



HUMAN SERVICES DEPARTMENT

COMMUNITY PARTNERSHIPS DIVISION

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



ORAL HEALTH NETWORK MEETING

Date: April 4th, 2018 @ 3:00PM

Facilitator: Clinical Quality Management Staff

Location: Ryan White Part A Program Office
115 S. Andrews Ave., A-337
Ft. Lauderdale, FL 33301

quality@brhpc.org
(954) 561-9681 ext. 1250

AGENDA

- I. **Welcome/Introductions**
- II. **Icebreaker**
- III. **Presentation: CQM Program and Network Meeting Overview**
- IV. **Survey**
- V. **Questions/Suggestions**
- VI. **Adjournment**

Next Meeting Date: July 11th, 2018

Please see Staff for a Governmental Garage Parking Validation ticket



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ORAL HEALTH QI NETWORK

Wednesday, April 4th, 2018 at 3:00 P.M.

Ryan White Part A Program Office, Room A-337

115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT

- AHF- Michelle Carlisle
- NSU- Mark Schweizer
- BCFHC- Amanda Bruno
- BCFHC- Ryan Robinson
- BCFHC- Shelly Taylor
- Care Resource- Jackelyn Orlas
- Care Resource- Cutris Barnes
- FLDOH- DR. Alder
- FLDOH- Janet Carter
- FLDOH- Jose Rodriguez
- FLDOH- Emmanuel Civil

PROVIDERS ABSENT

None

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

- Kelsey Holloman
- Charnelle Bacchus-Powers

PART A RECIPIENT STAFF

- Leonard Jones, Part A Grantee
- Richard Morris, Jr.

I. Call to Order

The meeting was called to order at 3:03 p.m.

II. Welcome/Introductions

CQM Staff welcomed everyone and individual introductions were made.

III. Icebreaker

Staff facilitated an icebreaker titled "Chain Stories" with meeting participants. Meeting participants divided themselves into four groups and began the icebreaker by sharing a fun fact about themselves with their group. The following participants picked one part of the story previously told and continued with a story sharing the same similar story piece. As they went through, the group formed a story chain and presented their connecting stories with the full group. Upon completing the icebreaker, participants agreed they feel more comfortable with their peers and in sharing in discussion with them in future Oral Health Network meetings.

IV. Ryan White Part A Clinical Quality Management Overview and Network Meeting Expectations

CQM Staff gave a presentation of an overview of the CQM Program. The presentation went over the CQM Plan and program goals, the roles of the Quality Assurance and Quality Improvement teams, and the Quality Management Committee and Networks. The presentation went on to discuss the data responsibilities of Part A agencies, the CQM work plan, and the core medical and support services. Finally, the presentation discussed an overview of the structure of the Network meetings and participants agreed to arrive prepared to network meetings and engage in discussion in order to help improve the quality of Broward's Part A services.

V. Open Discussion

A provider noted they are running into a number of client conflicts due to the recipient requirement to have documented client viral loads/CD4 every 6 months. The Recipient noted it's up to the physician to determine the need for VL every 6 months for each client on a case-by-case basis. This affects clients utilizing Ryan White for dental services only. The Provider noted these clients will populate in their PE report as not having a VL/CD4 count in the last 6 months, but will eventually be excluded and parameters will be on the report. The main focus is to ensure the client is adherent to care and stable. The Recipient suggests providers practice proper documentation of these issues in client profiles. Additionally, the provider shared he has seen clients who may be virally suppressed and then somehow lapse on their medication and become unsuppressed. The Public Health Service (PHS) guidelines have changed, and they may work for some clients, but not all. The goal is to be cognizant of client issues as they come.

The Recipient noted the network meetings are amended to focus on service delivery issues due to the frequency of providers noting a plethora of client issues within their agencies. These meetings are to help the Recipient's office identify issues in the system to help tackle them. The Recipient noted the Access to Care schedule should be a guide to point people at each agency to identify the correct contact person at other Part A agencies when necessary; however, at times it has been found the documented contact is not the correct one. It is important to update this information with Recipient Staff so the schedule is efficient. A Provider suggested each agency have a contact with a cell phone number available for emergency situations.

