



Meeting Minutes

Committee: Quality Management Committee

Date/Time: Monday, September 17th 12:30 p.m. **Location:** Governmental Center Annex, A-337

Chair: David Shamer

Vice Chair: Bisiola Fortune-Evans

Attendance				Guests	Staff
#	Members	Present	Absent		
1	Fortune-Evans, B.	X		Mobley, K.	Garcia, E.
2	Katz, H. B.	X			Morris, R.
3	Tavares, J.		X		Martinez, G.
4	Runkle, D.	X			Guice, M.
5	Moragne, T.	X			Joseph, A.
6	McPherson, S.		X		
7	Thomas-Purcell, K.		X		
8	Simpson, R.	X			
9	Shamer, D.	X			
Quorum = 6					

1. CALL TO ORDER:

The Chair called the meeting to order at 12:39 p.m. and welcomed all present. The Chair and Clinical Quality Management (CQM) Support Staff welcomed guests. Attendees were notified of information regarding the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, Committee members, guests, Recipient staff and support staff self-introductions were made. A moment of silence was observed. There were no public comments.

2. APPROVALS:

Motion #1 To approve today's meeting agenda
Proposed by: Runkle, D. Seconded by: Moragne, T.
Action: Passed Unanimously

Motion #2 To approve 5/21/18 meeting minutes
Proposed by: Runkle, D. Seconded by: Fortune-Evans, B.
Action: Passed Unanimously

Motion #3 To create a standard for next CIED appointment to be established at the time of current CIED appt.
Proposed by: Moragne, T. Seconded by: Katz, H.B.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

- a. None.

4. UNFINISHED BUSINESS:

- Check Planning Council minutes and see if Gary Hensley was appointed to the QMC.
- Add Bisiola Fortune-Evans to the 5/21/18 meeting minute's attendance sheet.

<i>Select performance measures and annual goals. (W.P.1.1) HANDOUTS A & B.</i>
Staff detailed the contents of the handouts and accepted questions. Data requested from the last meeting included a breakdown of Transgender clients in Part A and mother to child risk factor demographic breakdown. Staff clarified that mother-to-child risk factor (risk factor also referred to as mode of transmission) is defined as current part A client who were prenatally infected. It does not refer to clients who gave birth to an HIV infected



child. Regarding handout, A, there were questions from committee members regarding how the categories of “Retention in Care” and “In Care” are defined within the Care Continuum. The Recipient staff detailed that the criteria for care retention is HIV+ clients who had two or more medical care services at least three months apart in the reporting period. The criteria for clients in care is for HIV+ clients who utilized at least one medical care service within the reporting period (1 year). Additionally, all Continuum data is pulled from FY2017 reports.

A Member asked why there was a client categorized at an FPL of 401% (handout A). The Recipient staff explained that if the individual was given a service, and their last service could have been a CIED visit, that service still counts. After that service, however, the individual will no longer qualify for Ryan White services because of their high FPL %.

For handout B, The QI Manager detailed the HIV Care Continuum Analysis Data. There was a question regarding how a lower retention in care rates can translate to a higher rate of ARV utilization. The Recipient Staff noted that there was a gap in information that we are able to gather on clients. There is a significant population that may have had an appointment at another facility or with a provider outside of the Ryan White Part A Network. We cannot accurately track this activity which yields lower retention rates due to clients foregoing Ryan White Part A services for possible third-party services. Providers and PE users are asked across the system to enter information about clients that receive care outside of the system, if they know that information, to try and minimize this tracking issue.

Additionally, there was a discussion regarding providers encouraging clients to utilize services less often than the service delivery models dictate. Particularly for those in integrated care, the provider is obligated through their respective service delivery model to see clients twice a year. An example was made that if a person has been suppressed for 5 years, physicians could tell patients that they would be fine if they came for annual visits instead of twice a year. Although these clients may not fall into the retention in care numbers because they don't meet the measurement parameters, these clients will usually fall into the measurement parameters/category for individuals who are on ARV and virally suppressed. So, although their medical visit information isn't being captured, we are still capturing information about their viral load suppression.

There was another example mentioned by a member that pregnant clients would see prenatal providers instead of their Infectious Disease primary care physicians. In this case, these clients fall out of retention which also could be a factor that drives lower retention in care results in the Continuum. A member notes that there is a discrepancy at the street level versus the system level with doctors not seeing customers as often. However, this is relevant among numerous medical services. The updated service delivery models will be presented to the council members at the appropriate meeting and will include content from today's conversation.

A Member inquired about the most recent statistics around individuals who are not aware of their HIV status. The Recipient stated that recently the state has released some information related to that information. Member asked if the “unknown status” numbers have changed since *Test & Treat* have been implemented. This resulted in the following data request.

Data Request: *Test & Treat* positive diagnoses numbers. Analysis of Test & Treat demographics for “in care”, “retained in care” and “virally suppressed” during cycles 1 and 2.

