Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: System of Care Committee
Date/Time: Thursday, February 04, 2021 at 9:30 a.m.
Location: WebEx Meeting Room
Chair: Andrew Ruffner **Vice-Chair:** Joshua Rodriguez

Purpose: To evaluate the system of care and its impact on people living with HIV and receiving Part A services in the Broward County EMA.

1. CALL TO ORDER:

a. Welcome
b. Ground Rules
c. Statement of Sunshine
d. Introductions
e. Moment of Silence
f. Public Comment

2. APPROVALS: 02/04/2021 Agenda and 10/01/20 Meeting Minutes

3. UNFINISHED BUSINESS

None.

4. MEETING ACTIVITIES/NEW BUSINESS

I. Von Biggs

ACTION ITEM: Hear Mr. Biggs' experience of accessing care in the system.
Work Plan Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

II. Customer Health Experience Initiatives Presentation (HANDOUT A)

ACTION ITEM: Review "secret shopper" data completed by Debbie Cestaro-Seifer.
Work Plan Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

III. FY2021-2022 System of Care Committee Work Plan (HANDOUT B)

ACTION ITEM: Review the FY2020 SOC Work Plan and discuss edits for FY2021.

5. RECIPIENT REPORT

6. PUBLIC COMMENT

7. MEMBER TASKS

8. AGENDA ITEMS/TASKS FOR NEXT MEETING **Date:** March 4, 2021 at 9:30 a.m. **Venue:** WebEx

I. Ending the HIV Epidemic (EHE) Needs Assessment Findings
ACTION ITEM: Review EHE preliminary findings based on community engagement completed by the FL Department of Health-Broward County.

9. ANNOUNCEMENTS

10. 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
THREE GUIDING IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL
• Linkage to Care •Retention in Care • Viral Load Suppression •

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MEETING MINUTES

Committee: System of Care
Date/Time: Thursday, October 01, 2020 9:30 a.m.
Location: Virtual Meeting Room
Chair: Andrew Ruffner **Vice-Chair:** Joshua Rodriguez

ATTENDANCE

#	Member	Present	Absent
1	Chrispin, E.	X	
2	Katz, H.B.	X	
3	Pietrogallo, T.	X	
4	Rodriguez, J.	X	
5	Ruffner, A.	X	
6	Shamer, D.	X	
	Quorum = 4	6	

Recipient Staff
Scott, S.
Giglioli, K.
Walker, N.
Thompson, T.
Cius, W.
HIVPC Staff
Martinez, G.
Oratien, V.
Ukpai, F.
Seitchick, J.
Cestaro-Seifer, D.
Guests
Pabon, N.
Grant, C.
Williams, R.
Cook, S.

1. CALL TO ORDER:

The SOC Chair called the meeting to order at 9:33 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present for reference. In addition, attendees were advised that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, Recipient staff, guests, and HIVPC staff introductions were made by roll call.

2. APPROVALS

Motion #1: To approve the 10/01/2020 System of Care Committee agenda.
Proposed by: Chrispin, E. **Seconded by:** Katz, H.B.
Action: Passed Unanimously

Motion #2: To approve the 09/10/2020 System of Care Committee meeting minutes.
Proposed by: Pietrogallo, T. **Seconded by:** Chrispin, E.
Action: Passed Unanimously

3. UNFINISHED BUSINESS

System of Care FY2020 Work Plan: SOC members reviewed the updated Committee work plan for FY2020 (Handout A on file). Based on the last meeting's discussion, the Committee's goal for the fiscal year is to Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients. The work plan's objectives and activities were updated as well.

In reviewing the updated plan, the Committee elected to add language regarding receiving additional information from community partners and eliminate the term "subpopulations" wherever written.

Motion #3: To approve the System of Care Committee FY2020 Work Plan with the outlined changes.
Proposed by: Katz, H.B. **Seconded by:** Pietrogallo, T.
Action: Passed Unanimously

4. MEETING ACTIVITIES/NEW BUSINESS

Broward HIV Care Continuum 2019 Data Report: A CQM Health Planner provided an overview of Broward County HIV data as well as Ryan White Part A client outcomes (Handout B on file). Members requested clarifying information regarding the retention in care standard. A client is considered "retained in care" if the client has had 2 billed medical visits or viral load/CD4 tests a minimum of 3 months apart. It was also noted that, while retention and viral load suppression may seem out of sync when reviewing Ryan White Part A data, some Part A clients have insurance or Medicaid to cover medical visits and tests. This means that retention in care reporting may not provide the full picture of clients' care.

Needs Assessment Review: A PCS Health Planner provided a summary of Needs Assessment data from Broward Health, Memorial Healthcare System, and Holy Cross (Handouts C1-C3 on file). Each hospital system reported client concerns regarding insurance and healthcare costs, empathetic & culturally competent care, and patient education. Members discussed the difficulty expressed by the systems regarding providing care for undocumented patients. The Ryan White Program provides care for people with HIV who meet eligibility criteria regardless of undocumented status.

SOC discussed potential focus areas for future presentations. After much discussion, the Committee agreed to discuss utilization data among a group of 5 populations, the new client experience of accessing care, and the customer health experience project previously completed by Debbie Cestaro-Seifer.

