HUMAN SERVICES DEPARTMENT
COMMUNITY PARTNERSHIPS DIVISION
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

QUALITY NETWORK MEETING

Wednesday, January 9, 2019 at 9:30 A.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

Minutes

PROVIDERS PRESENT
Amy Pinter; AHF
Kristen Harrington; AHF
Glynette Roberts; BCFHC
Andrea Brooks; BCFHC
Valery Moreno; Memorial Healthcare
Roxan Simpson; Broward Health
Angelica Molina; Care Resource
Gary Hensley; Sunserve
Kara Schickowski; Legal Aid
Joshua Caraballo; Latinos Salud
Gillian Cross Hogg; Broward House
Natasha Markman; BRHPC

PROVIDERS ABSENT

GUEST
None

PART A RECIPIENT STAFF
Edith Garcia
Richard Morris

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Gritell Martinez
Marcus Guice
Anitha Joseph
Brithney Johnson

I. Welcome/Introductions

The meeting was called to order at 9:35 a.m. CQM Staff welcomed everyone and individual introductions were made.

II. Review of New Quality Improvement Project (QIP) Presentation Template

CQM staff member gave an overview and explanation of a PowerPoint template designed to standardize providers' QIP presentations. The final template will be distributed via email subsequent to the April meeting.

III. Agencies' presentations on status of QIPs focused on African American/Black & Latina Women

AIDS Healthcare Foundation; ***Amy Pinter***

The AIDS Healthcare Foundation (AHF) began a QIP regarding cervical cancer screening rates. The intervention was focused on personnel education (i.e. quality training, performance improvement, identifying barriers, and obtaining staff feedback) and patient education in regards to focusing outreach to patients that were out of compliance, adding educational material in waiting rooms, and outreach to clients regarding compliance to services. The agency saw an initial drop in rates of cervical cancer screening rates however they are currently trending upwards. The provider noted issues regarding their

data collection process, inputting data into flow charts, and utilizing Provide Enterprise. The provider discussed barriers in play that have been associated with adherence and involvement in health services from women. It looks as if the younger populations are less compliant both in African American and white populations.

Broward Community & Family Health Centers (BCFHC); ***Andrea Brooks***

BCFHC has a quality improvement committee (mostly senior leadership and also clinical representation). The organization has two standing subcommittees: Risk Management and HIV Services. The organization also has annual QI plans for patient feedback, health outcome measures, and risk management plan. Historically, they have not had a good representation for patients utilizing the portal. One of their projects includes giving patients with e-mail addresses access to the secured patient portal. The organization has identified a 10 percent increase in portal utilization from 2017. There has also been increased patient feedback through patient satisfaction survey. The provider noted that there had been the utilization of provider report cards in the evaluation of the services provided. This has led to the realization that training has a significant effect on the quality of services provided. BCFHC has restricted the employee onboarding process, began integrative changes in the planning process, and are currently reviewing the annual AI Plan. In February, the agency will be performing a patient transportation needs assessment (identifying how patients are travelling to the clinics) and will expand behavioral health and substance abuse services. In August, the organization will have network-wide focus in expanding utilization of patient portal and has a stipulation for all leadership members to complete Lean Six Sigma yellow belt certification.

Care Resource; ***Angelica Molina***

Care Resource initiated a workflow project, utilizing attributes of the Plan-Do-Study-Act (PDSA) cycle within the agency. The plan consisted of the use of a digital trail, reduction of redundancy, an addition of more significant insights, and increasing accountability. The agency hired a consulting firm to implement the plans. They gained workflow insights from shadowing departments. Sixty-five (65) unique roles were defined, and the consulting firm evaluated the roles (focused on process needs) in order to identify gaps within the workflow. As a result of their evaluation, they discovered a lack of standardized work processes. Before workflow phase 2, which begins this month, the provider noted that Care Resource is making revisions within the current workflow project. They are implementing disease case management and including Test & Treat within the project.

