

Broward County HIV Health Services Planning Council



Broward Regional Health Planning Council, Inc.
200 Oakwood Lane, Suite 100
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Quality Management Committee Meeting Agenda

July 16, 2012 at 12:30 P.M

Michael Rajner, Chair

Claudette Grant, Vice Chair

- 1. Call to Order**
- 2. Welcome and Introductions**
- 3. Moment of Silence**
- 4. Ground Rules and Approvals**
 - A. Review Meeting Ground Rules and Statement of Sunshine
 - B. Review Public Comment Requirements (Please Sign-in)
 - C. Excused Absences
 - D. Approval of Today's Agenda
 - E. Approval of 06/18/12 Meeting Minutes
- 5. Review Revised Pharmacy Indicators (WP 3D) (HANDOUT A)**
- 6. Review Retention Data report on the Aging Population**
- 7. Discuss and Recommend Comments - Ryan White HIV/AIDS Program 2012 Reauthorization**
- 8. 2012-2015 Comprehensive Plan – Update on Implications for QM Committee Work Plan**
- 9. Unfinished Business**
- 10. New Business**
 - A. Appointment to the Quality Management Committee
- 11. Grantee Reports**
 - A. Part A Grantee Report
- 12. Resources and Announcements**
- 13. Public Comment**
- 14. Reminder:** Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date
- 15. Request for Information/Directives**
- 16. Agenda Items for Next Meeting**
- 17. Next Meeting Date: Monday, August 20 2012 at 12:30 p.m.**
- 18. Adjournment**

IMPORTANT NOTICE:

Please be aware this meeting and all information stated thereof is a matter of public record under FL's Government in the Sunshine Law (Florida Chapter 119.01). Acknowledgement of HIV status is not required, and if disclosed becomes a part of the public record

Broward County HIV Health Services Planning Council



HEALTH & HUMAN SERVICE INNOVATIONS

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Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested

HRSA/HAB is requesting comments regarding reauthorization of the Ryan White legislation, which will take place in 2013. The Ryan White HIV/AIDS Program is the largest Federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, States, and local community-based organizations to provide medical care, medications, and support services to more than half a million people each year. Currently authorized by the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program will be up for reauthorization by the U.S. Congress in 2013.

To inform that reauthorization, HRSA encourages stakeholders, including grantees, advocacy organizations, State and local administrators, and other members of the Ryan White and HIV/AIDS communities to provide comments on all aspects of the program. Comments should be organized under headings that clearly indicate which Part (Part A, B, C, D or F) the comment addresses. HRSA has established a web page with details on how to submit comments.

Comments are due July 31, 2012

HRSA will hold at least four webinar or teleconference listening sessions over the next few months, each focused on a different geographic region. Dates, times and other details will be available in near future.

In addition to the resources listed above, don't forget to check out these other HAB resources, which are updated regularly.

[HAB Web site](#)

[TARGET Center](#), Central Source for Ryan White TA
(Not a US Government Web site)

[Twitter](#), Sign up using "ryanwhitecare"
(Not a US Government Website)

The HAB Information E-mail is distributed biweekly by the HRSA/HAB Division of Training and Technical Assistance (DTTA). To subscribe or unsubscribe contact [Paula Jones](#).

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Quality Management Committee
 Monday, June 18, 2012 at 12:30PM
Minutes



| Attendance | | | | | |
|-------------------|------------------------|----------------|---------------|------------------|----------------------|
| # | Members | Present | Absent | Guests | Grantee Staff |
| 1 | Rajner, M. Chair | X | | Bonnie Majcher | Degraffenreidt, S. |
| 2 | Grant, C. | X | | Brad Gammel | Jones, L. |
| 3 | Johnson, K. | X | | Tom Pietrogallo | |
| 4 | Katz, H.B. | X | | Julie Cromer | |
| 5 | Martin, M. | | X | | |
| 6 | Quintana-Jefferson, M. | | X | CQM Staff | |
| 7 | Schweizer, M. | X | | Eshel, A. | |
| Quorum = 5 | | 5 | 2 | Smith, N. | |

1. Call to Order

The Chair called the meeting to order at 12:46 p.m.

2. Welcome and Introductions

The Chair welcomed everyone and attendees were notified of information regarding Government in the Sunshine Law and it was noted that a statement was added to the agenda on the Sunshine Law. Meeting reporting requirements, which include the recording of minutes, was also made known to attendees. In addition, they were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

3. Moment of Silence

4. Ground Rules and Approvals

- A. Review Meeting Ground Rules and Statement of Sunshine
- B. Review Public Comment Requirements (Please Sign-in)
- C. Excused Absences
- D. Approval of Today's Agenda
The agenda was approved via consensus.
- E. Approval of 05/21/12 Meeting Minutes
The minutes were approved via consensus.

