



COMMUNITY PARTNERSHIPS DIVISION

Health Care Services Section

115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

Support Services Network

Monday, October 14, 2019 at 2:00 p.m.

Broward Governmental Building Annex

Conference Room A-337

115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT

Marlena Solomon; AHF
Patrick Saint Fleur; AHF
Tim Romero; BCFHC
Karen Whyte; Broward House
Oluwatosin Adeyeye; BRHPC
Kara Schickowski; Legal Aid
Laura Yadoff; Legal Aid
Amy Pont; Memorial
Frank Young III; Poverello

GUESTS

Zulma Muneton; CDTC

**CLINICAL QUALITY
MANAGEMENT (CQM)**

SUPPORT STAFF

Debbie Cestaro-Seifer
Marcus Guice
Jessica Seitchick

PART A RECIPIENT STAFF

Edith Garcia
Neil Walker
Leonard Jones

PROVIDERS ABSENT

Broward Health
Latinos Salud

I. Call to Order

The meeting was called to order at 2:08 p.m.

II. I. Welcome/Introductions

CQM Support Staff welcomed everyone, and individual introductions were made.

III. II. Health Literacy

CQM Support Staff shared a health literacy widget to the Support Services Network. The CDC Clear Communication Index is a research-based tool to assist in developing and assessing public communication materials. The Index contains 20 items, each with a numerical score of zero or one. The individual scores are converted to an overall rating on a scale of 100. The 20 items in the Index build on and expand plain language techniques described in the Federal Plain Language Guidelines. More information can be found at <https://www.cdc.gov/ccindex/index.html>.

IV. III. Case Study Discussion

Case study documents can be found attached in the meeting packet.

Children's Diagnostic & Treatment Center (CDTC)

The CDTC provider discussed a client who was perinatally transmitted HIV. The client had not been in care for years until earlier this year after re-engaging in care through Test & Treat. Her viral load has improved, and the client received medications; however, the client is having issues with adherence to primary care.

One provider added that it is essential to let people who have been disengaged in care for a considerable amount of time that the scope of HIV care has changed. HIV treatment has become simpler to self-manage over time, and there may be a misadvised perception that intimidates or disengages a client from being in care. The CQM Support Staff Consultant expressed that current HIV Care advertisement campaigns do not promote self-improvement through engagement in care. Positive marketing could be beneficial for minimizing the stigma around HIV care.

A provider noted that fatigue could have played a role in the client's disengagement in care due to her growing up with HIV. Medication, when the client was in her childhood, could have embedded a negative perspective of HIV care on her.

Providers also attested that there is a lack of available information on HIV care. Misinformation and the lack of proper information limit the ability of the population to engage in prevention and treatment services.

One provider noted that it could be beneficial to discuss information with clients incrementally. For example, discuss viral load with a client during one visit then discuss CD4 during another.

AIDS Healthcare Foundation (AHF)

The provider discussed a client with a very high viral load and a history of low medical adherence. The client engaged in care when perceived he needed it. Additionally, the client suffered a history of trauma that was associated with being MSM and had little social support.

The disease case manager suggested eating with medication as a distraction from the act of taking medicine, which disassociates the client with negative connotations. The client's viral load decreased after the provider switches the medication along with side effect management. However, the disease case manager has not heard from the client since his last visit.

A provider recommended that the client be referred to PROACT so that the Florida Department of Health can reach out to return the client to care.

Centralized Intake & Eligibility Program (CIED)

The CIED member provided a case on how the Test and Treat program can work in tandem with other services. The client, in her case, entered care through Test & Treat

with a viral load. Through coordination with CIED and linkage through AHF, the client is now insured and undetectable.

Additionally, some clients do not understand that they do not have to pay copays and can utilize HICP services to cover costs. Perceived payment can be a barrier for clients to be retained in care or could decrease the client's overall care experience.

IV. Recipient Update

The EMA is currently working toward an eligibility initiative involving CIED. These initiatives include the ability for case managers to upload documents electronically to determine clients' eligibility, a pilot online eligibility portal, and dual eligibility with ADAP. Regarding the dual eligible initiative, Part A will complete 50 individual eligibility service units, and ADAP will complete 50 individual service units initially. The Recipient believes this will decrease the 3-week wait for CIED appointments and ease the ability for patients to schedule an appointment.

The Ending the Epidemic grant application was submitted on September 15th, 2019. The Recipient plans to utilize the additional funding to create initiatives in housing, engagement for new clients and clients who are out of care and hiring the staff necessary to implement these initiatives.

The staff has not yet begun preparations for ACA Open Enrollment due to the Recipient staff placing a priority on submitting the Annual Ryan White Part A EMA and Ending the Epidemic applications. A majority of clients who have private insurance have Blue Cross Blue Shield and are therefore automatically re-enrolled. The Recipient is not expecting any changes in processes from last year's Open Enrollment period. AHF is currently using peer s to enroll clients, a service not billable for Ryan White Part A funding. A Coast to Coast Legal Aid representative noted that if clients believe they are wrongfully denied ACA enrollment or needs advice regarding the ACA, they should contact the agency.

v.

V. Quality Improvement Health Disparities Discussion: Youth

What barriers exist in providing HIV treatment and care services to Broward Youth diagnosed with HIV?

It is challenging to form support groups for youth clients. Agencies have traditionally had little success in creating a social support setting for their youth clients. A provider suggested that youth support groups can be held in more recreational settings such as bowling alleys or restaurants instead of clinical settings. Additionally, transitions from youth to adult care are hard to manage. When patients turn 18, clients typically lose Medicaid, and navigating the client through care becomes more complicated.

Youth are similar to older populations in that common barriers to care are transportation, stigma, and housing.

What technology are you currently using to remind youth of their medical appointments?

Broward House has looked into using social media and digital platforms to target youth populations. Broward Health is restricted in using these platforms and restrictions on texting clients.

VI. Announcements

Peer Counselor Certification Program graduation

Developing Youth Leadership Teams: Creating a Space for Youth Experiencing Homelessness to Engage with Service Providers

Resource Corner: The Impact of Substance Use on Persons with HIV

VII. Adjournment

The meeting was adjourned at 4:14 p.m.

Next Meeting Date: December 3rd, 2019