Centralized Intake & Eligibility Determination (CIED); ***Natasha Markman***

CIED has faced challenges regarding missed appointments, walk-ins, and no-shows. The agency has a 45-day list to beginning client scheduling before a visit. Missed appointments tend to show up in medical emergency situations without eligibility, which leads to an increase the volume of walk-ins for eligibility services. The provider noted that a significant amount of missed appointments were Test & Treat clients. The agency has asked for a 60-day report that will identify Test & Treat clients and allow staff to begin making calls farther in advance. The provided emphasized their focus to make connections with Test & Treat clients in order to identify challenges in coming in and utilizing CIED. The provider also noted the use of a check list for the team members to organize client needs. Documentation has been a significant challenge. The team identifies documents that are missing from client profiles and communicate the missing documents to clients. Immediate calls within one day of missed appointments are paramount to assessing the barriers that clients face in adhering to appointments and allow them to be involved in rescheduling an appointment to retain them in the service. The provider encouraged other providers to reach out and voice challenges with clients before problems escalate.

Legal Aid; ***Kara Schickowski***

Legal Aid began targeted outreach to individual agencies that typically serve Black and Latina women. Over the summer, the agency initiated email, in-person, and phone outreach. Their team held a training session for staff meeting at the Children's Diagnostic & Treatment Center (CDTC) of Broward Health. There has been an emphasis in identifying barriers for African American women in utilizing legal services.

Latinos Salud; ***Joshua Caraballo***

Latinos Salud is using individualized ways to implement QIPs. For example, the provider narrated a case of a client who was non-compliant and not virally suppressed. They found him through social media and within the neighborhood he worked in, discretely, and initiated a role play meeting to obtained feedback. They found interpersonal problems among case managers in communication that served as a significant barrier for the client.

South Broward Hospital District; ***Valery Moreno***

Memorial struggles with very high no-show rates (roughly 17%). Patients are getting three phone calls (day after, week after, and one month after). Then staff refers them to ProAct Pharmacy Benefit Management Solutions, which has been successful. The agency is in the early stages of implementing telehealth in order to improve adherence and, in turn, increase viral load suppression rates. There have been only three visits so far, but outcomes look promising. Clients have to log in through MyChart, a mobile device-integrated application, in order to insure security and confidentiality.

The Quality Improvement Manager noted that future projects should be focused on the African American and Latina women populations in compliance to the End+Disparities ECHO collaborative project. The network needs to get in the habit of consistently reviewing and tracking data. We must also identify and closely examine the 13% of our client population who are not virally suppressed. A provider noted that if we can see what is helping those who are virally suppressed, this could potentially shed light on what could help those who are not virally suppressed.

~~**IV. QI Activity**~~

V. SAVE THE DATE: Mandatory Quality Training February 13th with Center for Quality Improvement and Innovation (CQII). Details to follow

VI. Evaluations

VII. Adjournment

The meeting was adjourned at 11:06 a.m.

Next Meeting Date: April 24, 2019

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QUALITY NETWORK MEETING

September 26th, 2018 – 9:30-11:30AM
Ryan White Part A Program Office A-337
115 S. Andrews Ave., Ft. Lauderdale, FL 33301

Minutes

PROVIDERS PRESENT
Pinter, A., AIDS Healthcare Foundation
Miller, S., Broward House
Pierre, I., CIED BRHPC
Molina, A., Care Resource
Carabello, J., Latino Salud
Schickowski, K., Legal Aid Services of Broward
Simpson, R., North Broward Hospital District
Schweizer, M., NSU
Hensley, G., SunServe
Barnes, B., The Poverello Center

PROVIDERS ABSENT
BCFHC
CDTC
FL DOH
SBHD

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Dr. Gritell Martinez
Marcus Guice
Anitha Joseph
Brithney Johnson

PART A RECIPIENT STAFF
Leonard Jones
Richard Morris
Neil Walker
Edith Garcia

I. Call to Order

The meeting was called to order at 9:31a.m.

