saint Fleur; AHF
Marlena Solomon; AHF
Roseline Lebissiere; BCFHC
Glynette Roberts; BCFHC
Karen Whyte; Broward House
Natasha Markman; BRHPC
Edgar Mojica; Care Resource
Rafael Jimenez; Care Resource
Amanda Sorge; Legal Aid
Kara Schickowski; Legal Aid
Edna Ferguson-Walker; Broward Health
Amy Pont; Memorial
Guerline Verger; Memorial
Brad Barnes; Poverello

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Debbie Cestaro-Seifer
Marcus Guice

PART A RECIPIENT STAFF
Edith Garcia
Teisha Fender

PROVIDERS ABSENT
Latinos Salud

I. **Call to Order**
The meeting was called to order at 2:45 p.m.

II. **Welcome/Introductions**
CQM Staff welcomed everyone and individual introductions were made.

III. **Activity: QI IQ Survey Completion**

IV. Members filled out a short paper assessment that asked foundational questions about their experience and comfort with Quality Improvement.

V. Case Study: Legal Aid

(The client background and details of the case study can be found attached to the meeting packet.) The presentation was made by Amanda Sorge of Coast to Coast Legal Aid. She prefaced the presentation with noting that medical treatment is the most important part of cases of this nature and Ryan White is the only source of funding in a few cases. It was also affirmed that procurement of medical records is highly beneficial for clients engaging in social security cases. She notes that the legal team's access to client medical records affects their ability to provide advice to the client. A member of the support services reinforced this and highlighted that policies and staff reference lists should always be kept up to date, especially in listing new staff hires during onboarding. It is important to keep lines of communication open between case managers and the legal team. Clients often need specialists who can connect clients to services that could otherwise not be utilized.

A member asked the presenter if a client is unhappy with their current legal representation, can they access services at Legal Aid? Amanda remarked that the client can come to talk with Legal Aid, however, all referred cases are not accepted. Legal Aid will, however, give advice to all clients that seek consultation. If someone already has an attorney and wants Legal Aid to represent them, they will need a letter from their private attorney that says (1) their attorney is no longer representing them and (2) the client does not owe any fees.

Access to Care Schedule

The Recipient staff emphasized the importance of the monthly Access to Care Schedules. This is a tool that is intended to help personnel at each agency identify key contacts for various services that clients may need. It is imperative that staff changes are communicated to the Recipient team every month to maximize the benefit of this tool in providing interagency referrals.

VI. Mentimeter Introduction

Mentimeter is a tool that the CQM team is using to build interactive presentations and add questions and polls to engage and draw feedback from the network members. The audience use their smartphones, tablets, or laptops to connect to the presentation where they can give responses to the questions that the CQM team present. Results from Mentimeter breaks will be recorded in the minutes.

VII. Data Talk: Numbers and Drill Downs

CQM staff gave an introductory presentation covering the mission of the CQM program in the Fort Lauderdale/Broward EMA, the aims and definition of quality improvement, and the importance of data.

VIII. Broward EMA Continuum Care FY2017-FY2018 Data Review

The CQM staff explained that the aim for this presentation is to use the HIV Care Continuum data to assess disparities by agency and create QIPs per agency by the end of the Fiscal Year. Four nationally identified disparate populations—African American & Latina Women, MSM of Color, Youth (age 13-24), and Transgender people, was the focus of the data drilldown. According to the drill down that the CQM staff conducted prior to the meeting, the only Broward Part A EMA population considered to be disparate is Youth (18-28 years old). Systemwide, the EMA experienced increases in viral load suppression in the following subpopulations: Black/African American and Latina Women, MSM of Color, and Youth. There was a decrease in viral load suppression among transgender people. MSM of color and the Transgender subpopulations experienced decreases in retention in care while Black/African American & Latina Women and Youth experienced an increase. Trends from the agencies differed and were fairly heterogenous.

IX. Mentimeter Break

Question: What were some of the notable or surprising trends that were apparent in the data presented?

Answers:

- "Decrease in Transgender care"
- "Some agencies had much higher viral suppression than others, we should look into what they are doing"
- "The retention to care amongst the youth"
- "The retention in care and VL suppression numbers are close (identical)"
- "Lower than expected outcomes"
- "The data presented on viral load suppression does not reflect what shows on my case load"
- "For the most part, all agencies saw a similar trend in decreases of VL suppression and retention in care"
- "Data seem restricted although it may be representative of a group. (e.g. some data seem to have been omitted)."

Discussion:
Several of the Network members remarked that retention to care, in our system, is susceptible to be affected by the Test and Treat population who only have a temporary certification in the Ryan White program, if eligibility is not established within the initial 30-day window. The CQM staff also remarked that national trends show retention being higher than viral load suppression as viral suppression has been statistically observed to be a dependent variable to retention in care. Additionally, additional confounds could attribute to lower retention rates, with many of the cases being people who dropped out of care. In these cases, providers

were challenged to consider the nature of the clients who drop out of care, because this can be attributed to a broken relationship or an unsuccessful attempt to form a relationship with the client. The CQM staff impressed upon the members that all agency clients should be retained in care, not just Ryan White clients. Managing the connection with the client and using communication techniques with clients that help to empower and engage individuals is critical to strengthening an agency's relationship with all of their clients.

Question: What questions do you have about the data?

- Can you compare viral load suppression and retention for people that are in case management as opposed to those who are not?
- Are data results shared with clients during each stage of the quality improvement project?
- Number of clients per category: N=
- When looking at retention data for an agency, does the data include clients who are successfully linked to another agency?
- Should we be looking at seasonal data, such as summer time, spring…since appointments and retention may be seasonal?
- Can Black African American Latina Women (BAAL) be further broken down into individual categories, such as age, ethnicity? Also knowing now many Black African American women and Latina women we are talking about would be helpful. Can we drill down these two populations by service categories?
- Can we break down data by service rather than provider since some providers have offer more than one service?
- Can you provide the primary elements you look at when you sort these data so we can clearly understand the limitations, if there are any? We need to also understand the variations, so we know the exceptions and consistencies.

X. Announcements

- Peer Certification Program first class completion in May/June 2019
- CQII Plus Consumer QI Training AHF & Poverello participated in May 2019
- Quality Network Training Day June 12, 2019

XI. Evaluation

Staff asked all Quality Network members to complete a Meeting Evaluation Survey and make suggestions for topic discussions for the September 3rd, 2019 meeting.

XII. Adjournment

The meeting was adjourned at 4:22 p.m.

Next Meeting Date: September 3rd, 2019 (time TBD)