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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SUPPORT SERVICES NETWORK MEETING

Date: March 5, 2019 at 9:30A.M. -11:30 A.M.
Location: Ryan White Part A Program Office
115 S. Andrews Ave. GC-302
Ft. Lauderdale, FL 33301

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

AGENDA

I. Welcome/Introductions

II. Connecting clients to services

III. Test & Treat: Intersection with Support Services

IV. Case Study:

- Legal Aid

V. Complete Meeting Evaluation

VI. Adjournment

Next Meeting Date: June 4th, 2019
Please see staff for a Governmental Garage Parking Validation ticket

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SUPPORT SERVICES NETWORK MEETING
Tuesday, September 4th, 2018 at 9:30 A.M.
Ryan White Part A Program Office
115 S. Andrews Ave., Ft. Lauderdale 33301

MINUTES

PROVIDERS PRESENT
Patrick Saint Fleur, AHF
Natasha Markman, BRHPC
Marie Hayes, Broward House
Stephanie Booth, Care Resource
Zulina Muneton, CDTC
Jorge Rodriguez, Latino Salud
Kara Schickowski, Legal Aid
Edna Ferguson-Walker, NBHD
Jean Alexandre, SBHD
Amy Pont, SBHD
Brad Barnes, Poverello Center

PROVIDERS ABSENT
BCFHC

GUESTS
None

PART A RECIPIENT STAFF
Richard Morris
Edith Garcia

CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF
Gritell Martinez
Anitha Joseph
Marcus Guice

I. Welcome/Introductions

The meeting was called to order at 9:30 a.m. CQM Staff welcomed everyone and individual introductions were made. Additional meeting attendees arrived at 9:37 and reintroductions were made.

II. You Asked, We Listened!

Referral Process Between Part A Agencies

This meeting serves as a continuation of the discussions from the June meeting. *(The June Support Services Network meeting's minutes can be referred to for insight on what was previously discussed).* CQM staff turned the meeting over to the provider team to discuss referrals from an intra-agency perspective. Networks stated that there are issues with knowing if client referrals have been received or read in Provide Enterprise (PE). Another notable issue is that providers do not know where the follow-up notes should be documented. They noted barriers to the referral process such as localization of clients. An example given was the impact on keeping dental care appointments when the proximity of a client's home or place residence to provider

agencies combined with lack of means of transportation can make travel and fulfilling appointments difficult. The CIED provider also identified a lack of efficiency in PE to systematically translate whether a client referral has been completed. She indicated that the program lacks a tracking tool for the provider to know the status of a referral and notes difficulty in tracking follow-ups and mentioned the lack of time in an eligibility employee's day to check individual profiles and run various reports on clients.

The Poverello provider noted that their agency's process involves initiating referrals in PE, but mentions that they do not know if these referrals are being followed up on or tracked by other agency personnel. The provider also mentioned that client medical appointments within the past six months are the sole medical outcome being monitored. The county health department was mentioned to be the only agency that is effective in tracking and monitoring the client's referral process. A provider noted a recurring issue with the department of health, which is their criterion that clients are to be out of care for at least a year before action is initiated. This places a delay in clients' access to care. A consensus among the providers present during the meeting is that follow-ups are the most difficult part of the referral process. Many suggest that PE simply lacks a proper end-user component available to properly conduct follow-ups on clients. Providers' current methodology of conducting follow-ups on referrals is generally to call offices where clients have been referred and verify whether the client has fulfilled the appointments. Many providers are not utilizing PE reports.

Dental and Food Banks service providers' PE reports display medical summaries, unlike other services. This aspect has allowed these particular service organizations to more effectively track follow-ups. One provider mentioned that PCIS, the PE software's predecessor, employed an email system for referrals that was beneficial for providers as a tracking component. It was used as a two-way communication tool that was also used by the county health department to track as well. Another provider noted that a one call/one follow up methodology works for Legal services due to smaller number of clients.