A Provider inquired about receiving follow-up on specialty referral cases to NSU. The specialty dental provider noted many of the recommendations made by the referring dental provider are not feasible nor are they in the best long-term interest of the client. The specialty dental provider explained NSU is an educational institution and therefore utilize a different, more thorough review criteria to be sure the client has the best possible health outcome. He stated the comprehensive treatment plan provided to the client at the routine dental provider's discretion may not be as comprehensive as the plans completed at the specialty dental care provider. The specialty dental office receives too many referrals to provide all providers with client updates/outcomes with only one designated full time employee. NSU sends a reply to dental providers that states they have scheduled the client appointment. The issue is communication and how to facilitate

communication between routine and specialty dental. Cecile Camille is the referral navigator for specialty dental services.

Clients needing emergency extractions or extractions only go straight to Broward General and back to the general dentist. It's patients with dentures and extractions that become problematic. Some patients elect to stay for services with NSU after specialty care and they document this in the patient file. In the interim, a Provider would like a temporary solution. NSU agreed to provide an update on care for the specified list of clients. A goal of this meeting is to have the treatment plan uploaded to PE with a long-term goal of interfacing with PE. NSU can print out the treatment plan and send it to BCFHC. What components would be needed to meet that criteria. NSU can send the signed client form to note they have transferred care. A Provider noted they are unable to see what has been billed for in PE; however, this is only done on a 1-year cycle and refreshes. Medicaid pre-authorization is cumbersome.

Focus on service delivery, gaps in service delivery, and other service delivery issues.

VI. Open Discussion

VII. Adjournment

The meeting was adjourned at 4:32 p.m.

Next Meeting Date: July 11th, 2018

Parking Lot

- Discuss an official channel of communication between routine and specialty dental care providers regarding referred client treatment plan updates.

Action Items

- All oral health providers will brainstorm and come prepared to the July meeting with ideas to create an open and workable line of communication regarding client treatment plan status between routine and specialty care providers.
- Case Study: Care Resource will complete the Case Study template regarding a difficult/problematic client case and return to Staff by June 27th, 2018.

BROWARD COUNTY CLINICAL QUALITY MANAGEMENT PROGRAM

Overview of the Ryan White HIV/AIDS Program Part A system and services



RYAN WHITE PART A CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM

- Ryan White HIV/AIDS Program legislation requires all Ryan White Part A Recipients to establish Clinical Quality Management (CQM) programs to:
 - assess the extent to which HIV health services are consistent with the most recent **HHS Clinical Guidelines for the Treatment of HIV/AIDS and related opportunistic infections**, and
 - develop strategies for ensuring that such services are **consistent** with the guidelines for improvement in the **access to** and **quality of** HIV services.
- HAB has identified three necessary components of a comprehensive CQM program.
 1. **Infrastructure**
 2. Performance measurement, and
 3. **Quality improvement.**
- Broward **Eligible Metropolitan Area (EMA)** CQM Program expectations are written in the CQM Plan



RYAN WHITE PART A CLINICAL QUALITY MANAGEMENT (CQM) PLAN

Fort Lauderdale/Broward County EMA

The **mission** of the CQM program in the Fort Lauderdale/Broward County EMA is to ensure **equitable access** to a seamless system of high-quality comprehensive HIV services that improve health outcomes and **eliminate health disparities** for people living with HIV/AIDS in Broward County.

CQM PLAN: PROGRAM GOALS

1

Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.

2

Evaluate the CQM program, including the CQM Plan and service categories.

3

Implement continuous quality improvement to ensure core and support services are linked to increase access to care, retention in care, and viral load suppression.

4

Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.