5. RECIPIENT REPORT

The Recipient's Office is completing its grant application for FY2021 HRSA funding. The Office expects to have at least 5 contracts out by next week. There should be no break in services from

providers. Service Delivery Models have been approved by the HIV Planning Council. The interim special projects coordinator has been working with EHE consultant to execute contracts.

The HIVPC is currently searching for new members and the Recipient's representative encouraged interested parties to apply to for Council membership.

6. PUBLIC COMMENT

None.

7. AGENDA ITEMS/TASKS FOR NEXT MEETING: November 5, 2020 Time: 9:30 a.m. Venue: TBD

I. Needs Assessment Presentations
II. Customer Health Experience Presentation
III. Who's at the Table? Exercise

8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

The meeting was adjourned without objection at 11:34 a.m.

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SOC Attendance CY2020

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	C	C	C	C	C	C	C	10	1			
0	0	0	**1**	Chrispin, E.									X	X			
1	1	1	**2**	Katz, H.B.									A	X			
0	1	0	**3**	Pietrogallo, T.									X	X			
0	0	0	**4**	Rodriguez, J. *Vice Chair*									X	X			
0	0	0	**5**	Ruffner, A. *Chair*									X	X			
0	0	0	**6**	Shamer, D.	N - 6/19								X	X			
				Quorum = 4	0	0	0	0	0	0	0	0	5	6	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**

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: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

Assessing and Improving the Client HIV Healthcare Experience

Broward Ryan White Part A Program 2017

Debbie Cestaro-Seifer MS, RN, NC-BC, CTP

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1

Introduction

An Overview of a Quality Improvement Consumer Health Experience Initiative

Over 90% of patient complaints are about patient experience. Negative patient experience often causes a "break" in the patient-provider relationship resulting in some patients not showing up for in-person or virtual healthcare appointments.

The good news is that we can remedy this "break-up" and create better connections with our patients by conducting a mystery shopper assessment. This program will describe the "mystery shopper" quality improvement concept and share data collected in the Broward Ryan White Part A System of Care.

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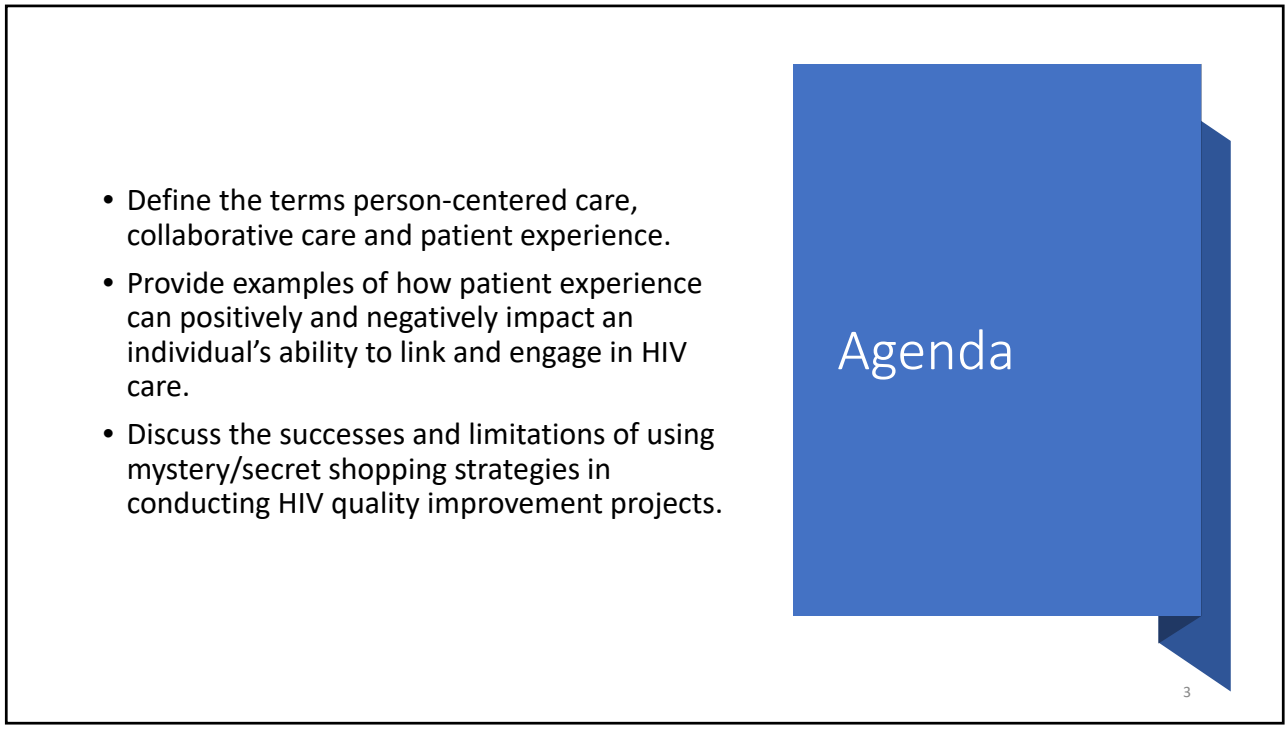
2



- Define the terms person-centered care, collaborative care and patient experience.
- Provide examples of how patient experience can positively and negatively impact an individual's ability to link and engage in HIV care.
- Discuss the successes and limitations of using mystery/secret shopping strategies in conducting HIV quality improvement projects.

