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

Our Best. Nothing Less.

MEDICAL/DCM NETWORK MEETING

Date: June 5, 2019 at 2:00 pm
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. Call to Order

II. Welcome/Introductions
- Name/Title/Agency
- Length of time in current role
- Contact and alternate information **(Handout A)**

III. Mentimeter Introduction

IV. Test & Treat Analysis
- Discussion on evidence-based models and practices

V. Mentimeter Break I
- Test and Treat Discussion: Moving forward

VI. Women of Child-Bearing Age Engagement and VL Suppression
- Current practices and challenges

VII. Mentimeter Break II
- Planning for upcoming Medical/DCM Network Meeting 2019-2020

VIII. Announcements
- Peer Certification Program first class completion
- CQII Plus Consumer QI Training AHF & Poverello
- Quality Network Training Day June 12, 2019

IX. Next Meeting Agenda

X. Meeting Evaluation

XI. Adjournment

NEXT MEETING: July 24th, 2019 2:00-4:00 pm

COMMUNITY PARTNERSHIPS DIVISION
Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

MEDICAL/DCM QI NETWORK

Wednesday, January 23rd, 2019 at 2:00 P.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT
Denise Simpson, North Broward
Marlena Salomon, North Broward
Benge Nelson-Pierre, Care Resource
Mark O'Brien, AHF
Dr. Esther Schumann, AHF
Patrick St. Fleur, AHF
Carlene Wilfred, AHF
Patrick Nuss, AHF
Lisyani Machado, AHF
Amy Pont, South Broward
Angela Savage, South Broward

PROVIDERS ABSENT
BCHF

GUESTS
Joshua Rodriguez, FDOH
Sonya McQueen, FDOH
Marci Ronik

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

PART A RECIPIENT STAFF
Leonard Jones
Edith Garcia
Richard Morris

I. Call to Order
The meeting was called to order at 2:12 p.m.

II. Welcome/Introductions
CQM Staff welcomed everyone, and individual introductions were made.

III. Review Today's Meeting Agenda and Last Meeting Minutes
The January 23rd, 2019 Meeting Agenda and October 24th, 2018 Meeting Minutes were reviewed by Network members.

IV. Test & Treat Follow Up: Florida Department Of Health (FDOH)-Broward County and Network discussion regarding Test & Treat procedures and support for newly engaged/re-engaged clients
Recipient informed the network that the progress of Test & Treat will be discussed at every quarterly meeting.

Linkage & Retention Specialist (LRS) Discussion
AIDS Healthcare Foundation (AHF) physician notes they have issues identifying Linkage & Retention Specialists (LRS) – the LRS does not properly identify themselves to providers. AHF had an incident with a patient who mistook their LRS as an Uber driver, adding to the confusion for the patients' health provider at AHF. AHF disease case manager also noted that the LRS does not always explain the enrollment process to the patient so the patient may get lost navigating the system and may not get properly enrolled in Ryan White or ADAP services.

There are 1700 referred test and treat clients, but only nine LRS. FDOH emphasized that if providers have any issues with linkage & retention specialists, then the provider should contact Sonya McQueen (cell # 954-551-2689), the Test and Treat program manager at the FDOH, directly. Another option is to call the Test and Treat program number (954-789-8139).

Network members asked FDOH representatives to provide business cards to their Linkage & Retention Specialists. Sonya mentioned they are in the process of procuring business cards. The Recipient encouraged the network to contact Sonya directly and set up one-on-one meetings to improve communication and understanding of each other's roles within their respective agencies.

Action Item: Sonya will send the Recipient and/or CQM Support Staff an updated contact list of Test and Treat program staff. Sonya also encouraged network members to give her their contact information to set up individual consultation meetings with each agency. Finally, she informed the network that she would meet with her LRS staff over the next day and direct them to identify themselves to all agencies they visit.

PROACT
As a provider, if you have a client that you cannot find, then the next step is to fill out the PROACT form and fax it to Yvette Gonzalez from PROACT. Network members stated they are not receiving responses from PROACT after they fax over the form. **Action Item:** Josh from FDOH will schedule individual meetings with each agency to clear up any miscommunication, review PROACT, and make sure everyone is on the same page.

CIED
There was discussion regarding making follow up appointments for CIED.