CQM PLAN: TEAM ROLES



Quality Assurance Team (Recipient Staff)

- Oversight of Implementation of CQM Plan and QI initiatives
- Monitor and analyze client- and system-level data
- Conduct monitoring activities

Quality Improvement Team (BRHPC Staff)

- Assist with implementation of CQM Plan
- Implement & plan QI initiatives for all Part A service providers (systemwide or service category-specific)
- Review client- and system-level data
- Planning and facilitation of QMC and Networks

Quality Management Committee

- Made up of HIV Planning Council members, consumers, and HIV service providers
- Ensure completion of the CQM Work Plan
- Review client and system level data
- Coordinate Networks activities

Networks (Agency Representatives)

- Made of up subrecipients from each service category
- Meet to discuss service delivery challenges and solutions
- Develop and implement QIPs
 1. Support Services (Non-MCM, CIED, Food, Legal)
 2. Oral Health
 3. Medical/DCM
 4. Behavioral Health
 5. Quality

CQM PLAN: QUALITY ASSURANCE & QUALITY IMPROVEMENT

Quality **Assurance**

- An effort to find and overcome problems with quality
- Measures compliance against certain necessary standards
- Focused on the outcome
- Based on standards



Quality **Improvement**

- A proactive approach to improve processes and systems
- Continual improvement
- Processes, not people, are the focus of improvement
- Based on facts, data, and specifications



CQM PLAN: PROCESSES AND ACTIVITIES

Broward EMA CQM Annual Work Plan 2017 (March 1, 2018-February 28, 2019)													
Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.						X							Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													

CQM Annual Work Plan: Timeline of objectives to accomplish the CQM goals.

- All objectives are assigned to Recipient CQM Staff, HIVPC CQM Staff, the QMC, and/or the Quality Networks.



BROWARD'S PART A SERVICES

- Available services



PART A SERVICES: CORE MEDICAL

- **Integrated Primary Care & Behavioral Health (OAMC):** Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
- **Oral Health Care:** Services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.
- **Mental Health:** The provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services by psychiatrists, psychologists, and licensed clinical social workers.
- **Substance Abuse:** The provision of outpatient services for the treatment of drug or alcohol use disorders.
- **Disease (Medical) Case Management:** The provision of a range of client-centered activities, including all types of case management encounters, focused on improving health outcomes in support of the HIV care continuum.
- **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HICP):** Provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.
- **AIDS Pharmaceutical Assistance:** Local Pharmaceutical Assistance Programs (LPAP) are operated by a RWHAP Part A or B recipient or subrecipient as a supplemental means of providing medication assistance when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

PART A SERVICES: SUPPORT

- **Emergency Financial Assistance:** Provides limited one-time or short-term payments (direct payment to an agency or through a voucher program) to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication.
- **Food Bank:** The provision of actual food items, hot meals, or a voucher program to purchase food.
- **Legal Services:** Provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease.
- **Non-Medical Case Management:** Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.
 - **Centralized Intake & Eligibility Determination (CIED):** A single entry point for eligible Broward County residents to determine eligibility and access to Ryan White Part A services and/or other benefits provided by third party payers including private, federal, state and local funding programs.
 - **Benefits Support Services (BSS):** delivers information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes.

PART A SERVICES: RESOURCES

○ Access to Care Schedule

○ Comprehensive list of all Broward Part A service providers **exclusive to service providers**

