



HUMAN SERVICES DEPARTMENT

COMMUNITY PARTNERSHIPS DIVISION

115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

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MEDICAL/DISEASE CASE MANAGEMENT QI NETWORK MEETING

Date: January 23, 2019 at 2:00 pm
Location: Ryan White Part A Program Office
115 S. Andrews Ave., A-337
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

AGENDA

- I. Call to Order**
- II. Welcome/Introductions**
- III. Review Today's Meeting Agenda and Last Meeting Minutes (10.24.18)**
- IV. Medical/DCM Focus Group**
- V. Test & Treat Follow Up**
 - FDOH-BC and Network discussion regarding Test & Treat procedures and support for newly engaged/re-engaged clients
- VI. Evaluation**
- VII. Adjournment**

Next Meeting Date: April 24, 2019, 2:00 p.m.



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MEDICAL/DISEASE CASE MANAGEMENT QI NETWORK MEETING

Date: October 24, 2018 at 2:00 pm
Location: Ryan White Part A Program Office
115 S. Andrews Ave., A-337
Ft. Lauderdale, FL 33301

Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1250

MINUTES

PROVIDERS PRESENT

Dr. Esther Schumann, AHF
Patrick Nuss, AHF
Patrick Saint Fleur, AHF
Mark O'Brien, AHF
Brenda Colon, BCFHC
Tanya Junkermeier, South Broward
Tara Griffin, South Broward
Denise Simpson, North Broward
Marlena Salomon, North Broward
Al Hidalgo, Care Resource
Benge Nelson Pierre, Care Resource

**CLINICAL QUALITY
MANAGEMENT (CQM)
SUPPORT STAFF**

Brithney Johnson
Dr. Gritell Martinez
Anitha Joseph
Marcus Guice

PART A RECIPIENT STAFF

Richard Morris
Edith Garcia

PROVIDERS ABSENT

GUESTS

Glynette Roberts, BCFHC
Amanda Pysa, CAN
Michael Sension, CAN

I. Call to Order

The meeting was called to order at 2:19 p.m.

II. Welcome/Introductions

CQM Staff welcomed everyone and individual introductions were made.

III. Test & Treat Status Report: May 2017- May 2018

Discussion: Provider feedback one year later-- observations, recommendations, comments

The Recipient staff reviewed the report and explained the purpose of Test and Treat. It is a system installed to provide rapid medical engagement to expedite patient entry into the

continuum. The Department of Health (DOH) referred clients to five provider agencies, which took the lead and successfully implementing Test and Treat efforts. Test and Treat client demographics look very similar to the Ryan White Part A client demographics regarding trends in the health continuum. The report revealed that 680 test and treat assessments were completed through the Ryan White Part A program. A majority of these clients were non-Hispanic males. Client populations in Test and Treat are more diverse in terms of age group. Clients fallen out of care was allowed re-entry into the system through Test and Treat, which diversified the client population.

Although Test and Treat has been effective at engaging clients rapidly into care, there remains a gap between clients entering into care and remaining in care. Year 1 saw a majority of clients who initially signed up for the service fulfill the 31-day recertification criteria. However, clients that were certified and had their initial Test and Treat review through CIED are now falling out of care. More than 44% of clients who had their initial Test and Treat assessment, which gave them a 30-day eligibility period, are now ineligible because they did not recertify through ADAP. The report revealed that 87% of clients made it through the initial 6-month certification, but 44.2 % of clients did not make it to the second 6-month recertification.

Staff will provide a data breakdown on clients who are newly diagnosed through Test and Treat versus those previously diagnosed. A provider noted that patients who have dropped out of care might be more at risk for falling out of medical care again. Newly diagnosed clients, however, tend to have both higher retention-in-care rates and 6-month recertification rates. The recipient noted that a lack of recertification does not necessarily mean these clients have entirely fallen out of care, though they are not in the Ryan White system. The presented data include only Ryan White Part A clients, and do not include clients with private insurance (which the DOH tracks). The recipient noted that clients who were previously diagnosed positive have a higher rate of not being suppressed. An agency representative asked the recipient for data showing viral suppression by a breakdown of the medical regimen.

Test and Treat clients who have stable housing tend to remain in care. The data showed that clients who are engaged in case management services have a significantly higher viral suppression rate than those who do not have case management. Viral suppression rates also fared worse among the male sub-population.

The Recipient staff asked the committee to provide feedback on what they are observing at the provider level regarding why clients aren't being connected to and staying in case management. Members responded that sometimes the client refuses case management services. Another member stated that some locations do not have DCM's on site every day to accommodate same day-appointments for clients. A provider noted that DOH linkage retention specialist (LRS) accompanies clients for 3 test and treat visits. After they stop accompanying the client, there tends to be a drop-off in client retention. Additionally, the provider noted that there could often be tension between the DOH LRS staff and provider staff because the LRS sometimes provides minimal identification with little explanation before requesting sensitive client information. This creates tension between providers and

the DOH LRS because the provider requests client consent prior to the release of confidential medical information. The provider stressed the importance of increased collaboration between the DOH and medical providers, in a client-centered manner.

Providers also identified lack of transportation as a limitation and barrier for clients receiving care. One provider explained that after the first 3 visits, some clients did not receive additional bus passes from ADAP, which hampers return for follow-up appointments and affects retention in care. Discussion continued regarding the services of proACT. The Recipient agreed to schedule a meeting with proACT and DOH to further clarify coordination of services.