II. Welcome/Introductions

Staff welcomed everyone and individual introductions were made.

III. Review of (Final) Part A CQM Care Continuum Scorecard

Goals of CQM Care Continuum Scorecard are:

- To help agencies have a tool to review their client population; and
- Drill down data to identify disparities and develop quality improvement projects in their agency.

CQM Staff presented the RW Broward County Part A Care Continuum Scorecard for FY 2017. A provider remarked that influenza vaccination rates, as displayed on the scorecard, were lower than expected. The recipient asked the network if the data presented looks similar to the data collected at their own agencies. Recipient explained that this data is being presented for the following reasons (1) so that each agency knows what the benchmark is and how they individually compare; and (2) because the Ryan White Part A EMA administrative team is contractually required to report this data to HRSA. The data serve as a benchmark and a clinical measurement by HRSA to measure our EMA's performance. The Recipient noted that providers could only report data that has currently been processed by the system and sometimes provider data does not match the data from the individual agencies of the network. The Recipient emphasized the importance of evaluating the quality of data captured within provider agencies as data validation is an essential tool in understanding how

data translate to the practical services provided by each agency. The recipient encouraged the network to have conversations in their meetings addressing data discrepancies and their causal factors.

Additionally, agencies should remain informed of trends that may be happening across the HIV care continuum. These trends have an impact on how we deliver our services and how our clinical performances measure across our system of care. The recipient explained that the quality network should analyze this issue from the schema of both the Ryan White HIV/AIDS Program and the payer aspect. As an agency, it is beneficial to see if there is a notable difference between one payer and another.

An NSU provider remarked that the reported HAB HIV oral health measures were not representative of the data collected by the agency. He stated that the HAB report gathers information regarding oral exams, medical and dental history, and periodontal screening, which are captured in the provider agency's health record system but not captured in PE. The provider requested guidance as to how his agency can begin to obtain these measures. The CQM and recipient staff agreed to investigate this issue, but the agency should be looking at these type of discrepancies internally regardless of the payment source.

The recipient clarified that Non-medical providers like Legal Aid and SunServe are not included in the HAB report because the report exclusively measures clinical data, which non-medical providers do not report.

IV. Agency "Plan-Do-Study-Act" (PDSA) Presentation & Discussion: Discussion/sharing of each agency's current or planned QI initiative

The Quality Improvement Manager asked the providers to share any quality initiatives or projects that were initiated as a result of the previous PDSA training. The NSU provider remarked that the agency is working on a project evaluating failed/ canceled appointments. They used the numbers observed during a 2-month period as a baseline to mark performance indicators. Failed/canceled appointments significantly decreased, but increased by 15% by the end of the observation period. They are currently considering creating a survey to gather information from clients on the reasons behind failed appointments and how the provider can aid clients in keeping future appointments.

SunServe is currently in the process of initiating a PDSA-based initiative. They are collecting data and will start their PDSA initiative next month.

Latino Salud has focused their PDSA efforts around clients who have not been retained in care. They started their project one month ago with 12 clients. Since this project began, they have been able to retain two clients. This initiative involves the implementation of a three-step process: (1) reaching out to the client via phone/email; (2) after the 3rd attempt, the case manager and the peer navigator physically goes on-site to contact the client face-to-face; and (3) institutionalizing client accompaniment to CIED and medical appointments (a case manager or peer navigator accompanies clients to their respective appointment).

AHF is studying cervical cancer screening rates to improve them. They are also conducting an educational push with their clients to increase adherence of client PAP screenings. Physicians that are not comfortable with PAP screenings are paired and trained by a seasoned provider.

Poverello is addressing clients that are falling out of care. The agency has moved to schedule the appointments. However, 50% of their clients are no shows. They are planning to institute remote ordering so that clients can place their food pantry orders from home, which will expedite the pick-up process.

The recipient reminded the network that they are required to report any quality improvement projects based on the Customer Health Experience Initiative in their Quarterly Reports.