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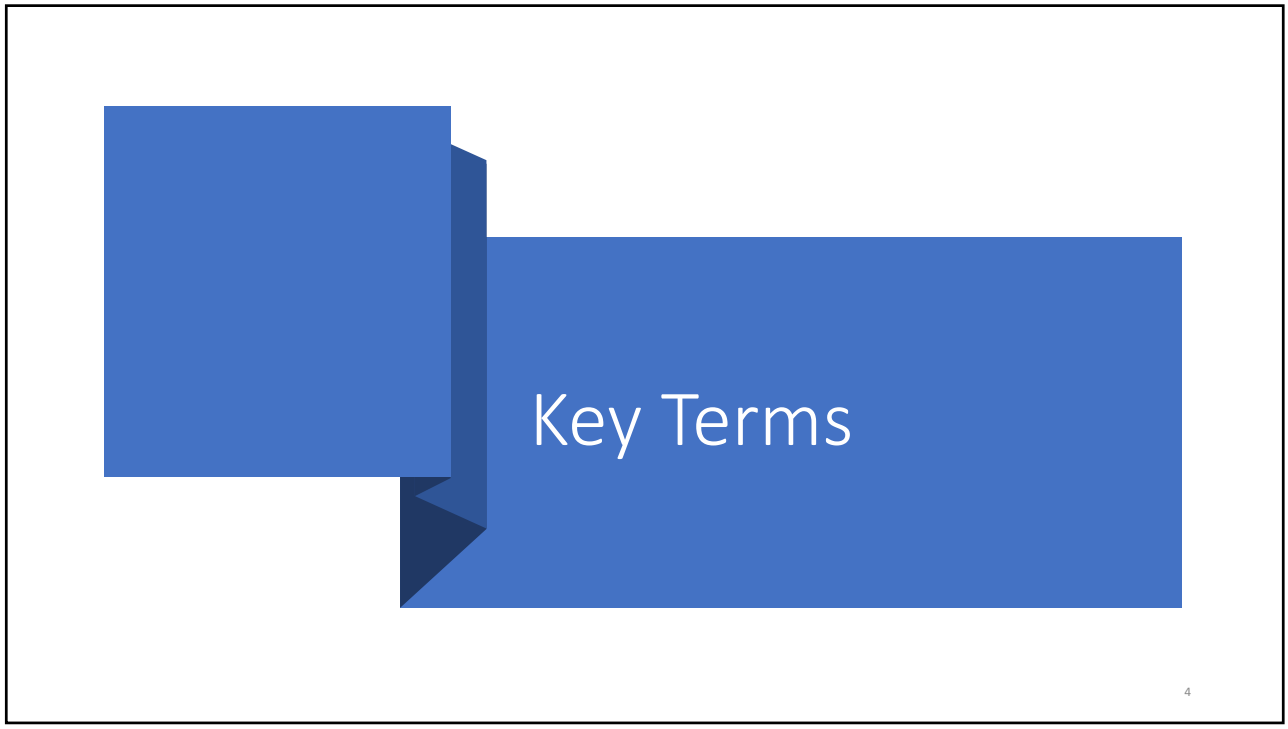

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Patient Experience

Patient experience is the "sum of all the interactions and experiences in the organization that influence the patient's perceptions across the continuum of care**."**

Beryl Institute, 2017

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Person-Centered Care

- Honors the patient's right to decide
- Involves shared decision making
- Individualizes care
- Personalizes care

- Respectful
- Genuine
- Transparent
- Nonjudgmental

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Collaborative Care

"The most important thing a team can do to actively engage patients in care is to take time – time to welcome, time to listen, and time to authentically include patients in their care. It seems like this should be simple, yet at first it may seem impossibly hard to take the time to do these things well."

From a Field Guide to Collaborative Care: Implementing the Future of Health Care
By Paul Uhlig & W. Ellen Raboin (2015)

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Quality Improvement (QI)

Development and implementation of activities to make changes to processes and services in response to performance data findings

Changes in the status quo that makes positive changes or improvements in a specific service, process or system of care to assist consumers achieve better health outcomes

Quality assurance (QA) is not the same as quality improvement, but rather is an implemented plan used to maintain a desired level of service quality or level of performance

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Mystery Shopping

- Method used by marketing research and organizations to **measure quality** of services, job performance, regulatory compliance
- Related terms: mystery shopper, mystery consumer, mystery research, secret shopper and secret shopping and auditor
- Mystery shoppers go through the experiences that consumers encounter

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Polling Question

If you were going to set up a mystery shopper quality improvement project for your clinic what aspect of HIV treatment and care would you choose to explore?

a) Employee performance
b) Access to care/services (e.g. making appointments)
c) Clinic registration process
d) Wait time to see prescriptive providers
e) Other

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Quality Improvement Team Meeting 2016
Fort Lauderdale, Florida

We get a few calls every week from consumers having service access challenges.

How can we better understand what our RW Part A patients are experiencing?

Our patient survey evaluation data shows consumers are pleased with our services.

CONSULTANT: What about using a mystery shopping approach to quality improvement?