The Recipient informed members that an initial assessment must be made to schedule a follow up appointment, which is typically scheduled within two weeks. Many network members responded saying that for their test and treat clients, the next earliest appointment is only in March 2019. Members acknowledged that CIED has a small staff for eligibility. For example, AHF has two half days staffed by CIED, which is not enough time to provide intake for their clients. Recipient informed the network that if they are unable to secure appointmentS, then they should call the Recipient staff immediately.

Action Item: The Recipient stated that they will have a conversation with CIED by the end of day and will strive to resolve the issues reported in today's meeting. They will also make sure that CIED will be present at the next Medical/DCM network meeting to address further questions/issues. The Recipient will work to prioritize scheduling eligibility for test and treat clients, ensuring appointments are made within a week or two. More information will be provided next week by the Recipient staff.

ADAP Discussion
FDOH representative noted that clients are not eligible for ADAP if they do not have their labs. Appointments can be scheduled without having labs at the time of scheduling, but the client must have their labs with them at the time of their appointment. If it's an existing client, providers can schedule

appointments online. The AHF provider stated that her patients had been denied appointments because they did not have their labs when scheduling their appointment. **Action Item:** FDOH representative responded saying he will address this issue with his staff. The line for ADAP appointments is 954-467-4700, extension 5629 and/or 5630.

The FDOH representative stated that clients do not need a paper script because the scripts are now e-prescribed. AHF providers noted that their patients are always asking for a paper script to bring to ADAP because ADAP staff ask for a paper script. **Action Item:** FDOH representative responded saying that he will clarify the procedures for providing paper scripts to ADAP. FDOH representative also informed the network that the physician could write 90-day prescriptions based on the physicians' discretion. FDOH also offers mail delivery service (started 2 months ago) via Fed-Ex. Clients need to enroll in the program to receive mail delivery.

ADAP formulary additions/deletions

The FDOH representative provided an overview of newly added and deleted medications from the ADAP formulary. The following updates were made:

- Added: Chantix, Vitamin B12 intranasal, Protonix, Vitamin D3, Mytesi, Glucovance
- Eliminated: Daklinza, Viekira pak

ADAP important contact info:

- To address issues with clients, contact Wismy Cius the ADAP Program Manager, 954-467-4700 extension 5613. Do not call Wismy to schedule appointments. The ADAP appointment line extension is 5630 and 5629.

Members discussed not having this information prior to the meeting. CQM and FDOH staff informed the network that it was e-mailed weeks prior to the meeting. However, network members responded saying that if it came through listserv email then they may not have opened it. It was agreed that HIVPC and Quality emails to providers and network members will have a particular subject line calling attention to the specific network or provider (medical, support, oral health, etc.) since providers may not open all emails due to the sizeable influx of emails they receive.

V. Focus Group

Marci Ronik led a topical focus group promoting provider interaction and promote feedback on the Ryan White Part A system of care.

VI. Evaluation

VII. Adjournment

The meeting was adjourned at 3:16 p.m.

Next Meeting Date: April 24th, 2019, 2:00pm

COMMUNITY PARTNERSHIPS DIVISION
Health Care Services Section
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301 • 954-357-5390 • FAX 954-357-5897

MEDICAL/DISEASE CASE MANAGEMENT NETWORK MEETING MINUTES

Date: June 5th, 2019 @ 2:00pm
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

PROIVDERS PRESENT
Monica Liy, AHF
Marlena Solomon, Broward Health
Patrick Saint Fleur, AHF
Patrick Nuss, AHF
Glynette Roberts, BCFHC
Karen Pierre, BCFHC
Benge Nelson-Pierre, Care Resource
Gwendolyn Bennett, Care Resource
Amy Pont, Memorial Healthcare
Paula Eckardt, Memorial Healthcare
Cherise Martin, Memorial Healthcare
Kimberly Holding, Broward Health

PROVIDERS ABSENT

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

PART A RECIPIENT STAFF
Edith Garcia
Teisha Fender

GUESTS
Lisa Robinson
Vanessa Rojas
Roody Lucious
Elizabeth Ortega

I. Call to Order
The meeting was called to order at 2:20 p.m.

II. Welcome/Introductions
CQM Staff welcomed everyone and individual introductions were made.

III. Activity: QI IQ Survey Completion
Members filled out a short paper assessment that asked foundational questions about their experience and comfort with Quality Improvement.