5. Follow-up on Partner's In+Care Campaign

The Committee continued discussion on ways to include the NQC Partners In+Care component of the In+Care Campaign in EMA retention activities. CQM support staff reviewed an NQC Partners In+Care webinar that highlighted four characteristics of effective peer advocacy: Instrumental, Informational, Emotional, and Affiliational. A new training series was also released, "Training of Consumers in Quality", which encourages people living with HIV and AIDS to become more knowledgeable about, and involved with, the Quality Management process. A suggestion was made to present information about the campaign to the Joint Executive Committee. The Committee agreed to table the topic until the July meeting to allow time to develop recommendations to the Joint Executive Committee on how best to implement the Campaign.

6. HIV and the Aging Population

The Committee heard a summary of an AIDS Community Research Initiative of America (acria) study (Research on Older Adults with HIV) as a follow-up to previous discussion on age-related barriers to retention in care. It was noted that approximately 60% of Part A clients are aged 45 and above with about 3% aged 65 and above. The topic was discussed at length and the Committee

asked to review retention data for FY11-12 with particular emphasis on the relationship between age and retention as well as a report on the types of Part A services accessed by the 65 and above Part A population. The data will assist the Committee to identify specific age-related barriers to retention and develop strategies to address them.

7. Review Client Level Outcomes/Indicators (WP 3A) (Handout A)

a. Pharmacy

At the last informal meeting of the Pharmacy QI Network, it was suggested that a Return to Stock report consisting of clients who did not pick up their medication be created and given to case managers for follow up. Providers were asked to determine whether their agency had the capabilities to upload that information into PE. The Network will meet on June 22, 2012 to continue revising the Outcomes and Indicators.

b. CIED

The revised outcomes and indicators were discussed with the CIED representative present to address questions from the Committee.

| Original Outcomes | Original Indicators | Revised Outcomes | Revised Indicators |
|--|--|--|--|
| Provide rapid engagement of clients into care. | 95% of clients requiring Ambulatory Outpatient Medical Care or Medical Case Management services shall have an appointment scheduled within 1 business day. | Provide rapid engagement of clients into care. | 95% of clients eligible for Part A OAMC who have not had an Part A OAMC appointment <u>visit</u> within the last 6 months at the time of recertification shall have an OAMC or Medical Case Management appointment scheduled within 1 business day. |
| Provide access to benefits for which client is eligible. | 95% of clients eligible for 3rd party benefits will receive assistance in completing applications for those benefits. | Provide access to benefits for which client is eligible. | 95% of clients that meet eligibility criteria for 3rd party benefits will receive assistance in completing applications for those benefits. |
| Clients will have their HIV/AIDS related needs met. | 95% of clients will receive referrals to both Ryan White and/or Non-Ryan White services as identified in the Intake Needs Assessment. 95% of clients receiving referrals will have a disposition follow up within 14 business days. | Clients will have their HIV/AIDS related needs met. | 95% of clients will receive referrals to both Ryan White and/or Non-Ryan White services as identified in the Intake Needs Assessment. 95% of clients receiving referrals will have a disposition follow up within 14 business days. |

Members asked for clarification on how referrals to third party payers were documented in PE. It was noted that if an application has already been submitted by a case manager, the process will not be duplicated by CIED. The Committee further revised the Indicators and made the following motion.

| | |
|---------------------|---|
| Motion # | To “approve as amended the CIED Outcomes and Indicators.” |
| Proposed By: | H. Bradley Katz |
| Seconded By: | Mark Schweizer |
| Action: | Passed Unanimously |

c. Food Bank

Food Bank currently provides a maximum of 12 boxes of food per year to eligible clients. Concern was raised during revisions to the Outcomes and Indicators on how to hold the service category accountable and properly measure health outcomes when the food provided is minimal and meant to complement a client's other food sources. The Food Bank representative will meet with members of CQM support staff and the Grantee to continue discussion and revisions to the Outcomes and Indicators.

The Chair requested that all pending revisions be completed and brought for approval to the September committee meeting.

8. 2012-2015 Comprehensive Plan (Handout B)

The Committee was provided a summary outlining the components of the 2012-2015 Comprehensive Plan with specific emphasis on the activities that will become part of the committee's work plan. The three main goals of the Comprehensive Plan are: 1. Reduce the number of people who become infected with HIV; 2. Increase access to care and improve health outcomes for PLWHA; and 3. Reduce HIV-related health disparities. The Comprehensive Plan is posted on the BRHPC website and is open to comments until July 31, 2012. It was noted that all HIVPC Committees are expected to incorporate relevant activities into their work plans before February 2013 in order to begin FY 13-14 with updated work plans.

9. Work Plan Update (Handout C)

Members were informed that changes to the Work Plan are pending incorporation of Comprehensive Plan activities. However, the Work Plan has been updated with the status of various QIP's.

10. Unfinished Business

11. New Business

A. Ryan White HIV/AIDS Program 2013 Reauthorization: Comments Requested and are due by July 31.

Members requested this item be placed on the next agenda for further discussion.