5. MEETING ACTIVITIES/NEW BUSINESS

Review & analyze locally adopted outcomes & indicators. (W.P.1.2) HANDOUT C

Handout C, detailing locally adopted outcomes and indicators, was reviewed and analyzed. A member asked to define “POC”. The QI Manager explained that POC is Plan of Care. One member noted, in regards to Mental Health, that clients often have lifelong diagnosis and varying levels of severity to consider. If a plan of care is based around symptoms, then clients with lifelong symptoms will skew outcome. An example was given that if a person has chronic depression, and continue to meet criteria for diagnosis, they will always be symptomatic.



A client with a chronic mental health disorder will have trouble attaining the outcome of showing an “Improvement in client’s symptoms associated with primary mental health diagnosis” since it’s a chronic disorder. There should be further evaluations of outcomes during the service delivery model development process. Specifically, symptom-based outcomes need to be evaluated in order to reflect a tangible measure to be used for monitoring. One should consider the severity of symptoms. The QMC will be one of the committees that will evaluate and review the service delivery models with final recommendations submitted to the Planning Council for approval.

Recipient staff noted that these outcomes are up for review during the Service Delivery Model review process. The committee will be presented with recommended changes for the service delivery models once edits are complete. These changes will have gone through a number of committees, with QMC having the final review prior to the HIV Planning Council.

A Member asked staff to clarify disease case management. All integrated providers have disease case management. Individual agencies with disease case managers are Memorial, South Broward, North Broward, AHF, Broward Community & Family Health Centers, and Care Resource. The standard for both case management and disease case management is contact within 120 days.

Although service delivery model guidelines require providers to make contact for a follow up appointment, the technical component of the system does not have the capacity to schedule CIED recertification appointments 6 to 9 months out. This is something that may be able to be changed. There was a recommendation from the recipient staff to go to the Support Services Network or CEC for problems regarding CIED performance and their current system of client scheduling. After discussion, there was a motion to create a standard for the next CIED appointment to be established at the time of current CIED appointment. It was motioned by Moragne, T. and seconded by Katz, H.B. This was passed unanimously. The Recipient confirmed that once QMC has made a recommendation, the QM staff will take the recommendation to the next relevant network meeting.

Provide a quarterly Network update to the QMC & identify areas for improvement & potential QIPs. (W.P. 2.4) HANDOUT D1&D2

Staff presented Handouts D1 & D2, detailing activities of the Quality Improvement Network. Noted that medical/DCM network meeting was cancelled in both Q1 & Q2.

A Member wanted to know “What is the next step? Chair advised looking at the annual Work Plan to stay on task. We are currently at the half way point of the Ryan White fiscal year. Staff will provide a document detailing QMC’s specific work plan for the next QMC meeting in October. The Vice-Chair asked staff to email a copy of the work plan prior to next meeting.

6. PUBLIC COMMENT

None. / Relevant Discussion

7. AGENDA ITEMS/TASKS FOR NEXT MEETING

<i>Agenda Items/Tasks for next meeting (Work Plan Item/Goal#)</i>
Provide the updated QMC Work Plan
Follow up on motion #3 to the CEC committee
<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm, etc.</i>
Provide <i>Test & Treat</i> positive diagnoses numbers. How many of these clients have retained and stayed in care? Recipient noted that this is more of a Health Department data request but the Recipient can provide demographics on the data they provide. Recipient can also compare baseline numbers from last year to updated numbers from this year. The Minority AIDS coordinator at the DOH stated that their monitoring and evaluation team can work on the data request for <i>Test & Treat</i> .



8. ANNOUNCEMENTS

None.

9. ADJOURNMENT

The meeting was adjourned at 2:23pm.

Quality Management Committee Attendance 2018

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
				Meeting Date:	C	C	CX	16	21	CX	CX	CX	17	15	19			
1	1	0	1	Shamer, D., <i>Chair</i>			NQX	X	X				X					
1	1	1	2	Katz, H. B.			NQA	X	X				X					
		1	3	MacPherson, S.			NQX	A	X				E					
1	1	0	4	Runkle, D.			NQX	X	X				X					
		3	5	Thomas-Purcell, K.			NQA	X	A				A					
		1	6	Taveras, J.			E	X	X				A					
		2	7	Schweizer, M.			E	X	A						Z - 9/17			
		0	8	Simpson, R.			NQX	X	X				X					
		0	9	Moragne, T.		N - 5/21				X				X				
		0	10	Fortune-Evans, B., <i>Vice Chair</i>		N - 6/4								X				
				Quorum = 6			4	7	7				6					

Legend:
 X - Present
 A - Absent
 E - Excused
 NQA - No quorum absent
 NQX - No quorum present
 N - Newly appointed
 Z - Resigned
 C - Cancelled
 CX - Cancelled due to quorum
 W - Warning letter
 R - Removal letter