Legal AID has two ongoing projects: (1) An internal referral project: Through a legal check-up, Legal Aid works to ensure that clients are getting assistance with the full spectrum of services that are available to them. This project aims to formalize this process and keep track of the data navigation of clients through the internal referrals process. (2) Outreach—Legal Aid is reaching out to agencies they had not worked closely with in the past to recruit the underserved black female population to the Ryan White unit with services.

North Broward's PDSA project focuses on vaccines and conducts chart reviews before client arrival. They are experiencing challenges with pulling data for reporting and are trying to find innovative ways to address client no-shows.

The network discussed text reminders as a potential solution to appointment no-shows. The recipient staff explained that PE has the capability to send appointment reminders to clients. The CIED representative confirmed that they are successfully using text messaging to remind clients of appointments. There was additional discussion regarding the importance of keeping client data updated in PE. The quality of data captured in PE is of great importance and having clients' profiles accurately updated translates to better quality performance analysis. If a client no longer receives services, then PE users need to close all appropriate files and profiles.

The recipient stressed that the purpose of this group is to focus on the system-wide issues that affect health outcomes and how individual agencies are addressing the problems identified. Agencies should compare the data being presented and determine if performance levels are high or if improvement is required. For those that do not provide clinical services, discussion with clients must include viral load suppression.

V. Overview of end+disparities ECHO Collaborative & the Network's Involvement

The CQM Staff presented an overview of the end+disparities ECHO Collaborative. Broward EMA has chosen the African American/Black and Latina women population as the focus. Staff will follow up with the Quality Network with additional information as to how to engage in the project.

VI. Training: Using Data to Launch Improvement Activities

The CQM led a training presentation regarding the use of data in launching quality improvement initiatives. The training was aimed to describe the primary phases in the quality improvement cycle; aid providers in understanding how data support each stage of the quality improvement cycle and focus on understanding the role of people and systems in data management. The PowerPoint gave insight into setting targets for improvement.

The CQM team opened the floor to questions from providers. There was a reiteration of the importance for providers' that are actively engaged in quality improvement to be comfortable with working with data and reporting the data from their agencies.

Mr. Leonard Jones of the recipient office summarized that a missing element in the discussion was how this network could apply quality improvements projects to the overall care continuum, which is the primary focus of the Ryan White Program. One HRSA requirement is the creation of HIV Specific Quality Management initiatives that address disparities. The attendees at this network should be spearheading overall system-wide QI initiatives in their respective agency. Agencies should use this opportunity to provide feedback to the recipient office, such as missing factors that impact service delivery; what the agency can do to address disparities; identify infrastructure-related issues that affect service delivery; and notice if there are missing services that should be implemented and brought to the attention of the HIV Planning Council. Agencies should look at ways that help with achieving health outcomes and ultimately viral suppression.

VII. Evaluations

Staff asked the providers to fill out the evaluation with any suggestions they would like to discuss in the next meeting.

VIII. Adjournment

The meeting was adjourned at 11:32a.m.

AHF Broward County

Cervical Cancer Screening PDSA

Amy Pinter

Plan

- Started in February 2018

Cervical Cancer screening rates at health centers as of January 2018:

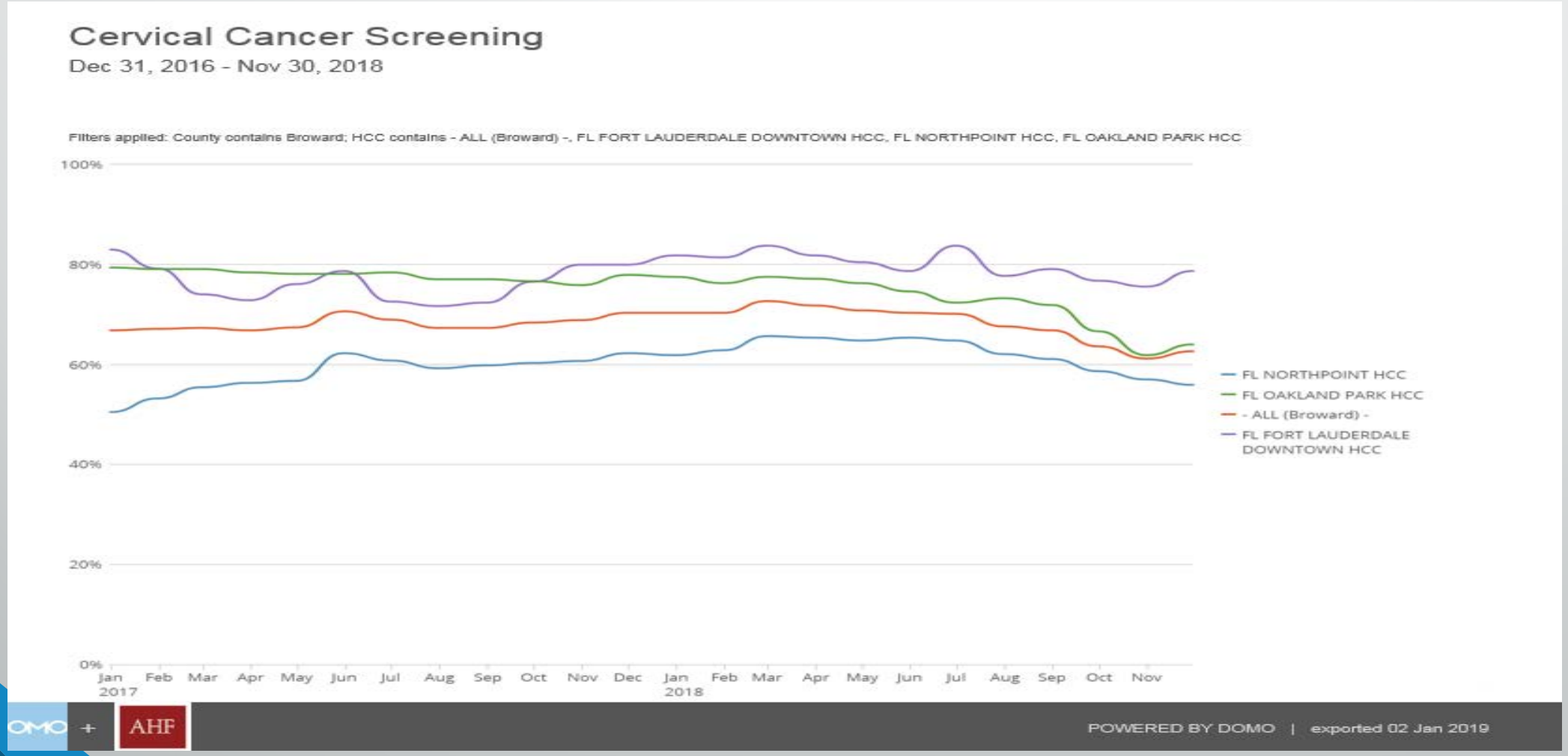
- Oakland Park- 79%
- Ft. Lauderdale- 83%
- North Point- 66%

Do

Strategies to increase cervical cancer screening rates:

- Provider Education:
  - Quality measures training, discussions during quality meetings.
  - Identify barriers
  - Staff feedback – best practice solutions
- Patient Education:
  - Monthly Gap list for non-compliant patients
  - Focused outreach to patients by case management in Nov, Dec, Jan
  - Education on HCC waiting room TVs, educational palm cards

Study- CCS Dashboard for Broward County



Act

- We plan to continue with periodic patient and provider education as well as providing gap list.
- Data drill down using the 'HAB by Demographics' reports to identify disparities and plan interventions.
- Scheduling Women's clinic days where the health centers will have all rooms ready for pelvic exams all day.
- Identifying barriers specific to health centers and patients and resolving each as presented.
- Training on data entry for completed pap smears and qualifying exclusions

