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

Date: May 16th, 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

AGENDA

I. **Welcome/Introductions (10 min)**
- **Name / Title**
- **How long have you worked in your current role?**
- **Mentimeter test**
- **Handout A – QI Background**

II. **Activity: Ready or Not! What's your QI IQ? (10 min)**

III. **Data drilldown plan for FY2019 (10 min)**

IV. **Blinded agency specific data review (40 min)**

V. **Customer service updates (10 minutes)**

VI. **Next meeting's agenda (10 min)**

VII. **Announcements (2 min)**
- **CQII + Consumer training in May – AHF & Poverello**
- **April QI Training rescheduled to June 12th 8:30am-2pm**

VIII. **Evaluation (5 min)**

IX. **Adjournment**

Next Meeting Date: July 31st, 2019

Please see Staff for a Governmental Garage Parking Validation ticket

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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

FY 2019 Quality Network Plan

AIM: The AIM of the Broward EMA Quality Network is to use our HIV Care Continuum data for each funded agency to identify disparities and create Quality Improvement Projects (QIPs) by the end of the fiscal year.

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).

CONDUCT FOCUS GROUPS:

--Ask our peer group members to conduct focus groups at their agencies asking what brings certain disparate groups to care.

--15 min. interviews with veteran network members to assess historical knowledge and make recommendations about what has worked and what hasn't.

QUALITY NETWORK:

--Facilitate discussion, activities, technical assistance around identification of problems and development of QI projects.

Viral Load Suppression Among Disparity Groups

Youth (18-28)

EMA VL Suppression: 70.95%
Disparity: YES

MSM of Color

EMA VL Suppression: 87.17%
Disparity: NO

TRANSGENDER

EMA VL Suppression: 81.08%
Disparity: NO

BLACK/AFRICAN AMERICAN & LATINA WOMEN

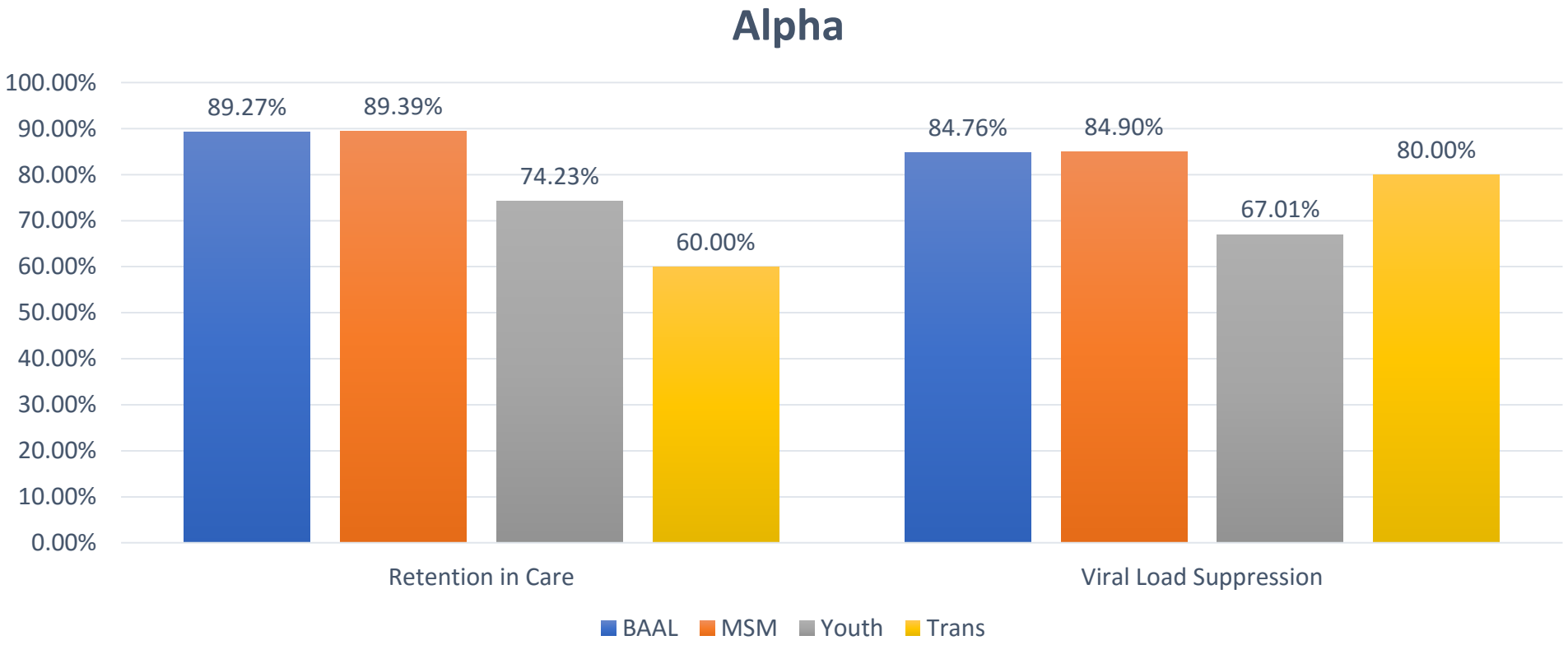
EMA VL Suppression: 82.94%
Disparity: NO

MISSION

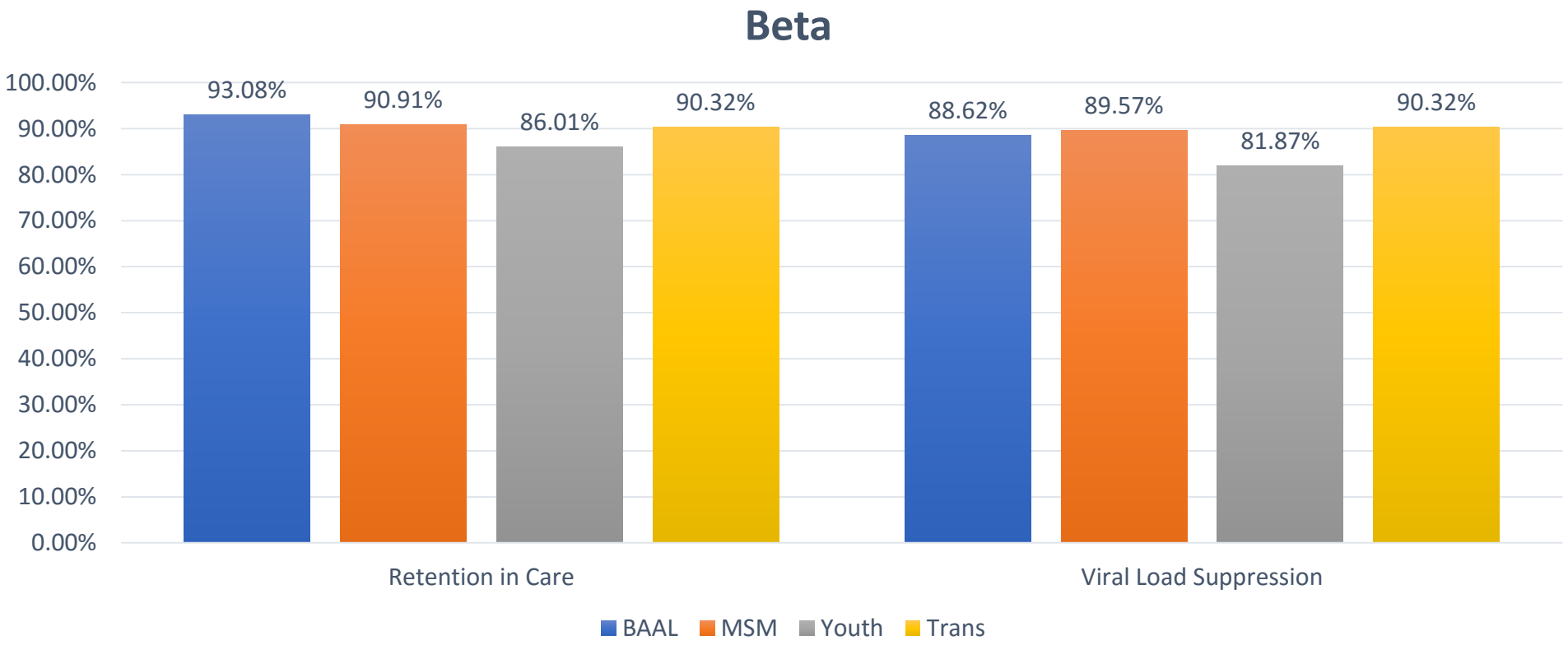
Conduct quarterly quality meetings to discuss and share quality improvement initiatives in each agency, develop quality management/improvement skills, and address barriers and challenges within each service category.

FY 2018 Disparity Group Drill Down

Quality Network
May 16, 2019

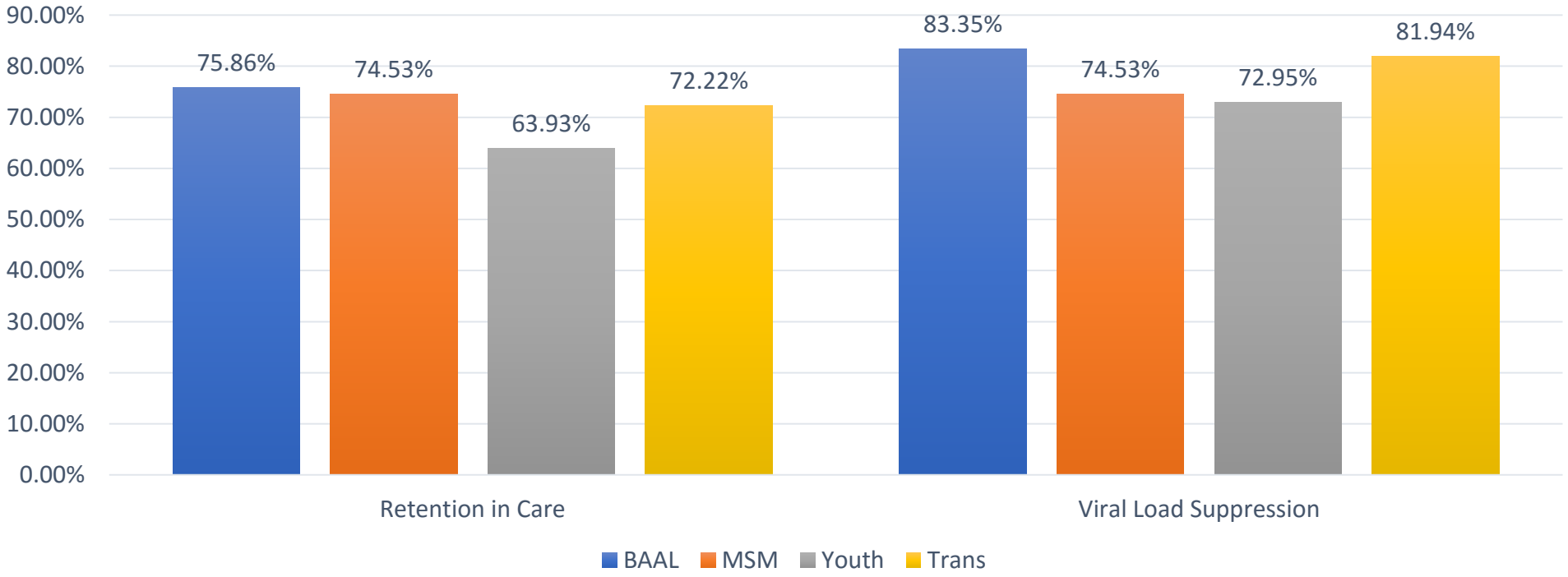


(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
466	245	97	5	1224

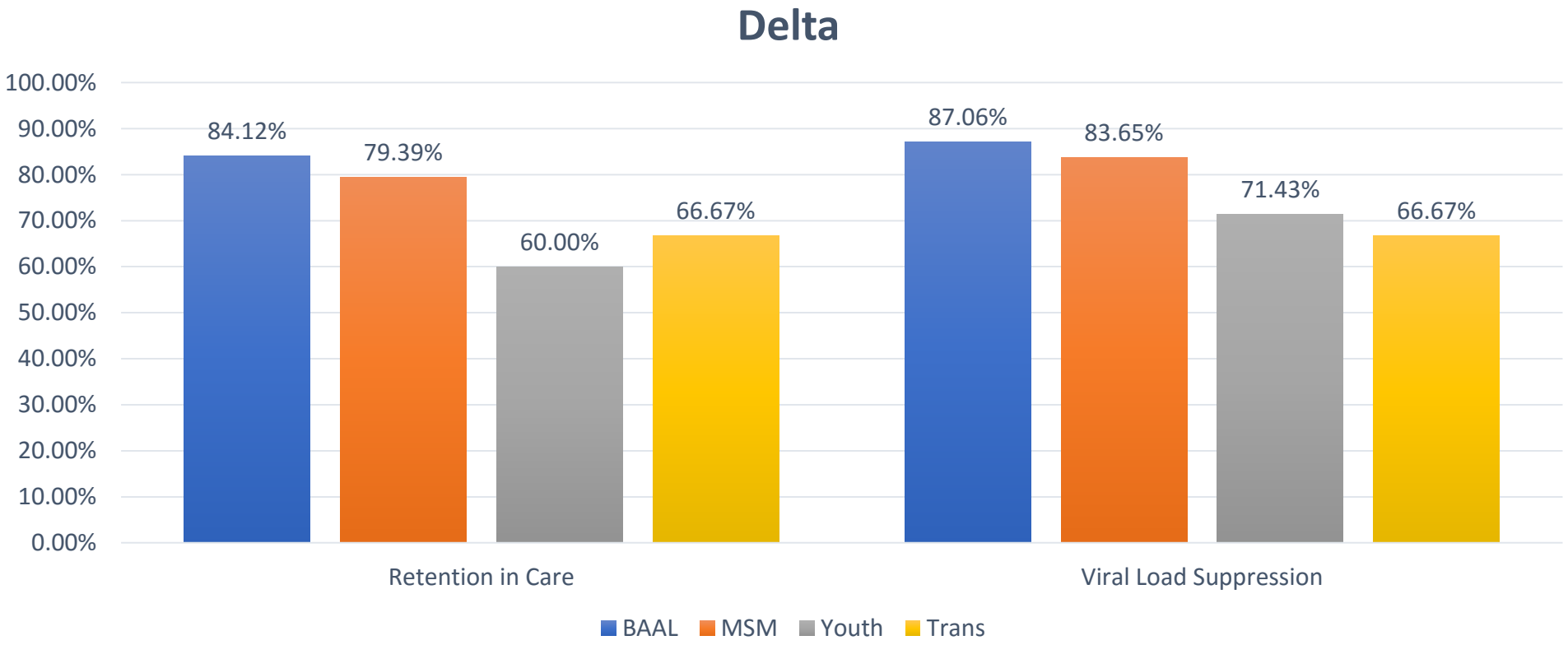


(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
852	1199	193	31	2949

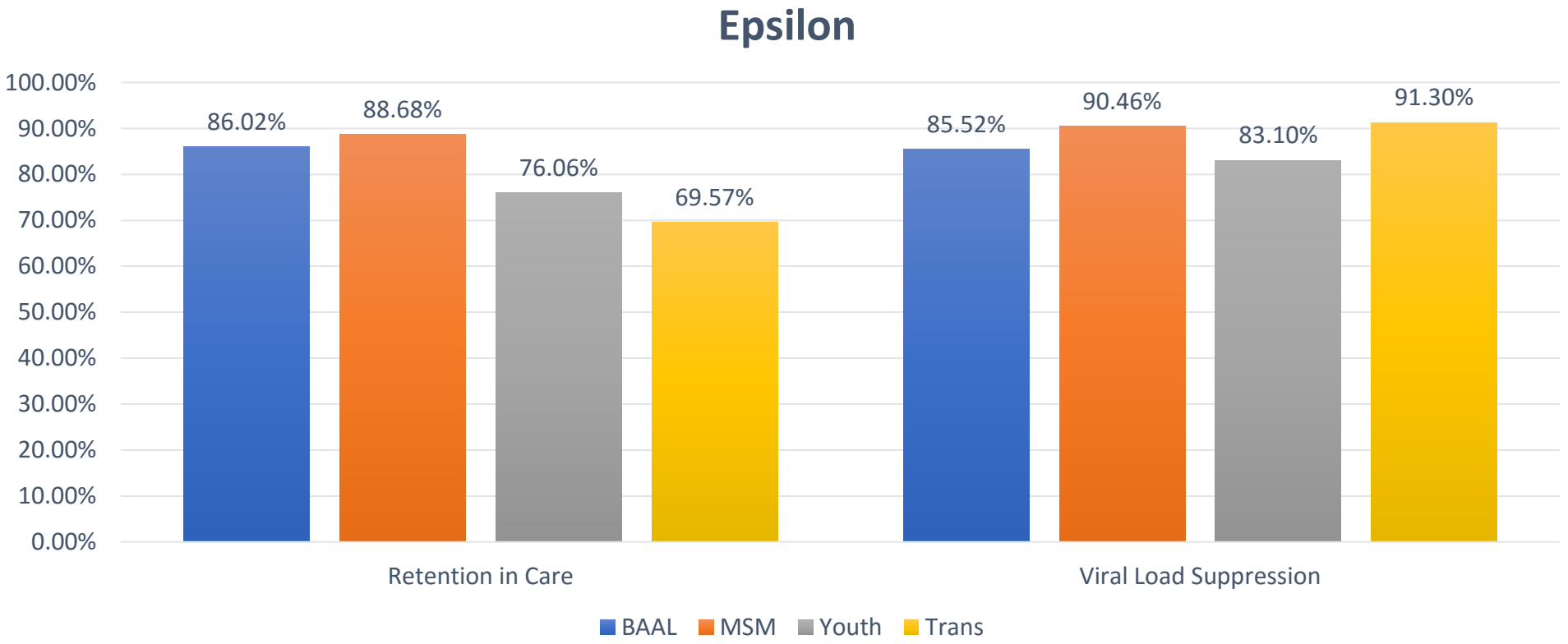
Gamma



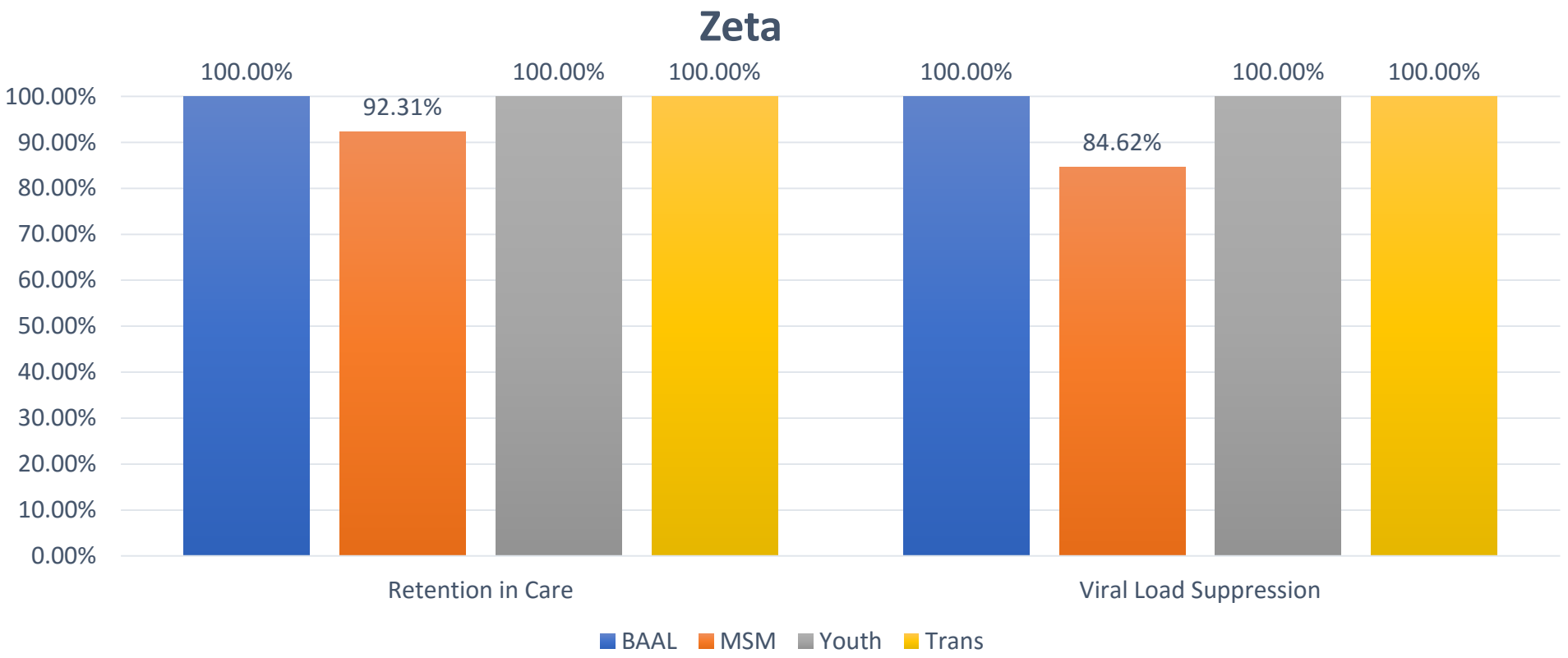
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
1976	3934	621	72	8176



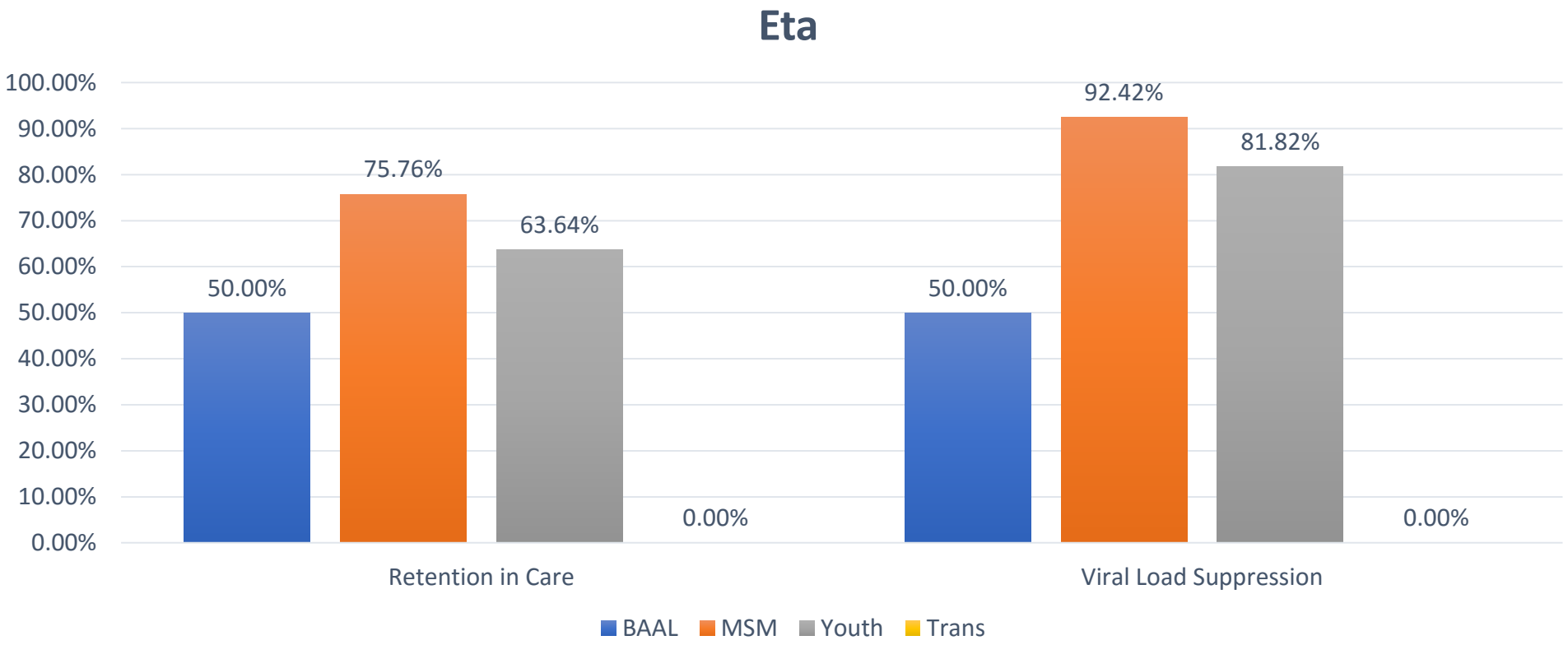
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
170	587	70	15	1070



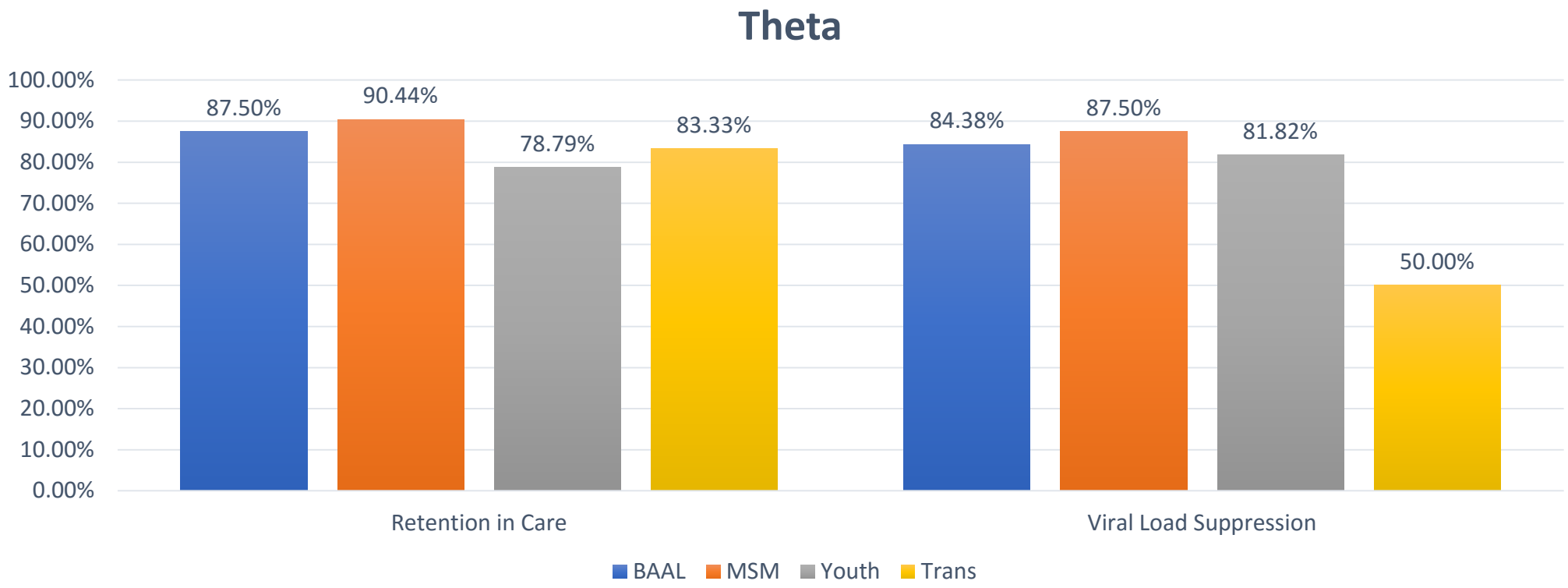
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
587	1143	71	23	2295



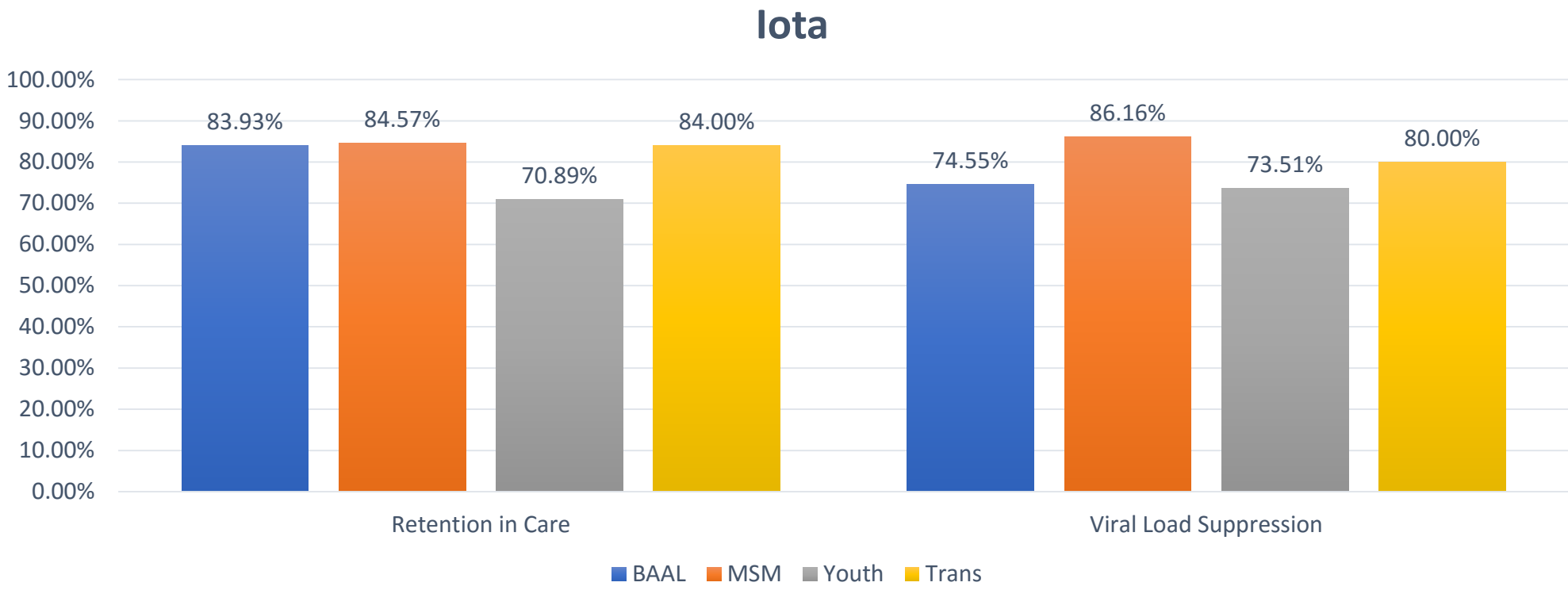
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
9	26	5	1	43



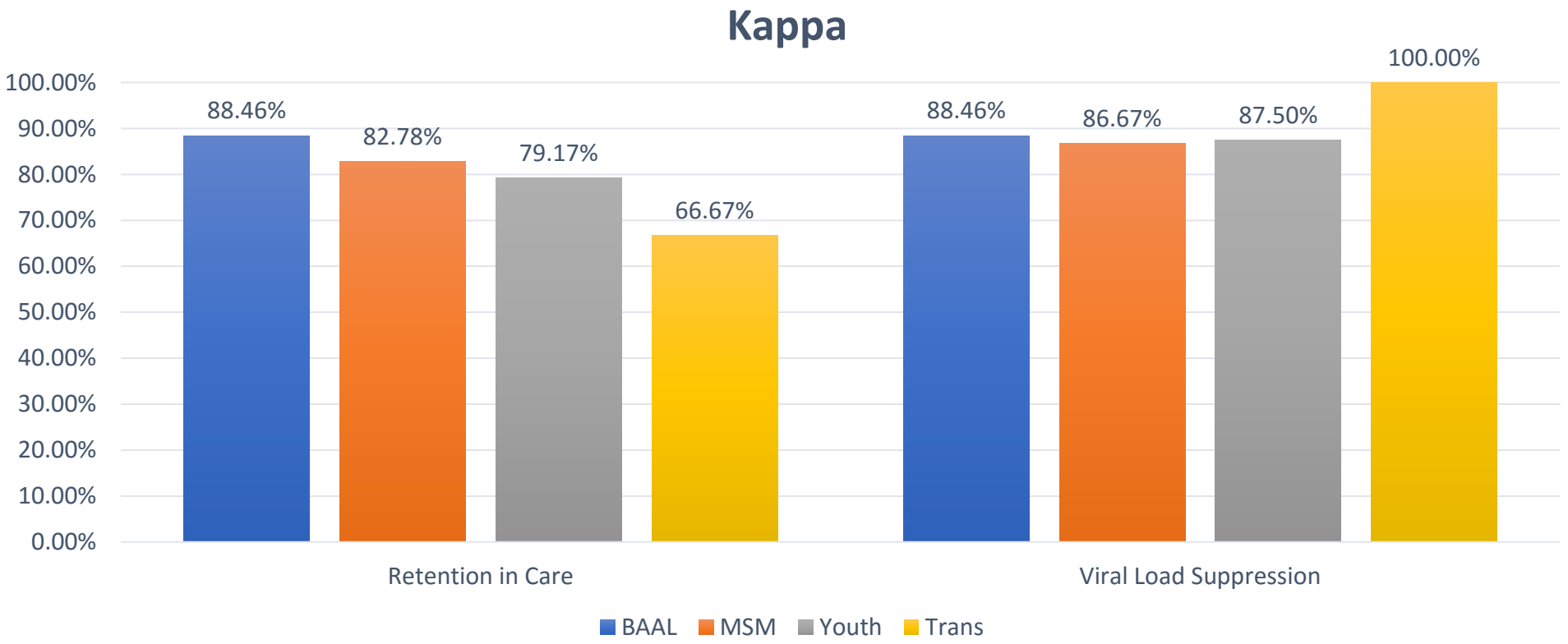
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
4	66	11	1	76



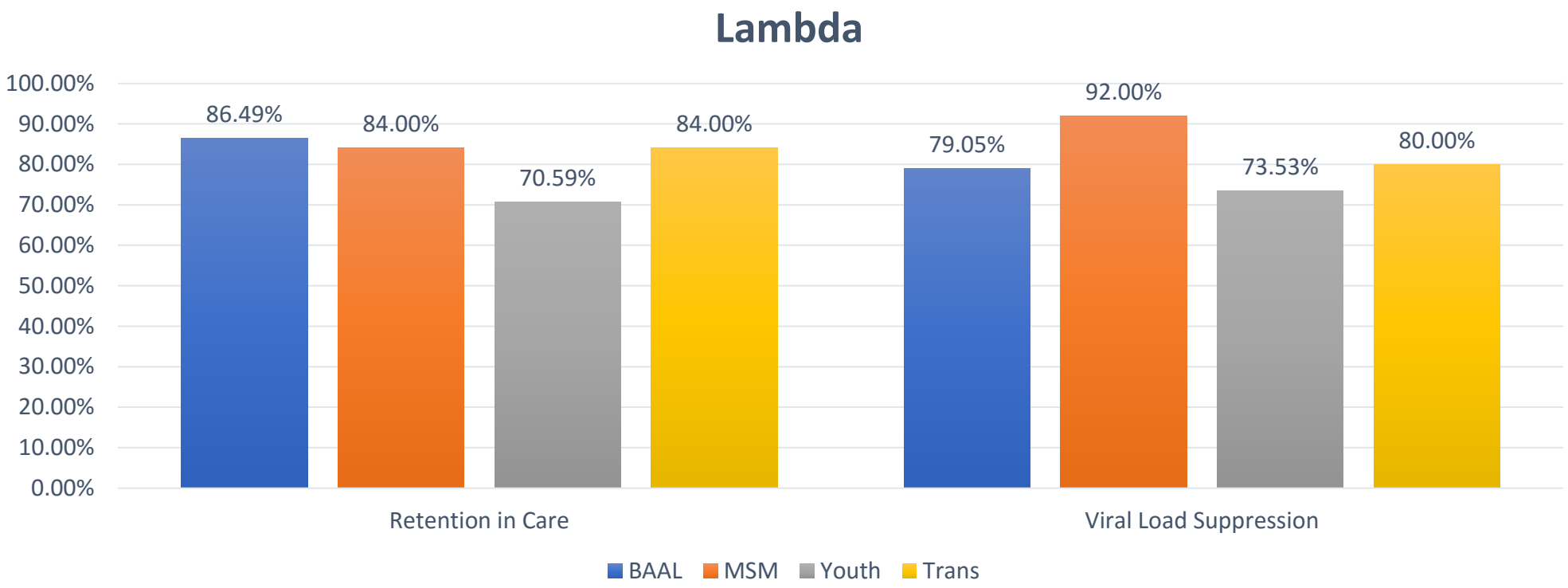
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
128	272	33	6	566



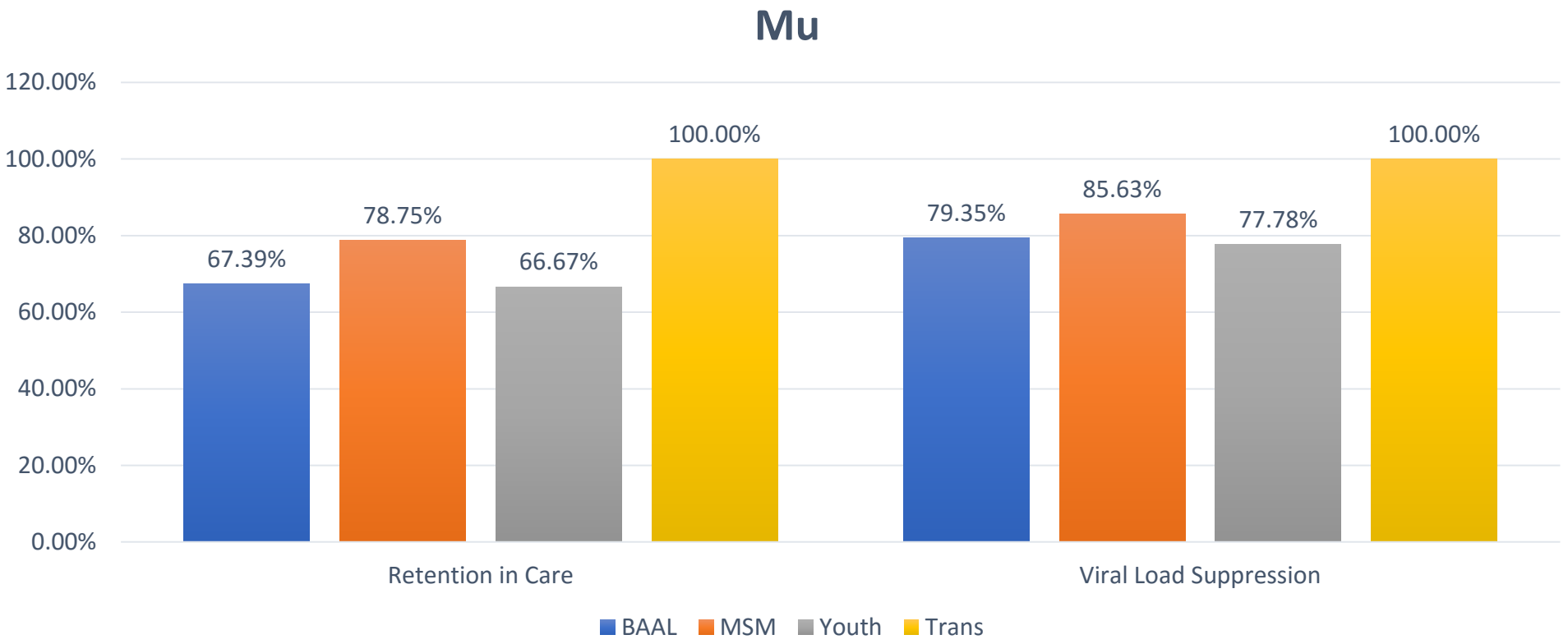
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
224	1199	268	25	1894



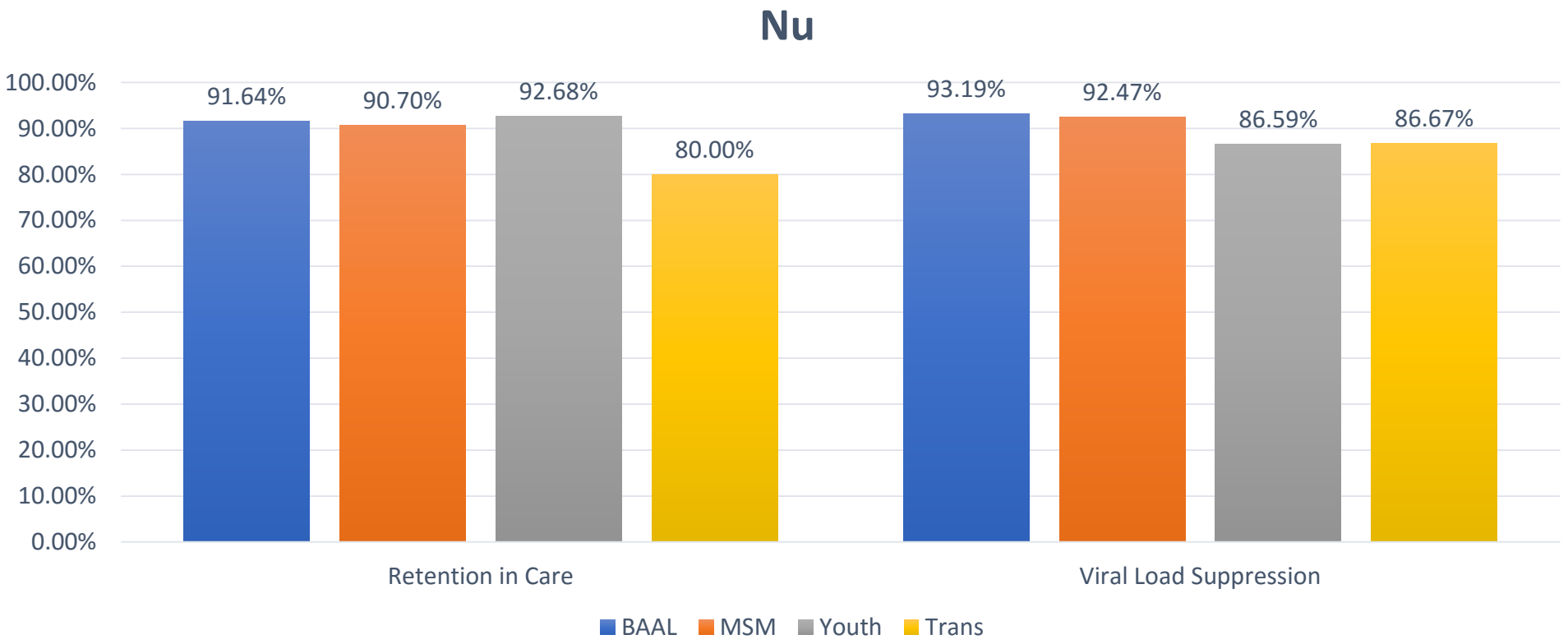
(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
182	180	48	3	556



(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
148	100	34	5	392

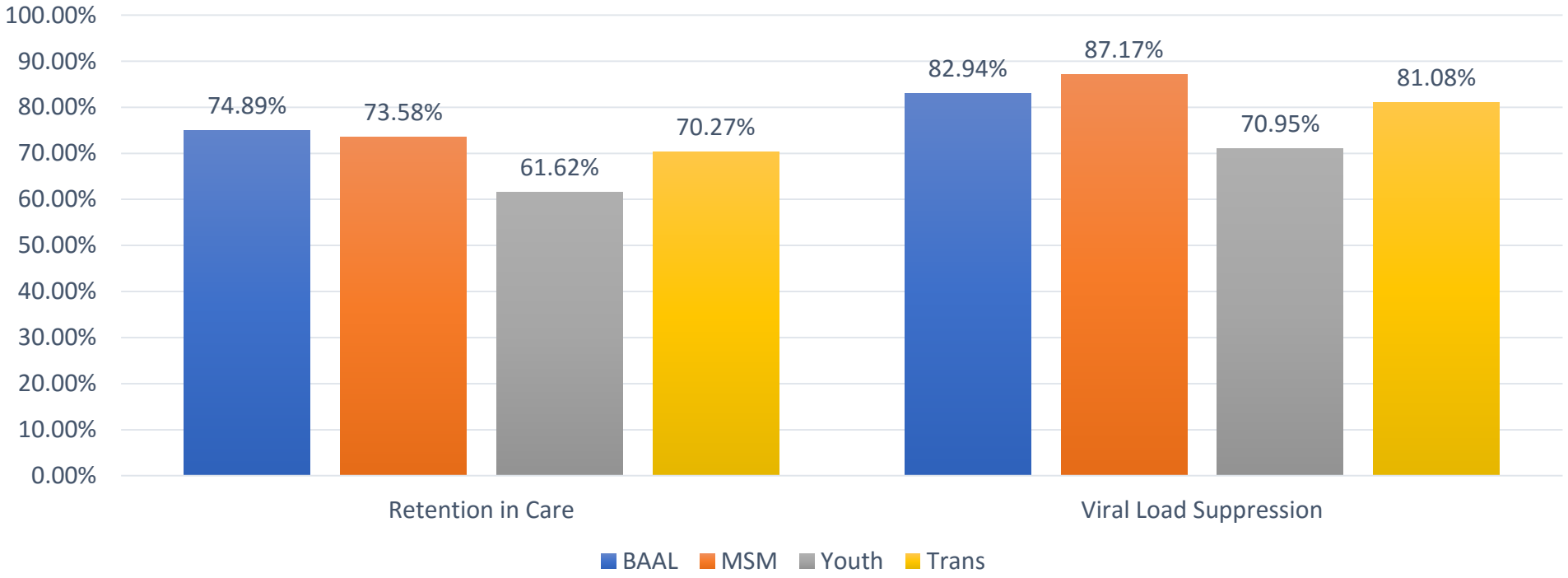


(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
92	160	9	6	309



(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
323	903	82	15	1584

Systemwide



(n) BAAL	(n) MSM	(n) Youth	(n) Trans	(n) Entire Caseload
2011	3997	654	74	8369

Findings

R Coefficients of Retention in Care and Viral Load Suppression for Disparity Groups

- BAAL Women: r=0.8775 **Strong Positive Correlation**
- MSM: r=0.0537 ***Very Weak Positive Correlation***
- Youth(Ages 18-28): r=0.7929 **Strong Positive Correlation**
- Trans: r=0.7529 **Strong Positive Correlation**

Findings (cont'd.)

Disparities using Odds Ratio

- BAAL Women
  - Agency Iota
- Youth (Ages 18-28)
  - Agency Alpha
  - Agency Gamma
  - Agency Delta
  - Agency Iota
- MSM
  - No Disparities
- Transgender
  - Agency Delta

FY2019 Ryan White Part A Network Schedule

Network Name	Meeting Time	Meeting Schedule	Room
Support Services *(typically held 1st Tues. every 3 months)*	9:30 – 11:30AM	Tues., March 5, 2019	GC-302
		Tues., June 4, 2019 *(2:30-4:30pm)*	GC-302
		Tues., September 3, 2019	GC-302
		Tues., Dec. 3, 2019, *(2:30-4:30pm)*	GC-302
Oral Health *(typically held 1st Wed. every 3 months)*	3:00 – 5:00PM	Wed., April 9, 2019	A-337
		Wed., July 16, 2019	GC-301
		Wed., October 2, 2019	GC-302
		Wed., January 8, 2020	GC-302
Medical/DCM *(typically held last Wed. every 3 months)*	2:00 – 4:00PM	Wed., June 5th, 2019	GC-320
		Wed., July 24, 2019	A-337
		Wed., October 23, 2019	GC-302
		Wed., January 29, 2020	A-337
Behavioral Health *(typically held on the 3rd Fri. every 3 months)*	2:00 – 4:00PM	Wed., June 12th, 2019	GC-301
		Fri., August 16, 2019	A-337
		Thurs., Nov., 7, 2019	A-337
		Thurs., February 6, 2020	A-337
Quality *(typically held on the last Wed. every 3 months)*	9:30-11:30AM	Thurs., May 16, 2019 *(2:30-4:30pm)*	GC-320
		Wed., July 31, 2019	A-337
		Wed., Oct. 30, 2019 *(2:30pm-4:30pm)*	A-337
		Wed., Feb. 5, 2020 *(2:30pm-4:30pm)*	A-337

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QUALITY NETWORK MEETING MINUTES

Date: May 16th, 2019 @ 2:30pm
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Facilitator: Clinical Quality Management Staff
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PROVIDERS PRESENT
Pinter, A., AHF
Roberts, G., BCFHC
Cross-Hogg, G., Broward House
Powers, J. Broward House
Williams, A., Care Resource
Guerrier, G., FDOH
Llera, M., Latinos Salud
Schickowski, K., Legal Aid

PROVIDERS ABSENT
BRHPC
Broward Health
South Broward

PART A RECIPIENT STAFF
Edith Garcia
Leonard Jones
Richard Morris

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

I. Welcome/Introductions

The meeting was called to order at **2:40** P.M. CQM Staff welcomed everyone and individual introductions were made.

II. Activity: Ready or Not! What's your QI IQ?

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

III. Data drilldown plan for FY2019

Staff explained that the aim for the Quality Network 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), Transgender people, will be 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). However, as the Quality Network further reviews agency-specific data sets, additional disparities may surface. During May and June 2019, CQM staff plans to facilitate informal 15-minute phone interviews with veteran Quality Network members to get a better understanding of the history and agency-specific data reporting needs. Many members, including CQM Staff, are new to the Quality Network so these phone conversations will help build rapport and support collaboration. Additionally, CQM Staff would like to hold monthly Technical Assistance calls, when indicated, with Quality Network members in-between network meeting dates.

CQM Staff asked the Network members to identify their "go-to" resources for quality improvement. Care Resource reports using websites relating to Lean 6 Sigma. BCFHS uses Practice Analytics software to extract and analyze their data. AHF relies on their EMR to extract data and can request specific data reports from their Information Technology (IT) team. Quality Network members were queried on their use of Provide Enterprise or PE. The BCFHC member stated they occasionally use PE, but that they are unsure of the reliability of the data. Broward House stated that PE is where they enter all their data.

IV. Blinded agency specific 12-month data review

Staff conducted an agency-specific review of viral suppression data by the four health disparities. The data spanned the last fiscal year, 2017-2018, and included all service categories. Each Quality Network member received an envelope with their agency's data. The presentation provided by Staff consisted of Broward RW Part A agency-blinded data.

Staff noted that in the Broward EMA, there is a positive correlation between retention in care and viral suppression. The only population that does not display this correlation is the general MSM population.

Debbie informed the group that Broward EMA is unique because viral suppression rates are higher or at the same level as retention in care. This is different than national and state trends where viral suppression rates are usually lower than retention-in-care rates.

The Recipient asked the members if they have used PE to run the HIV Care Continuum report for their agency. The Network members responded stating that the majority had not run the report in the recent past. Broward House reported that enter only RW patient data into PE. They were interested in learning how to track their clients in PE following discharge or transition to community-based outpatient services.

The BCFHC member asked staff, "if a client leaves their agency, but remains retained in care at another agency or outside of RW, will data reflect this? Or will it show that the client is not retained in care at BCFHC?". Retention in care specifically refers to medical care (medical visit in

a specified time period, labs, prescriptions). Retention in Care is officially defined as HIV+ clients who had two or more medical care services at least three months apart in the reporting period. If a client is not in medical care, they are not defined as "in care". If an agency does not provide medical care (ex. Case management only), but the client is receiving medical care at another agency in the EMA that provides medical services, the client is considered to be "in care". Ryan White requires every service category to enter the most recent lab results.

The June 12, 2019 (Wednesday, 8:30-2pm) CQII training will review with Quality Network members tools and strategies to identify disparities and further drill down of data. CQM staff asked the network to submit their questions related to identifying disparate populations and accessing data in PE and run various types of reports that generate specific information about their clients and their clients' outcomes. Members were encouraged to use the data provided during this meeting to initiate conversations within their agency about demonstrated health disparities and the aims they would like to achieve to improve the quality of the care provided to these clients.

Recipient staff asked the network what training needs they require to be able to generate reports from PE. Members responded stating they need: a refresher on running reports on PE, and definitions of the types of reports you are running. Action Item: CQM Staff will create a "cheat sheet" of the most requested PE reports with definitions. Additionally, there will be guidance on finding commonly needed information ("if you want to find this, then run this report"). To create the "cheat sheet", CQM Staff will need to know what type of information each agency is authorized to generate in PE. Action Item: Network members agreed to identify what they want to learn/access from PE, and inform CQM Staff by Friday, May 23rd.

V. Customer Service Updates Activity

Quality Network members were asked to identify and describe one or more service changes/improvements that have been instituted at their agency over the past two years following the Consumer Health Experience Initiative (CHEI). Suggested categories for consumer health experience improvements might have been clinic reception, clinic flow, care navigation, phone etiquette, and structural changes. Action Item: CQM Staff will share all of the responses collected in the 15-minute small group activities at the July 31st Quality Network Meeting.

VI. Announcements

- *CQII + Consumer training in Cincinnati, OH in May 2019 – AHF & Poverello*
- *April CQII QI Training rescheduled to June 12th 8:30am-2pm (state location)*
- All Quality Network members or their alternates who did not attend the meeting with be asked to complete a QI IQ Readiness Assessment Survey and a Quality Network Agency

Member Contact Sheet and return the completed forms to ____ by ____. Thank you in advance assisting with this request.

- All Quality Network members will receive a quick survey to list their top 5 requested PE reports so that the CQM staff can create a "cheat sheet" to assist agencies in accessing needed client data.

VII. Evaluation

Staff asked all Quality Network members to complete a Meeting Evaluation Survey and make suggestions for topic discussions for the July 31, 2019 meeting.

VIII. Adjournment

The meeting was adjourned at 4:45pm

Next Meeting Date: July 31st, 2019

Please see Staff for a Governmental Garage Parking Validation ticket