- Created by the Recipient
- Disseminated by Staff to all Providers

○ Contact information

- Phone
- E-mail
- Address
- Hours of Operation

Ryan White Part A Program Office
Access to Care Schedule
February 2018

Provider Name	Services Categories	Office Locations	Contact Name	Contact Information	Fax Number	Preferred Contact Method	Treatment Languages Available	Client Wait Time	Additional Notes	
AIDS Health Care Foundation	Medical	NPH	George Bulchko	(954) 772-2411 Ext. 3617	(954) 761-2231			1st Clinical Encounter 45 minutes minimum intake appt with goal of being seen within 3 days of contact		
	Medical	AHF Ft. Lauderdale Downtown	Dan Sheridan	(954) 767-0887						
	Medical	OPK	Barbara Santamaria	(954) 561-6900						
	Medical		Patrick Nuss	(954) 767-0887 Ext. 2556				15 to 30 min appt and seen the same day or next day. Triage by Nurse and see the medical provider as applicable.	Emergency (Non-ER Contact)	
	Dental	700 SE 3rd Ave Ste. 206	Dr. Deborah Davis	(954) 761-2230 deborah.davis@aidshealth.org (954) 522-3132 (Office) (954) 423-9439 (Cell) ddwilson@aidshealth.org			Email	English, Spanish	1-2 Months for an initial; Same day for an Emergency	M-F 8:00AM-5:00PM; Leave a Voice Message.
	Integrated Behavioral Health	701 SE 3rd Ave 4th Floor	Dr. Robert Wilson	(954) 423-9439 (Cell) drwilson@aidshealth.org			Phone/Email			Tues, Fri- 8AM-12PM M, Tu, Th, F- 8AM-5PM W- 11AM-7PM
	Integrated Behavioral Health	702 SE 3rd Ave Ste. 301 Floor	Damon Jones	(954) 767-0887 Ext. 2251 damon.jones@aidshealth.org			Phone/Email			M, Tu, Th, F- 8AM-5PM W- 11AM-7PM
	Integrated Behavioral Health	4425 N. Federal Highway Ste 205	Christopher "David" Shelton LMHC	(954) 767-2411 Ext. 3625 David.shelton@aidshealth.org			Phone/Email			
	Integrated Behavioral Health	1164 E. Oakland Park Blvd. 3rd Floor	Rafa Nin LCSW	(954) 561-6900 Ext. 2657 rafa.nin@aidshealth.org			Phone/Email			M-F 8am-5pm
	Disease Case Management	NPH	Usyoni Machado	(954) 540-3435						
	Disease Case Management	AHF Ft. Lauderdale Downtown	Carlos Pina	(954) 767-0887						
	Disease Case Management	AHF Ft. Lauderdale Downtown	Richard Ortiz	(954) 767-0887 richard.ortiz@aidshealth.org (954) 488-6441 patrick.saintfleur@aidshealth.org						
Disease Case Management	1164 E. Oakland Park Blvd. 3rd Floor	Patrick Saint Fleur	(954) 561-6900		Phone/Email					
Disease Case Management	1164 E. Oakland Park Blvd. 3rd Floor	Paulo dos Santos	(954) 561-6900					M-F		
Disease Case Management	NPH	Greg Bellon Karen Haughey	(954) 772-3636 (727) 409-0759					Existing clients seen on same day/New client within 1 week		
Broward Addiction Recovery Center	Substance Abuse	900 NW 31st Ave., Suite 2000 Fort Lauderdale, FL 33311	Polly Cacurak	(954) 357-5093 pcacurak@broward.org	(954) 564-5058			Detoxification Provided 24 Hours/7 Days a week	Admissions: M, Tu, Th, F: 7-5/ W: 7-7 Detox Unit: M, W, Th, F: 7-5/ T: 7-7	

FOR PROVIDER USE ONLY

The following table is information supplied by each provider on a monthly basis. Be sure to inform clients of providers that have the shortest wait time for an appointment so that they can make an informed decision.

NETWORK MEETING OVERVIEW



MEETING OVERVIEW: NETWORK MEETINGS

Quality Network

From all 13 Part A Agencies:

- Quality Managers
- Designated Quality Contacts

Service Category Networks

Support Services, Non-MCM, CIED, Food, Legal

- Oral Health
- Medical/DCM
- Behavioral Health

MEETING OVERVIEW: SERVICE CATEGORY NETWORK MEETING

Network meetings are a vessel for **improving** Part A services by eliciting **feedback** from providers to better **understand** and **improve** the client experience.