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2017 Customer Health Experience Initiative (CHEI)

The Broward RW Part A EMA Quality Management Program completed an initiative to assess and improve the client HIV health care experience in our system. **The Project was chosen as the 2018 HRSA/HAB Quality Award Winner for Quality Improvement by the National Quality Center**

The multi-faceted approach included:

- Mystery shopper and consumer assessments and surveys
- Educational modules for clinical and non-clinical staff
- Agency-specific assessment results, findings and recommendations
- Providing tools and strategies to develop a service improvement action plan.

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Ryan White Meeting 2018

- *Accessing and Improving the Client HIV Healthcare Experience*

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The Consumer Health Experience Initiative

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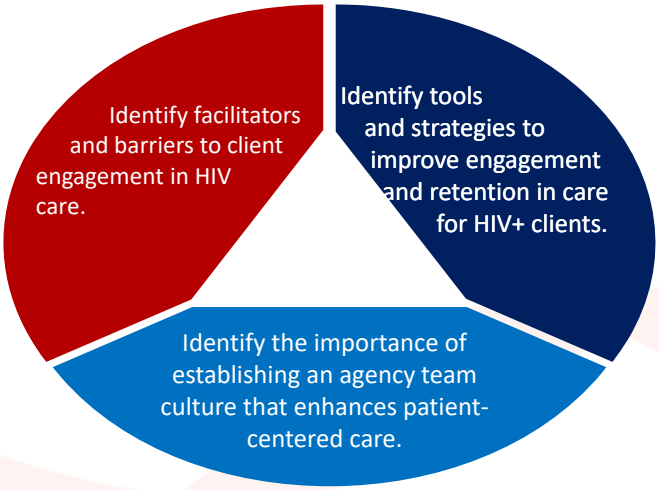
The Aims of the CHEI



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Project Phase Descriptions

	Description of Work
Phase One	**Introduction:** CHEI initiative overview for Agency Providers.
Phase Two	**Implementation:** CHEI assessment data collection - Secret shopper/consumer experience at 12 participating agencies.
Phase Three	**Results:** Full staff (entire organization) 90-minute presentation held at each of the 12 participating agencies.
Phase Four	**Results:** Clinical Staff 2-hour presentation held at each of the 12 participating agencies.

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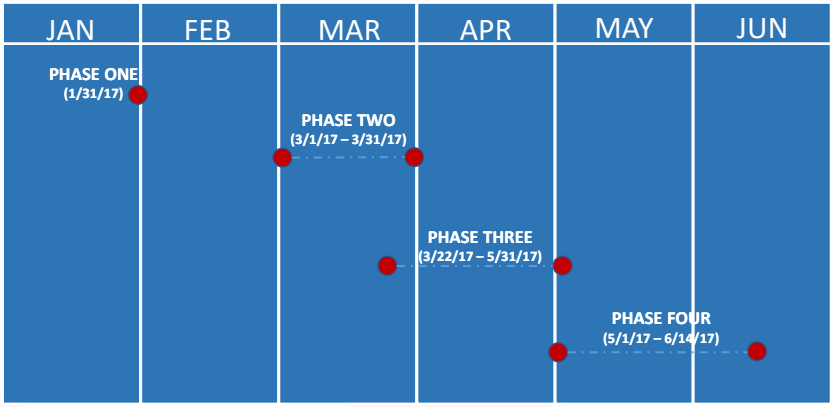
CHEI Timeline



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Phase 1: Meeting & Presentation Introducing the CHEI

An introduction of the CHEI was presented to Part A Agency representatives including an overview of participation requirements, trainings, modules and secret shopper implementation.

Agency Participation/Reception: Introduction of the CHEI "secret shopper" concept was key in creating buy-in from Part A Provider Agencies. Representatives were eager to receive valuable feedback from clients/secret shoppers to help measure the efficiency of the everyday Consumer experience.

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Date and Time of Visit	Date (mm/dd/yy)_____	Time ____:____ AM or PM

How did you hear about the Ryan White Program?:_____

Demographic Information

1. Please identify your age group:
   - ☐ 17 or younger
   - ☐ 18-20
   - ☐ 21-29
   - ☐ 30-39
   - ☐ 40-49
   - ☐ 50-59
   - ☐ 60 or older
2. With which gender do you best identify?
   - ☐ Female
   - ☐ Male
   - ☐ Non-binary
   - ☐ Transgender Female
   - ☐ Transgender Male
   - ☐ Not listed
   - _____
   - ☐ Prefer not to answer
4. With which racial group do you best identify?:
   - ☐ White
   - ☐ Black or African-American
   - ☐ American Indian or Alaskan Native
   - ☐ Asian
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ Not listed (please specify):
   - _____
5. What is the highest level of education you have completed?
   - ☐ Less than high school degree
   - ☐ High school degree or equivalent (e.g. GED)
   - ☐ Some college but no degree
   - ☐ College degree
   - ☐ Graduate degree

Secret Shopper Training

February 2017

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Shopper #:_____

Secret Shopper Patient Information

My name is:_____

My birthday is:_____/_____/_____

I am: _____ years old.

My ethnicity is: _____

My racial group is: _____

My gender identification is: _____

My education Level is: _____

Employment: _____

Health Insurance:_____

My city is: _____

Secret Shopping Procedure

During the 6-hour training, the shoppers were given a persona and their background information:

- Reason for calling/visit
- Schedule of what department to call/visit and when
- Questions to ask on the phone calls or at the clinics
- Process for completing surveys
- Barriers to care and access to care

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Secret Shopper Patient Information

Living Situation: _____

_____

_____

Barriers to Care (circle):

Location is inconvenient
Have no reliable transportation
Have no money for gas
Have to take the bus
Have no childcare
Works 9 to 5
Family friend works at agency
Feel poorly/short of breath always
Caregiver
Feeling overwhelmed by all of this
Trouble paying for food/no food

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Phase 2: CHEI Secret Shopper/Consumer Experience

Agencies were evaluated on three (3) service delivery attributes:

1. In-person agency visits
2. Services and scheduling provided via telephone
3. Team culture

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Phase Two: Conduct Secret Shopper/Client Assessments

Agency Visit Assessment

- 22 questions
- Rating key:
  1 = no effort to 5 = excellent effort

Consumer Health Experience Results
Agency Visit Survey & Agency Telephone Survey

Agency	Visit Date	Consumer, Actor or Both
	8/2017	Actor made 1 visit and 1 phone call

Agency Visit Survey

Rating Key: 1- No effort
2- Minimal effort
3- Fair effort
4-Good effort
5-Excellent effort
NA-Not applicable

Item #	Question	Rating	Comments
1	Initial greeting at Agency	5	"Welcoming greeting, but after that when I started talking about why I was there, the experience felt troubling."
2	Showed respect for what I had to say.	5	"Staff person listened without judgement in the beginning."
3	Paid attention to what I had to say.	5	
4	Explained things in a way I could understand	3	"I couldn't understand why I couldn't see a case manager."
5	Staff made me feel comfortable.	4	"I became frustrated when in a very business-like manner I was told I would have to come back some other time."
6	Waiting room was comfortable.	5	
7	Staff spent time with me.	4	
8	Receptionists/clerks were helpful and courteous.	4	
9	Visit was not interrupted	5	

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Phase Two: Conduct Secret Shopper/Client Assessments

Agency Telephone Assessment

- 12 questions
- Rating key:
  1 = no effort to 5 = excellent effort

Agency Telephone Survey

Rating Key: 1- No effort
2- Minimal effort
3- Fair effort
4-Good effort
5-Excellent effort
NA-Not applicable

Item #	Question	Rating	Comments
1	I was greeted on the phone in a warm and friendly manner.	4	"All three people on the phone said 'hello' but I never heard a name of name of the department."
2	I felt listened to.	3	"I was routed to three people."
3	Staff explained things in a way I could understand.	3	"Very matter-of-fact. I was afraid to ask questions."
4	The person on the phone made me feel comfortable in talking about my health-related questions.	3	"I felt I was being judged. I wanted to know where I would be getting my medication. The person said not at the CIED office. I never understood what CIED was-they didn't tell me."
5	Enough time was given to me so that I knew what action to take next.	3	"The person on the phone told me that I could just come in without lab work or a ID, but that things would be more difficult without those things."

4

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Call/Visit Evaluation Tools

- After the shoppers concluded their calls and visits, they completed a 4-page survey describing their experience
- Shoppers completed one survey per call or visit
- Completed surveys were returned to Consultant
- Shoppers called the Consultant if their experience was exceptionally challenging or confusing

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	
...n the phone in a warm ...manner.	2	1	4	2	2	5
...explained things in a way ...ould understand.	3	0	1	2	5	5
...staff made me feel comfortable ...king about my health-related ...uestion(s).	0	1	0	1	4	10
The staff took the time to answer my question(s).	0	0	1	3	5	7
The staff was courteous.	0	2	1	2	5	6
The staff treated me with respect.	0	0	2	2	6	6
The staff was non-judgmental of any requests made.	0	0	1	2	4	9
The staff demonstrated patience with any perceived language barriers.	0	1	1	1	3	10
...he staff made accommodations for ... speech/hearing disabilities.	0	0	0	0	0	16
...taff was knowledgeable about ...urces available.	0	0	2	0	4	10
...ovided me with enough ... successful in meeting ...eds.	4	1	0	0	4	7
...rsation, the ...	6	1	0	0	3	

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CHEI Secret Shopper/Consumer Agency Overall Aggregate Clinic Visit Experience (n=24)

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Consumer and Secret Shopper Visit Scores by the Numbers

Using a scale of 1-10, where 10 was a wonderful effort and 1 was little to no effort:

- The average perceived effort made by staff/providers **to greet/welcome patients, in a warm and friendly manner on the phone**, was **2.9**.
- The average perceived effort made by staff/providers **to greet/welcome patients, in a warm and friendly manner in person in the clinic setting**, was **4.7**.
- The average perceived effort made by staff /providers **to carefully listen to the patient's health needs and concerns on the phone**, was **3.3**.
- The average perceived effort made by staff /providers **to carefully listen to the patient's health needs and concerns in person in the clinic setting**, was **4.0**.
- The average perceived degree to which providers/staff **in the clinical setting asked patients open-ended questions** to learn more about patients and their concerns, challenges and successes in managing their overall physical, social and emotional health was rated by Secret Shoppers/Consumers, was **2.7**.

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Positive In-Person Clinic Experiences

01

"I walk out of my doctor's appointment knowing my labs…CD4 count and viral load. It feels good to have my doctor talk with me about how I am doing."

02

"The Case Manager was really great. I felt like I could talk to her about anything."

03

"The staff that works with my provider is really good. They seem to really care about me."

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Secret Shopper Responses: Strengths

The case manager sent me an email like she said she would and she gave me many choices of times t neet with her so that I could pick a time when I could get a ride to her office."

I liked the waiting area. It had a friendly atmosphere and felt calm."

I didn't have my labs with me, but the case manager did not make a face or make me feel bad or nything… I felt comfortable in being myself and wanted to go back to see them."

The peer gave me a paper on how I could get help on a 1-800 phone line to cut down on the numbe igarettes I smoke."

My case manager is really great. They keep up with me and I feel like I can talk about anything I need.

Person at the front desk could tell I was whispering and uncomfortable talking about why I was ther he gave me a piece of paper and asked me to write down my concern. **I liked that because I really dc ike talking about HIV is a waiting room where anyone can hear."**

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Negative Reports From In-Person Clinic Experiences

"This experience at the front desk was very confusing and frustrating because they didn't seem to care about why I was there asking questions. I asked to see someone in Outreach and when they didn't understand that I asked to see a case manager so I could be linked to care. The person asked me out loud if I was HIV-positive." ."

"I wish the provider wouldn't tell me how busy they are as they are walking in the room to see me. It makes me feel rushed and less important."

"I felt that the staff were biased about my age. I think they believed I was young, immature and incapable of following directions."

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- "The receptionist asked me for my RW Identification number. I had no idea what she was talking about. I gave her my DOB and name, but she said I had to have my RW number or else **she couldn't help me**."
- "I was told to call my case manager and that the CM would have to refer me to have an appointment with a dentist. I told them I didn't need a CM, but the **receptionist told me that I had to have a CM to get dental care.**"

Additional Negative In-Person Clinic Experiences

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Additional Negative Feedback from Agency Visits

"I was intimidated. Everyone looked extremely busy. I walked in the center, lost and confused."

"There was a person at the desk who wasn't the nicest, but they were not there the next time and I was relieved."

"I was given a different colored folder than everyone else and that kind of made me feel paranoid."

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CHEI Secret Shopper/Consumer Overall Aggregate Telephone Experience (n=24)

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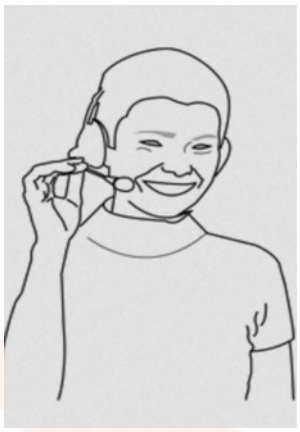
Positive Telephone Experiences



"I had the attention of the person on the phone. **I felt important**."

"I like the automated **appointment reminder calls**."

"A **nice friendly person** answered the phone."

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Negative Telephone Experiences

"They asked me my birthday. I said 2-1-92 day-month-year. They said I wasn't in the system. I corrected myself and gave month-day-year. Someone in the background laughed and said "who doesn't know their own birthday? I felt demoralized and hung up.

"I just wanted to talk to a staff member about my oral health concerns. I was told I had to come in to be evaluated first."

"I kept getting a voice message when I called that said to leave my name and number and that someone would call me back. I didn't want to leave my name on a message machine. I wanted to talk to someone. Besides, I don't have my own phone."

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Additional Reported Negative Telephone Experiences

"I was transferred 4 times before getting to the right person to make an appointment. **I wanted to just hang up after the second transfer."**

"It was after Christmas and before December 30th and I wanted to find out how to see a provider. I kept getting voice mails. The recorded message didn't say what the holiday hours were **so I didn't know when to call back."**

"**I had to have a lecture** by the desk staff about how I had to first have my HIV test results before I could see anyone even if I was testing several years ago. This **all occurred in the waiting room lobby** got me upset. No one ever offered to take me to a private room to discuss this testing issue. I don't want to go back there."

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Secret Shopper Recommendations

"Improve phone system"

"Receptionist training on customer service and communication"

"Develop better process for clients to make an appointment without a case manager"

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Individual Agency Results

- Providers discussed the outcome of the Phase 2 results among one another as well as with Staff, Recipient Staff, and the Consultant.
- The discussion centered around identified areas of improvement and meaningful ways to address the highlighted issues in service categories and agencies.
- Direct client experiences and agency-specific outcomes were shared with providers and they discussed possible solutions.

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Phase 3: "Creating a Welcoming and Responsive Service Environment for People Living with HIV?"

90-minute interactive learning program presented to the entire staff of each of the 12 participating agencies. The selected Agency Champion provided the Speaker/Project Manager the date, time and location for the training at least two weeks in advance of the program.

Learning Objectives:

- Define the term patient-centered care.
- Explain how social disparities interfere with patients receiving timely and evidenced-based HIV treatment and care.
- Describe strategies to assist clinics and staff create a welcoming environment that ultimately supports cultural, gender, sexual, social, economic, and religious diversity.
- Explain how support staff and clinical staff can collaborate to eliminate the presence of stigma, trauma, fear, confusion and resistance, and promote a culture of acceptance, support, safety, and caring.