IV. Mentimeter Introduction

Mentimeter is a tool that the CQM team is using to build interactive presentations and add questions and polls to engage and draw feedback from the Network

members. The audience uses their smartphones, tablets, or laptops to connect to the presentation where they can give responses to queries from the CQM team. Results from Mentimeter breaks are recorded in the meeting minutes.

V. Mentimeter Break I

The members of the Network were asked how familiar they are with evidence-based Test & Treat models. The answers were given on a scale of 1 to 5 with 1 being not familiar at all to 5 being very familiar or an expert on the topic.
With 16 people responding, the average score among the providers was 3.7.

VI. Test & Treat Analysis

The CQM Staff began the discussion by detailing and reviewing evidence-based programs that have involved connecting patients to care. The Network was asked for recommendations and ideas of how the Broward EMA's CQM team can work with providers to increase sustainable engagement within our Test & Treat model.

A physician commented that there are many clients who do not recertify for Ryan White and ADAP. Often, these clients seek care through Test & Treat because they have not gone through the recertification process. She mentioned that there was a study conducted at her agency in which, between May 2017 and January 2019, the Comprehensive Care Center saw 116 Test & Treat patients. Of these patients, roughly half were new patients and the others were formerly diagnosed clients who were reengaging in care. Moreover, 60% of the Test and Treat patients fell out of care during the study period. She cited the fragmented nature of services (i.e. ADAP separate from Ryan White) as one possible barrier to Test & Treat patients disengaging from HIV care. Group discussion on these reported findings resulted in the recommendation that a needs assessment be conducted to trace the causes of why test and treat individuals fall out of care.

A CQM staff member detailed that the U.S. Department of Veteran Affairs has reported reduced retention in HIV care outcomes within their system. They have started an HIV Telehealth program to retain patients who are being rapidly engaged into HIV treatment. A physician from Memorial Healthcare announced that they have begun a similar Telehealth program at their clinic. There are limitations, however. Appointments are made after the initial Test & Treat visit. These appointments take place about a week from the point in which the initial visit occurs to monitor how the patient is responding to medication and treatment. A telehealth challenge is that patients often do not connect to their telehealth appointment on time and, when called, they are frequently in public settings, preventing the physician from initiating the follow-up appointment. The provider noted that the telehealth program began early in 2019.

A discussion followed regarding the social determinants of health attached to the population in which the Telehealth intervention is not impacting. A CQM staff member detailed her experience with a cell phone intervention in Africa. When the health staff issued mobile phones to a select group of young adults living with HIV

and initially began making check-in calls with these individuals, there were no responses to the calls. After speaking with the young adults, it was discovered that because an interpersonal connection was not made in the initial stage of the phone call check in, the young adults did not pick up when phone calls were made to them to check on their medication adherence. The health workers were initially calling to ask medical and/or health-related questions, but later learned from the young adults that because the workers never asked about the clients' personal lives and wellbeing the young adults made no attempt to answer the calls. After including more personal questions, engagement increased significantly in the program as did ARV adherence.

The Network was asked if peer navigators were used in the Test & Treat program at their agencies. A Memorial network member responded that although Peers are a part of the initial Test and Treat appointment, case managers have noted that Test & Treat clients continue to be lost to care after the initial visit.

A physician noted that every clinic must consider the demographic composition of their client population. She noted that there is limited clinical support staff at her clinic. A former staff member was a pivotal influencer of retaining a group of Caribbean men in care. However, once this staff member was no longer employed at the clinic, the Caribbean men were lost to care. HIV retention and engagement in care is often influenced by a person's culture, and clearly, that culture must be taken into consideration when initiating HIV treatment and care.

A member from Care Resource described a "pathway to care" roadmap that they created for clients. When Test and Treat clients did not progress through their pathways to care, then the Test & Treat team at the Florida Department of Health was alerted. The Care Resource member reported that she has maintained regular and consistent contact with the FDOH using this strategy.

There was a discussion of the saliency of what clinic a patient prefers to go to. One physician detailed that many clients want to go to the nearest or most convenient clinic to their home location. However, another physician stated that she had several clients in the past that sought care further away from their community due to fear of HIV-related stigma. . LRSs from the Department of Health are assigned to each agency and Test and Treat patients are navigated accordingly. The Department of Health plans to conduct visits with each agency to confirm that agencies are aware of their assigned LRS.