Members discussed activities that are implemented in their agencies to prevent losing patients to care. A provider stated that high risk/vulnerable patients receive services by both the physician and case manager during the same visit. Another provider explained that case managers escort the clients to the pharmacy, which creates person-to-person contact, supports medication adherence, and improves trust. The importance of the peer navigator was applauded as certain peers can meet patients at their home and accompany them to appointments. For those peers unable to use personal cars, providers noted that the LRS can fill that gap. The recipient stated that the joint meeting with DOH will include the role of the LRS and to ensure consistency in services to patients.

The recipient asked the network to describe how each medical agency attempts to minimize client non-recertification (not including clients that are unstable). A provider noted that the ADAP recertification process is very intimidating for those who are newly diagnosed or new to the system. Another provider emphasized that a major barrier to retention and recertification is the stigma around HIV, and the potential for people in the client's community to discover their status. An agency representative asked the recipient about mobile-enabled electronic certification. The recipient responded that it is not possible at this time. However, the Ryan White Part A office is working on creating an online recertification system, similar to the ADAP online recertification, that will be introduced within the next three to four months. An agency representative suggested same day connection to a mental health provider as a way to keep Test and Treat clients in care. The recipient explained that the integration of primary care and behavioral health allows for same day referrals to medical and mental health services.

Substance abuse was identified as another barrier to care by providers as some clients often report to their medical visits under the influence. A provider noted that the Broward Addiction Recovery Center (BARC) has an agreement with DOH not to reject Ryan White clients. Network members sighted several instances when BARC turned away Ryan White clients. The recipient explained that there is a finite amount of beds in the county so service providers will turn away people due to limited resources. However, members were encouraged to report to the Ryan White Part A program when these instances occur. The recipient ended the discussion by encouraging agencies to continue assessing how they manage Test and Treat clients within their systems.

IV. National Initiative

The end+disparities ECHO project is a national quality improvement project that focuses on improving viral suppression by decreasing HIV related disparities among four focus subpopulations (MSM of color, Youth, Transgender, Black/African American & Latina women). Broward EMA has chosen the Black/African American & Latina women as a subpopulation of focus. The CQM staff reviewed project aims, goals, and asked for feedback about disparities members have observed among their patient population who are African American/Black and Latina women.

Members were given a handout that provided an overview by blinded agency showing where patients fall on HIV related health outcomes within the HIV care continuum.

Discussion: Staff prompted a series of questions for providers to address and ascertain the quality of care being received to Black/African & Latina women within the system and to address any disparities these sub-populations may experience.

What trends and barriers are you seeing with Latina women?

- Providers stated that Latina women are a bit more independent and that the African American population have more drug use and unemployment.
- Both populations (Latina and Black) have issues with health literacy.

What quality improvement projects or interventions implemented by your agency have been shown to be effective?

- Making flexible appointments and working with women's schedules that can focus on their children and career.

What quality improvement projects can providers recommend that might increase viral load suppression among African American and Latina Women?

- Making flexible appointments, providing evening/weekend office hours and walk-in's
- Provide transportation
- Extra phone calls and the extra effort can make a difference
- Many women demonstrate signs of depression; therefore, therapy and counseling are essential.
- Life skills training
- Some women are not able to attend follow up support service appointments because it would mean missing time off work. They lack trust in their therapist as well. So, considering these barriers, creating ways to meet the client where they are would be beneficial.
- Stigma is also a significant issue, and Broward County should consider implementing an HIV stigma campaign. The recipient noted that although a stigma campaign increases awareness, it is challenging to change cultural norms.

V. Adjournment

The meeting adjourned at 3:53 p.m.

Next Meeting Date: January 23, 2019, 2:00 p.m.



TEST AND TREAT PROGRAM

T & T PROGRAM REFERRALS NUMBERS

PHONE 954-789-8139

FAX 954-713-3287

NAME	Title	Extension	CELL #
Sonya McQueen	T & T Program Manager	5759	954-551-2689
Alecia Chandler	T & T Administration	3328	954-760-8018
Ayesha Abdool	T & T Project	5818	954-540-7977
Cheryl Edwards	Linkage Retention Specialist	3300	954-778-5517
Elizabeth Ortega	T & T Supervisor	3309	954-547-0331
Roody Lucius	T & T Supervisor	3338	954-707-9651
Stephen Bailous	Linkage Retention Specialist	3317	954-270-6634
Tahyiina Bennett	Linkage Retention Specialist	5752	954-226-0898
Donovan DePass	Linkage Retention Specialist	5758	954-837-3765
Dianne Dreckett	Linkage Retention Specialist	TBD	954-952-8765
Cheleketo Forbes Lyons	Linkage Retention Specialist	5756	954-270-9849
Frantzcisco Gedeus	Linkage Retention Specialist	5764	954-760-8235
Michael Greenstein	Linkage Retention Specialist	5024	954-892-9367
Holdy Janvier	Linkage Retention Specialist	5546	954-774-9642
Marlon Johnson	Linkage Retention Specialist	3308	954-790-3957
Andre Juste	Linkage Retention Specialist	3325	954-829-9918
Wesly Lisme	Linkage Retention Specialist	5741	954-826-9782
Roxanne McClymont	Linkage Retention Specialist	5549	954-226-9451
Leidy Lee Salinas	Linkage Retention Specialist	TBD	TBD
Abraham Sanchez	Linkage Retention Specialist	5543	954-760-8297
Shamel Wilson	Linkage Retention Specialist	5668	954-789-7126