It was also brought to the attention of the group that PE is being employed differently in Palm Beach County. There is email communication for referrals but no phone system. The provider suggested that we can contact Palm Beach County about implementing a similar email based system where referrals can be accepted or denied. Within this proposed methodology, referral acceptance denotes follow-up activity. Grantee staff noted that the capabilities of 100% use of email referrals are already within the current PE system. However, one issue in employing this methodology is that it does not automatically attach to email and agencies would need someone designated to go into the system to respond to referral task. Staff turnover could be a challenge to keeping email system updates. A suggested alternative is that providers can have their IT teams create one email account for staff to operate and use to conduct follow-ups. When using phone calls, appointments are relatively instantaneous. Further discussion revealed that employing a 100% email system may delay scheduling and create an additional barrier for clients in delivering them their scheduled time of appointment. Another identified challenge is within the referral process for CIED, as there is no documentation required for completing referrals.

Overall, providers simply cannot track the success rate for clients who have emergency or adverse situations that are occurring at this moment. The phone referrals give a sense of immediacy. However, there are oftentimes where clients simply do not adhere to referrals and this measure is outside of provider control.

The CQM Staff have agreed to work with Grantee staff in evaluating PE and the overall referral methodology. The follow-up is key component of clients' access to services, and the focus is to address the system of documentation and how follow-ups are navigated in PE.

III. Case Studies

a. Poverello

Received a Gilead grant to hire peer navigators to decrease barriers for clients. Although an old fashioned way of communicating, it was the daily person-to-person check-in that worked. The underlying problem for many of their clients is usually the housing situation. How do we work with clients that are no-show's and won't leave their "home" (i.e. cars, tents, etc.)? A CIED provider suggested doing home visits to more thoroughly analyze clients' environment and variables that may not be addressed during appointments. Perhaps mobile units can assist in meeting people where they are. Latino Salud has an Uber account for non-Medicaid patients (Note: Medicaid pays for transportation). Poverello has a client that is medically compliant/doing well but has no housing. Client sleeps at the airport; usually arriving with a suitcase every morning at 11am and leaving by 5pm. They know of around 10 clients that do this. Waiting lists at shelters have been a substantial barrier to adhering to care across our client population. The Network noted that client education is pivotal to increasing care compliance because many clients don't understand or are unaware of medically related terms such as CD4, viral load, etc. Providers discussed making messaging/education very basic and clear and the importance of linking patients to the Health Department as a tool to assist non-compliant patients with keeping appointments.

IV. Importance of Educating Clients on Viral Load Suppression

i. Staff asked the Network, "What is your process for monitoring viral load (VL) suppression?"

1. The North Broward Hospital Provider noted the importance of discussing Viral load / CD4 with patients. "*The case managers we work with address it – you never tell a patient that they are undetectable, because patients can translate that as being "cured"*. Based on their observations, these patients tend to return months or years later with a higher viral load. Providers suggested using language such as "your viral load is looking better, or keep doing what you have been doing to take care of yourself".
2. Discussion also ensued about addressing the stigma of HIV.
3. For those organizations that receive funding by grants, viral load education is important and a top priority. For aging populations, case managers have to be more educated about illnesses that are triggered by HIV.

4. Latino Salud supported education as the key point for the support services providers. Undetectable ≠ untransmittable (not the same thing as a cure). "*We have been taught all our lives that you take pills when you are sick. So if you tell them they are undetectable or "not sick", then they might stop taking pills.*"
5. Care Resource explained that they run reports on clients that have high viral loads weekly, and make contact with them to monitor their progress.

CQM Deliverables:

- Investigate the current PE referral tab and how referrals can be expanded to included email notifications and response indicating status of appointments
- Follow-up the Palm Beach County to determine the possibility of duplication the PE referral system
- Follow-up with the health department to determine their role in non-compliant client referrals and possible presentation at a network meeting

V. Complete Meeting Evaluation

Staff asked the providers to fill out the evaluation with any suggestions they would like to discuss in the next meeting.

VI. Adjournment

The meeting was adjourned at 10:55 a.m.

Next Meeting Date: December 4th, 2018

Test and Treat Discussion Questions

- What is the process for Test & Treat clients entering support services?
  _____
  _____
  - How are Test & Treat clients tracked among support service providers?
    _____
    _____
- Has there been a notable increase in volume of patients since the initiation of Test & Treat?
  _____
  _____
- How do the needs of someone newly engaged through Test & Treat differ from retained patients?
  _____
  _____
  - What are particular barriers for new/Test & Treat clients?
    _____
    _____
  - What support services are used toward retaining new clients in care?
    _____
    _____
- To what degree is care coordinated with providers in other service categories for Test & Treat clients?
  _____
  _____