The Disease Case Managers were asked about their perspective with Test and Treat clients. A Memorial Network member remarked that Test and Treat patients are seen by non-medical case managers. Additionally, they have been trying to get authorization for peers to work with medical cases. She noted that disease case management is not a part of the Test & Treat process for her agency unless there is a comorbidity that must be addressed by a Disease Case Manager.

A member noted that the Service Delivery Models provided by the Broward EMA does not detail the criteria of who qualifies for disease case management. Disease Case Managers are generally RNs or LPNs, who are supervised by RNs. A provider noted that she heard that all new Test and Treat patients should see a Disease Case Manager. She noted that in order to document patients in Provide Enterprise, the case must be opened in a specific service category and to close the case there must be documentation. Without guidance from service delivery standards, she has been using her best judgement and admitting Test and Treat patients into disease case management based upon her perception of their needs.

A provider mentioned that she thinks that the Broward System has the greatest impact on the health outcomes of our clients. When compared to an EMA like New York, Broward has limited resources and began its focus on aggressively combatting HIV relatively recently. She cites that patients are virally suppressed elsewhere compared with Broward. Many providers voiced agreement that differences in practices and the unique culture of Broward County when compared with other cities in the United States, may be a factor that is influencing the Broward RW EMA Continuum of Care.

A representative from the Department of Health described the responsibilities of linkage retention specialists (LRS). Their responsibilities include, but are not limited to, making sure clients receive medical, social, and food services, helping clients complete applications, and delivering medications to clients' homes or other designated locations.

The CQM staff reinforced that quality improvement does not have to be a robust or system-level undertaking. Small, gradual changes in workflow could be a quality improvement project. These changes can be recorded along with any observations or results to complete PDSA cycles. Quality improvement aims and PDSA cycles inform practice and help to improve patient outcomes, including retention and engagement in HIV care.

VII. Women of Child-Bearing Age Engagement and VL Suppression

The CQM staff queried the Network on current strategies they use to engage HIV-infected women of child-bearing age into the RW care system. A family medicine HIV provider stated that she is open to seeing pregnant women, however, they must come to her office and cannot call ahead for appointments. Women without insurance present challenges to engagement in care. After the Test & Treat or 90-day Medicaid period, it is often difficult to see these women, especially when they are undocumented.

Several providers stated that they do not know providers at other agencies and do not have a medical provider directory to assist them when referring patients.

Several providers made the recommendation that a RW Provider Directory be created for EMA providers.
It was clarified that Ms. Yvette Gonzalez is the Perinatal Coordinator for the Broward Department of Health.

VIII. Mentimeter Break II

Q: What can this Network do to improve Test & Treat Outcomes?
A:

- "Easier registration with Ryan White and ADAP at the same time."
- "Communication with other agencies."
- "List of Ryan White providers Dept of health services."
- "Maintain communication between agencies"
- "Streamline ADAP process. Create guidelines for who qualifies for Test & Treat. Give peers more latitude in which clients they can work with."
- "More communication between different networks."
- "Have the Test and Treat navigator at our office."
- "Streamline the ADAP and Ryan White eligibility process for a smoother transition, ADAP should come to the sites at least twice monthly."
- "Better communication with each and don't wait to reach to DOH."
- "Communicate to our congressman and senators the struggles we are all facing in addition to the difficulties the patients are facing."
- "Test and Treat needs to be more clearly defined. It seems patients are taking advantage of the system over and over."
- "Assigning case managers to the pediatric Test and Treat (population) has been very responsive. They attend all the follow-up appointments and really are engaged."

Q: What is your interest level (between 1 and 5 with 1 being not interested and 5 being very interested) in having a robust presentation on Data to Care strategies?

Results: Of 9 respondents, 100% of the network members answered that they were very interested.

IX. Announcements

- Peer Certification Program first class completion
- CQII Plus Consumer QI Training (AHF & Poverello participated)
- Quality Network Training Day June 12, 2019

X. Next Meeting Agenda

XI. Meeting Evaluation

XII. Adjournment

The Meeting was adjourned at 4:11 p.m.