12. Grantee Reports

A. Part A Grantee Report

The Grantee provided a Part A report and announced that a poster collage of QI Network members' photos with an NQC In+Care Campaign poster was submitted to NQC for a poster contest.

13. Resources and Announcements

14. Public Comment

15. Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

16. Request for Information/Directives

17. Agenda Items for Next Meeting

- Standing Agenda Items
- 2013 Ryan White Program Reauthorization
- Retention and Age Data Report
- Recommendations to Joint Executive on Implementing Partners In+Care

18. Next Meeting Date: Monday, July 16, 2012 at 12:30 p.m.

19. Adjournment

| | |
|------------------------|---------------------------|
| Consent Item #1 | To "Adjourn at 2:35 P.M." |
| Action: | Passed unanimously. |

Pharmacy Network Recommendations for Outcomes/Indicators Revisions

June 22, 2012

- The Network reached agreement on indicator revisions:

| Revised Outcome | Revised Indicator | Justification |
|--|---|---|
| Clients provided an opportunity to improve medication adherence. | 1.1 100% of clients who do not pick up medications within 7 to 14 days of filling the prescription will be contacted. | 1.1 Clients can call in a prescription up to 7 days early. The maximum window between filling and picking up a medication will not exceed 14 days as each pharmacy will conduct a review of the Return to Stock list once a week. |
| | 1.2 100% of those clients who were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence) | 1.2 Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence. |

- Should the indicators be approved, the Network and Grantee will program a screen in PE to allow for tracking such as:
 - o Client contacted? Yes/No If no, Reason_____
 - o Client referred? Yes/No (If referred to Part A provider, generate automatic referral in PE; if referred to non-Part A provider, document referral)
- Network will need to provide information on when the Return to Stock report is run as well as prescription fill date and medication pick up date

Pharmacy Network Recommendations for Outcomes/Indicators Revisions

June 22, 2012

AIDS PHARMACEUTICAL ASSISTANCE OUTCOMES AND INDICATORS (NETWORK RECOMMENDATION)

| Original Outcomes | Indicators | Noted Limitations | Recommendation | Network Discussion | Revised Outcomes | Revised Indicators |
|--|--|---|--|--------------------|--|---|
| Clients provided an opportunity to improve medication adherence. | 100% of clients accepts or rejects counseling as indicated by Patient's signature. | Data not entered in PE Signature does not indicate the content of adherence needs of the client Adherence to ARV's is not measured through Part A pharmacy services since clients generally receive ARV's from other sources. | Develop outcome that more accurately reflects improvement in adherence. Must be programmed in PE. | | Improve access to medication. | 80% of new prescriptions filled and available within 24 hours or refills filled and available within 48 hours. Justification: Data collection purposes only. |
| Improve access to medication. | 80% of new prescriptions filled and available within 24 hours or refills filled and available within 48 hours. | Data not entered in PE Access to ARV's is not measured through Part A pharmacy services since clients generally receive ARV's through ADAP | Develop outcome that more accurately reflects improvement in adherence and retention. Must be programmed in PE. | | Clients provided an opportunity to improve medication adherence. | 100% of clients who do not pick up medications within 7 days of filling the prescription will be contacted. 100% of those clients that were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence Program) Justification: Identifying clients who have difficulty with adherence and referring to appropriate provider for intervention with a goal of improving adherence. |

Pharmacy Network Recommendations for Outcomes/Indicators Revisions

June 22, 2012

UPDATE: The Pharmacy Network met on 5.8.12 to discuss the QMC recommendations to change the medication pick up time from 'within 14 days of filling a prescription' to 7 days. Agreement was not reached. In addition, it was agreed that further discussion is needed regarding development of a better indicator for improved medication adherence. The Pharmacy Network will hold an informal meeting on 5.22.12 to continue the discussion. All recommendations will be brought to the QM Committee.

5.22.12 Summary:

A suggestion was made to run a Roll Call report consisting of all HIV patients that did not pick up their medications. The report would be given to a Case Manager entity to contact the patients and a separate report of just Ryan White HIV clients would be extracted for tracking purposes. If a measurable decrease was seen in the Roll Call Report, the process would be considered successful. Members questioned whether the additional work load could be taken on by Case Managers. There was discussion regarding each agency's timeframe before a prescription is reversed.

The following change was recommended:

| Revised Outcomes | Revised Indicator | Recommended Changes |
|---|---|--|
| <p>Clients provided an opportunity to improve medication adherence.</p> | <p>100% of clients who do not pick up medications within 7 days of filling the prescription will be contacted.</p> <p>100% of those clients that were not successfully contacted and/or did not pick up medications will be referred to appropriate provider (i.e., medical case management, Clinical pharmacist, prescribing physicians, Treatment Adherence</p> | <p>100% of clients identified on the weekly "Return to Stock" report will be referred to a case management entity for contact within one (1) business day.</p> |