- Outcome
 - Turning network meeting time into sustained results
 - Streamlined processes
 - Improved **communication** between and among service providers
 - All parties as stakeholders
 - Improved **client health outcomes**
 - Improved **performance measures**
- Organization
 - Optimization of meetings to benefit all system members: providers, staff, and clients
 - Logistics
 - Agenda/Meeting Prep

MEETING OVERVIEW: LOGISTICS

- Meeting Packet
 - Includes all documents and presentations associated with the meeting
 - Disseminated to meeting attendees **two days** prior to the meeting date
- Meeting Minutes
 - Last meeting minutes will be provided in the meeting packet dissemination
 - Meeting minutes will be disseminated to attendees within **three days** of the meeting occurrence
- Meeting Notice/Reminder
 - Staff will e-mail all necessary parties the Meeting Notice **two weeks** prior to the meeting date and the Meeting Reminder **two days** prior
 - agenda and meeting materials
- Parking Lot
 - Method of tracking emerging topics to return to as a group in upcoming meetings
 - Action Items
 - Unfinished business to be followed up on at the next meeting
 - Noted in meeting minutes



All Network meeting packets and CQM program resources can be found on our website!

<http://www.brhpc.org/programs/hiv-planning-council/>

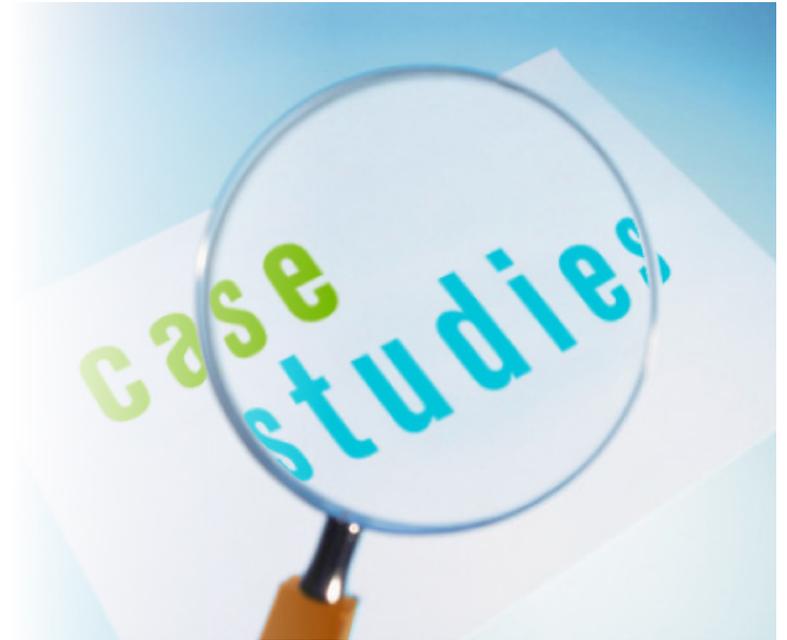
MEETING OVERVIEW: AGENDA ITEMS

New Agenda Items

- Topics of Interest (ex. Community resources, client communication/follow-up, etc.)
 - May include input from: Staff, Ryan White Providers, outside experts
 - Providers will complete the **Topics of Interest survey form**
- Data Presentation
 - Abbreviated systemwide data presentation
 - Quarterly
- Evaluations
 - Completed at the end of every meeting
 - Short format

MEETING OVERVIEW: CASE STUDIES

- Case Studies: Method of **obtaining feedback** on barriers to client care, resource sharing, and improving communication among providers
 - Two assigned agency presentations per meeting
 - Assigned Agency Representatives will complete the **Case Study worksheet** with all relevant information to share with the network
 - Completed worksheets shall be e-mailed to Staff for inclusion in the meeting packets **two weeks** prior to the assigned meeting date



RULES OF ENGAGEMENT

In the interest of helping clients achieve the best possible health outcomes and **quality** of life, as a group, we agree:

To arrive prepared to meetings, including but not limited to: confirming meeting attendance, being familiar with agenda topics, completing any previously assigned tasks, etc.