Example of HAB by demographics

RW HAB MEASURES BY DEMOGRAPHICS

RW County: Broward [All HCCs, All (RW and NonRW)]

Measures: Cerv Cancer Screen

** HAB measures broken down by demographics (Race/Ethnicity, Gender/HIV Risk Factor, and Age) for patients enrolled to RW at any point from 08/31/2018 going back 1 year.*

CERVICAL CANCER SCREENING

Race/Ethnicity, Gender/HIV Risk Factor vs Age

African American	13-24			25-34			35-44			45-54			55-64			>=65			Total		
Gender	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
Male																					
Female	6	17	35.29%	43	77	55.84%	72	118	61.02%	90	127	70.87%	67	108	62.04%	14	30	46.67%	292	477	61.22%
Trans	1	1	100.00%	0	3	0.00%	0	1	0.00%	1	2	50.00%	1	2	50.00%				3	9	33.33%
Total	7	18	38.89%	43	80	53.75%	72	119	60.50%	91	129	70.54%	68	110	61.82%	14	30	46.67%	295	486	60.70%
HIV Risk Factor	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
MSM				1	1	100.00%	3	5	60.00%	1	2	50.00%	0	2	0.00%				5	10	50.00%
NonMSM	1	1	100.00%	0	2	0.00%	0	1	0.00%	1	2	50.00%	0	1	0.00%				2	7	28.57%
Total	1	1	100.00%	1	3	33.33%	3	6	50.00%	2	4	50.00%	0	3	0.00%				7	17	41.18%

White	13-24			25-34			35-44			45-54			55-64			>=65			Total		
Gender	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
Male																					
Female	1	3	33.33%	4	9	44.44%	11	15	73.33%	11	22	50.00%	13	17	76.47%	1	6	16.67%	41	72	56.94%
Trans										0	1	0.00%	0	2	0.00%	0	2	0.00%	0	5	0.00%
Total	1	3	33.33%	4	9	44.44%	11	15	73.33%	11	23	47.83%	13	19	68.42%	1	8	12.50%	41	77	53.25%
HIV Risk Factor	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%	N	D	%
MSM																					
NonMSM										0	1	0.00%	0	2	0.00%	0	2	0.00%	0	5	0.00%
Total										0	1	0.00%	0	2	0.00%	0	2	0.00%	0	5	0.00%


THANK YOU FOR LISTENING
ANY QUESTIONS??

[WRITE YOUR TITLE HERE]

Presented By:
Organization:
Area of Focus:

Focus Group:
Date:

WRITE YOUR TITLE HERE

Caseload Per Agency:

- Subpopulation (# of HIV patients receiving HIV services in the selected subpopulation in past 12 months): **[Insert number]**
- HIV Caseload (# of all HIV patients receiving HIV services in past 12 months): **[Insert number]**

Performance Data Per Agency (please use the most recently available performance data):

- Viral suppression rate for Subpopulation: **[Insert rate] Aim: [Insert rate]**
- Viral suppression rate for entire HIV Caseload for your agency: **[Insert rate] Aim: [Insert rate]**

Aims and Change Ideas:

What do you want to accomplish?

What are some ideas to test?

Text

Consumer Involvement

- How have you been actively engaging consumers in your QI efforts?
- How do you plan on involving consumers in this plan?

Change Ideas

- What did you do and how did you do it?

[Insert description of change idea(s) in 1-3 sentences per idea]

Results & Outcomes

- What worked and what didn't?
- What is your data telling you?

Insert results & outcome of change ideas implemented; be ready to explain the analysis of your data]

Lessons Learned and Recommendations

[Insert lessons learned or recommendations you have for others based on your agency's improvement experiences so far]

Asks

- What questions do you need addressed today in order to move forward?

What are your agency's 1-3 'asks' from other Network members and Staff to assist you in addressing the root cause(s) and moving your interventions forward? Please phrase those asks as questions and consider requests for specific tools to address a problem, specific advice, best practices.

[Insert your agency's asks here. Use as much detail as required]

Thank You