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Phase Three: Team Culture Assessment

- In addition to presenting the educational module, the consultant assessed each agency's team culture
- All staff from each agency were invited to attend this module, allowing us to assess the agency's team culture as a whole, versus only Ryan White staff
- The tool had providers use a 5-point Likert scale to choose closest belief in statements regarding the nature of their team.

TEAM CULTURE SURVEY. Think about the culture of YOUR TEAM. Your team is the people you work with when yo doing your job. Read through the list of 12 statements below and circle the number between the two statements that closest to where you think YOUR TEAM is at this point in time.

EXAMPLE

People in my team break rank and go it alone.	1	2	3	4	5	People in my team pull together.

If you circle 1, then you feel your team works alone most of the time. If you circle 3, you think your team works alone the time and pulls together as a team some of the time. If you circle 5, you feel that on the whole, your team works to

This Survey should take 5-7 minutes to complete.

1) People in my team have dissimilar values, interests and beliefs.	1	2	3	4	5	People in my team share values, int and beliefs.
2) People in my team break rank and go it alone.	1	2	3	4	5	People in my team pull together.
3) Individuals in my team operate alone and there is conflict between them.	1	2	3	4	5	There is community spirit and co-op in my team.
4) My team is ruled by standards of the past.	1	2	3	4	5	My team is ruled by visions of the fu
5) Meetings are an aspect of the culture of in my team.	1	2	3	4	5	Working in small teams is an aspect culture in my team.
6) In my team there are winners and losers, them and us.	1	2	3	4	5	People confront and move beyond t differences in my team.
7) My team is anti-change.	1	2	3	4	5	My team is change oriented.
8) There is weak coordination in my team.	1	2	3	4	5	There is strong coordination in my te
9) My team is inward looking and focused on itself.	1	2	3	4	5	My team is outward-looking and doe focus on itself.
10)My team is dominated by routine and and systems.	1	2	3	4	5	My team is creative and ideas-domi
11)People do not reflect about their work in my team.	1	2	3	4	5	People reflect about their work in my
12)There is disagreement in my team.	1	2	3	4	5	There is harmony in my team.

*Pritchard & Dewing (2000). A multi-methods evaluation of an independent dementia care service and its approach. *Aging and Mental Health*, 5:1,63-72.

RYAN

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Overall Assessment Findings

System-Level Findings

- Clients perceive the system as complex and hard to navigate
- Service delivery processes not working as designed or not being followed
  - Example: Requiring labs to complete eligibility
    - Requirement established to ensure completed client files
    - Clients never meant to be turned away if they did not have labs, but providers interpreted the requirement as so
- Need for a better introduction to Part A services – What they are and where they are offered

Agency-Level Findings

- Agencies rarely work together to link clients to services
- Agency front-desk staff tend to know little about the services their agency offer and lack the motivation to direct the client to the services they are requesting
- A cohesive team culture is a challenge for a majority of agencies
  - Weak coordination in team
  - Focus on themselves rather than considering outside input
  - Low level of creativity on teams, reported more likely to stick to routine

RYAN WHITE PART A PROGRAM of Broward County — HIV Care from A to Z

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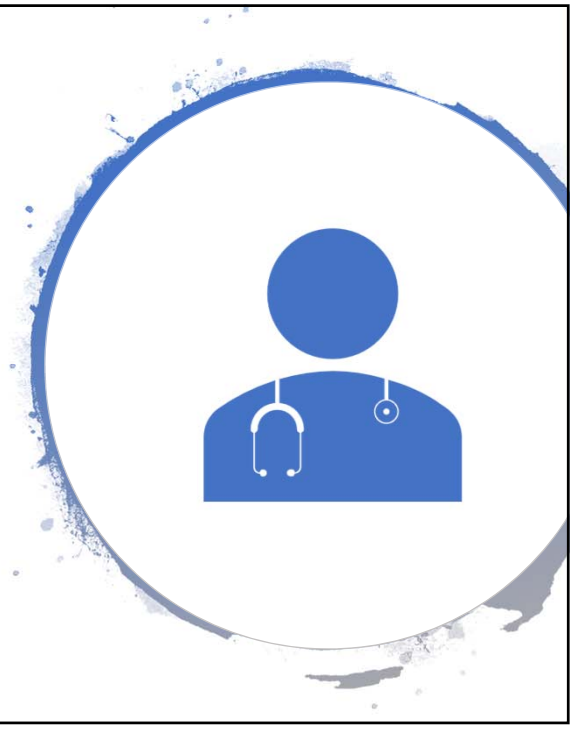
Recommendations

Plan, coordinate, and implement relevant education/trainings to benefit improved client health outcomes:

- Empower non-medical employees to improve customer care
- Address biases formed from previous agency visits
- Reinforce communication between providers
- Encourage team culture improvement and convey improvement in a way that is respectful of current intra-staff relations



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Discussion

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Project Strengths and Limitations

Limitations

- Small number of consumers interviewed
- The secret shoppers were not representative of the Broward RW Part A diverse patient population
- Consumers were not able to be secret shoppers as they were already known to the system
- Due to time constraints, a second round of secret shopping was not conducted after the agency trainings

Strengths

- Two culturally diverse clients agreed to share their experiences on their care experiences
- Mystery shopper evaluations and consumer interviews revealed strengths and weaknesses of the Broward RW Part A system of care as it relates to access and linkage/retention in care
- Mystery Shoppers were in Provide Enterprise (PE) which helped to identify some process challenges with eligibility and access to other services
- There was medical network provider buy-in for the Project

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Evaluation and Next Steps

This project was conducted with the idea that it could inform strategies to improve access to treatment and care processes and services for people with HIV living in Broward County

Replication of this Project on a larger scale may help to address barriers to linkage to and engagement in HIV care experienced by people with HIV living in Broward County

The data collected through this project has been utilized by the Broward RW Part A EMA to plan network education and trainings and inform and support agency and EMA-wide quality improvement projects

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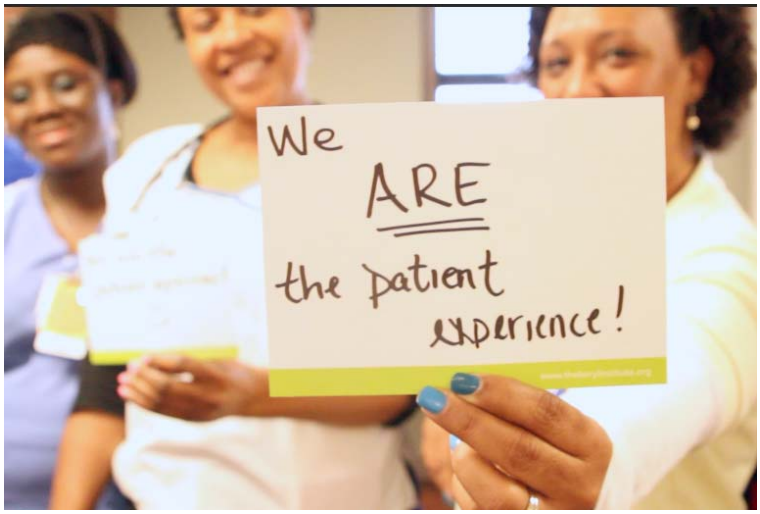
Improve Consumer Experience and Engagement in HIV Care By

Creating a welcoming and accessible healthcare environment

Developing a strong collaborative team culture



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A Very Special Thanks to

Broward RW Part A EMA and the Broward Regional Health Planning Council Quality Management Team and all the agencies and personnel that participated in the Project and trainings

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Questions and Conversations

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HANDOUT B

FY 2020-21 System of Care Committee Work Plan

The work plan is intended to help guide the work of the committee and to assist the System of Care Committee in achieving its objectives in the coming year.
For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X'

GOAL: By February 2021, Identify the inventory of resources available for service delivery for PLWHA in Broward County to ensure a seamless continuum for Part A eligible clients

Objective 1: Determine if Part A services are delivered as designed by identifying client needs, service gaps, barriers, and outcomes of populations.

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Receive Needs Assessment training	Ongoing	PCS Team	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.						
1.2 Receive presentations from funders outside the Ryan White Part A Program including Needs Assessments	Ongoing	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Recipients of Ryan White/HIV funding will review the landscape of HIV care and treatment in Broward County. Reviews will include information on Needs Assessments completed by each funder.		X				X
1.3 Analyze utilization trends for the HIV population in the Ryan White Part A system of care	Ongoing	PCS Team	Increase knowledge of Broward County's Ryan White system of care	Conduct utilization focused evaluation of the HIV Care Continuum to identify and address the drop-offs along the stages specific to service provider, geographic location and individual characteristics (Integrated Plan Strategy 2.2.a)		X				
1.4 Develop How Best to Meet the Need (HBTMTN) language based on findings.	Annually	SOC	Data driven PSRA process	Develop strategies specific to the needs, attitudes and behaviors of the identified priority/MAI populations (Integrated Plan Strategy 3.1.a)						

Objective 2: Ensure that issues pertaining to specific populations are addressed and make recommendations to appropriate HIVPC standing committees.

Activities	Frequency	Responsible Party	Outcomes	Action Items/Data Prep	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Identify needs resulting from disparities in HIV-related service availability.	Ongoing	SOC/PCS Team	Increase knowledge of Broward County's Ryan White system of care	Utilize data to identify areas of need along the RWPA Care Continuum						
2.2 Collaborate with community partners to address inequities along the Broward County RWPA Care Continuum.	Ongoing	SOC/PCS Team	Collaboration with CEC and/or HIV-facing organizations	Determine information useful to the community in decreasing the identified disparity. Information will be disseminated during events and/or via other mediums. **Ensure the receipt and integration of information from community partners.**						
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among service providers.	As Needed	SOC/QMC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding current QIPs						
2.4 Recommend areas of inequities to the Quality Management Committee (QMC) for further review.	As Needed	SOC	Collaboration with QMC to lessen disparities along the contiuum	Recommend identified areas of inequities for QMC to conduct systemwide quality improvement activities and strategies						
2.5 Present findings related to inequity to a health and/or racial equity expert to receive recommendations for addressing & improving disparities in health outcomes along the Broward County RWPA Care Continuum.	As Needed	SOC/PCS Team	Collaboration with experts to lessen disparities along the continuum	Develop recommendations in partnership with experts to improve outcomes along the RWPA Care Continuum						
2.6 Present findings to QMC for potential updates to service delivery models (SDM).	As Needed	SOC	Utilize findings to improve RWPA system of care	Recommend service delivery model updates based on data and recommendations						