To openly communicate & participate fully

All meeting parties/attendees are equal

To acknowledge individual responsibility in group outcomes

Network meetings are a safe place to consult with colleagues and peers to find workable solutions to identified issues

**FEEDBACK
QUESTIONS
SUGGESTIONS
RECOMMENDATIONS**



Meeting Facilitators: CQM Staff

Contact Information: Business Cards for Staff
located at the sign-in table

E-mail: quality@brhpc.org

Broward EMA CQM Annual Work Plan FY 2018 (March 1, 2018-February 28, 2019)													
Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible
Goal 1: Use client-level demographic, clinical, and utilization data to identify disparities in care and areas of improvement.													
1. Select performance measures and annual goals.		X											CQM Staff, QMC
2. Review and analyze performance measures including HAB measures and locally adopted outcomes and indicators.		X			X			X			X		CQM Staff, QMC, Quality Network
3. Analyze client utilization data to identify and address disparities and gaps among stages of the HIV Care Continuum.			X			X			X			X	CQM Staff, QMC, Quality Network
4. Make recommendations to Committees and Networks to address disparities in care and areas of improvement.													QMC
Goal 2: Evaluate the CQM program, including the CQM Plan and service categories.													
1. Conduct evaluation of performance measures including HAB measures, client utilization data, and locally adopted outcomes and indicators annually to the QMC and Networks.												X	CQM Staff
2. Perform annual monitoring of subrecipients and review agency-specific quality plans to ensure compliance with directives established in contract with Recipient.					X								Recipient CQM Staff
3. Identify accomplishments and challenges by reviewing progress in completing the CQM Annual Work Plan.						X						X	CQM Staff, QMC, Networks
4. Provide a quarterly Network update to the QMC and identify areas for improvement and potential QIPs.	X			X			X			X			HIVPC CQM Staff
Goal 3: Implement continuous quality improvement to ensure core and support services are linked to increased access to care, retention in care, and viral load suppression.													
1. Review SDMs annually to ensure standards of care and protocols are consistent with HHS guidelines and best practice models.										X			QMC, Networks
2. Organize/conduct quarterly trainings for subrecipients, the QMC, and the HIVPC to expand knowledge and skills on QI Processes.		X			X			X			X		All CQM Staff
3. Provide and facilitate systemwide and individual TA to subrecipients monthly.	X	X	X	X	X	X	X	X	X	X	X	X	Recipient CQM Staff
4. Conduct annual review of findings from needs assessment, client survey, service category assessments, and client-level data to identify potential QIPs.							X						Networks
5. Networks implement and evaluate two QIPs in the fiscal year.						X						X	Networks
Goal 4: Communicate CQM data, evaluation, and improvement methods to the QMC, Networks, and stakeholders.													
1. Conduct biannual evaluations of data review and presentation methods to ensure all data is effectively communicated.						X						X	All CQM Staff
2. Disseminate data dashboards quarterly and publish annual quality report.	X			X			X			X			All CQM Staff
3. Provide quarterly CQM program updates to the HIVPC.	X			X			X			X			All CQM Staff
4. Disseminate CQM program information quarterly to community stakeholders through media campaigns and social media outlets.				X				X				X	All CQM Staff
5. Conduct annual QMC retreat.												X	All CQM Staff
6. Hold annual "All Networks Retreat" among Networks and celebrate accomplishments.	X												All CQM Staff
													"X" indicates completed objectives ■ indicates in progress/on target

Meeting Topics Survey



In order to facilitate more productive meetings geared toward Quality Improvement initiatives, please list at least two topics, discussion points, or issues related to Quality Improvement you would like to see explored this year.

1. Topic #1

2. Topic #2

3. Additional Topics

Case Study

Viral Load:	
History of Viral Load:	
Mode of Transportation:	
Housing Status:	
Insurance Status:	
Length of Time in Care:	
Other Medical Conditions:	
Support System (Family, Friends, etc.):	
Other Barriers to Care:	

Client History:

Client Treatment Plan:

Client Issues: