FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting

Monday, April 18, 2022 - 12:30 PM
Meeting via WebEx Videoconference
Chair: Bisola Fortune-Evans • Vice Chair: Vacant

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 717 8906)

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for April 18, 2022
5. **ACTION:** Approval of Minutes from March 21, 2022
6. Standard Committee Items
   a. CQM Work Plan Progress Review (Handout A-1) - Review QMC's FY2022 CQM Work Plan progress.
   Work Plan Activity 4.1: Review Progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.
7. Unfinished Business
   None.
8. New Business
   a. FY2021 Q4 Broward Ryan White Part A Data - Review and discuss data regarding RWPA program outcomes in the fourth quarter of FY2021.
   Work Plan Activity 1.1: Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.
   Work Plan Activity 1.3: Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and

Networks to address findings

9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
    a. Next Meeting Date: May 16, 2022, at 12:30 p.m. via WebEx Videoconference
12. Announcements
13. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete the meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz • Nan H. Rich • Tim Ryan • Torey Alston • Michael Udine

Broward County Website

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIVPC: Broward County HIV Planning Council

HMSM: Hispanic Men who have Sex with Men

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources and Service Administration

HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy

MOU: Memorandum of Understanding

MSM: Men Who Have Sex with Men

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

Meeting of the
Quality Management Committee
Monday, March 21, 2022
12:30 – 2:30 PM
By WebEx Video Conference

M I N U T E S

QMC Members Present: B. Fortune-Evans, N. Markman, R. Jimenez, B. Barnes

Ryan White Part A Recipient Staff Present: J. Roy, T. Thompson, N. Walker, W. Cius, E. Reynoso

Planning Council Support Staff Present: T. Williams, B. Miller, J. Rohoman, W. Rolle

Guests Present: G. Beltran

Agenda Item #1 & 2: Call to Order, Welcome & Public Record Requirements

The *QMC Chair* called the meeting to order at 12:35 p.m. The *QMC Chair* welcomed all meeting attendees that were present. Attendees were notified that the QMC meeting is based on Florida's "Government-in-the-Sunshine Law" and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the *QMC Chair,* committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. No public comments were made.

Agenda Item #4 & #5: Approval of Agenda and Minutes

The approval for the agenda of the March 21, 2022, Quality Management Committee meeting was proposed by B. Barnes, seconded by *R. Jimenez*, and passed

unanimously. The approval for the minutes of the February 14, 2022, meeting was proposed by B*. Barnes*, but received no second. This will be revisited in the “unfinished business” section of the QMC Meeting.

Mr. Barnes, on behalf of QMC, made a motion to approve the March 21, 2022, Quality Management Committee agenda as presented. The motion was adopted unanimously.

Mr. Barnes, on behalf of QMC, made a motion to approve the February 14, 2021, Quality Management Committee meeting minutes as presented. The motion was not seconded and will be tabled.

Agenda Item #6: Standard Committee Items

CQM Support Staff reviewed the progress made in beginning the new FY2022-2023 CQM Annual Work Plan. B. Miller stated that the current work plan is up to date for March. The CQM Support Staff will continue to update the deliverables as they work through the new workplan. B. Miller shared that CQM Support Staff began pulling data for Quarter 4 today and is in the process of working on the CQM QIP as well. Overall, the CQM Work Plan progress remains on schedule.

B. Barnes inquired about whether QMC would have the opportunity to review the data from each service category on the HIV Care Continuum. CQM Support Staff pointed out that Work Plan Activity 3.2 and 3.3 state that staff will go over the data pulled from each Network with QMC members. N. Walker stated that the group would be doing the annual review of the Service Delivery Models shortly, where the QMC Network will be able to view data and participate.

B. Miller completed Work Plan Activity 3.3: Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network. B. Miller gave a presentation that reviewed the Quality Improvement Projects that were recently completed in the previous fiscal year by the twelve agencies of the Quality Network. Overall, the QMC agrees that the projects were well done. B. Fortune-Evans shared that she would like to see future Quality Improvement Projects implemented that address transportation and housing issues that affect retention rates for the Ryan White program.

Agenda Item #7: Unfinished Business

The approval for the agenda of the March 21, 2022, Quality Management Committee meeting was proposed by B. Barnes, seconded by *N. Markman*, and passed unanimously.

Mr. Barnes, on behalf of QMC, made a motion to approve the February 14, 2021, Quality Management Committee meeting minutes with an update in the attendance. The motion was adopted unanimously.

Agenda Item #8: Meeting Activities/New Business

There was no new business for committee members to discuss.

Agenda Item #9: Recipient Report

The Recipient's Office reported that the new fiscal year activities started on March 1st. They also introduced Jessica Roy, the new healthcare administrator. J. Roy has over 25 years of experience in the field of HIV/AIDS and is excited to begin her journey. N. Walker shared that this QMC meeting will be his last as he transitions out of this role.

G. Beltran shared his concern regarding the application for RFPs. N. Walker advised him that RFPs had already closed, and B. Barnes stated that it is not the Planning Council's role to handle these requests. B. Fortune-Evans referred G. Beltran to the grantee's office, as they would be able to answer the questions better.

Agenda Item #9: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. No public comments were made.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next QMC meeting will be held on April 18, 2022, at 12:30 p.m. via WebEx Video Conference.

Agenda Item #11: Announcements

B. Barnes stated that due to his new responsibilities, he will be stepping down from QMC but will stay until a new member is found to fulfill the five-member requirement. T. Williams shared that QMC lost another member recently, making the total count five members.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 1:35 p.m.

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	14	21										
0	0	0	**1**	Fortune-Evans, B., Chair	x	x	x										
0	1	0	**2**	Barnes, B.		E	x										
0	0	0	**3**	Markman, N.	x	x	x										
0	0	1	**4**	Muneton, Z.	x	x	A										
1	1	0	**5**	Shamer, D. V. Chair	x	x					Z-03/14						
0	0	0	**6**	Jimenez, R.	x	x	x										
				Quorum = 4	5	5	4	0	0	0	0	0	0	0	0	0	

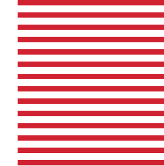
Legend:	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
CX - canceled due to quorum	R - removal letter

Handout A-1

Broward EMA CQM Annual Work Plan FY 2022-2023

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.														
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X			X			X			X		X	CQM Staff, QMC, Quality Network	
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.				X			X			X			CQM Staff, QMC, Quality Network	
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X			X			X			X		X	CQM Staff, QMC, Networks	
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.														
1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.												X	CQM Staff, QMC, Networks	
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.										X	X		CQM Staff, QMC	
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff, QMC	
4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year.		X	X	X				X	X		X	X	CQM Staff, Quality Network	
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.			X			X		X			X		CQM Staff	
6. Provide technical assistance to providers as needed.	X	X	X	X	X	X	X	X	X	X	X	X	CQM Staff	
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.														
1. Distribute the annual CQM Program Report.		X											CQM Staff	
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff	
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.	X			X			X			X			CQM Staff	
4. Provide routine CQM Program updates to the HIVPC.	X			X			X			X			CQM Staff	
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.											X		CQM Staff	
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.														
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X			X			X			X		X	CQM Staff, QMC	
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.				X			X			X		X	CQM Staff, QMC, Networks	
3. Conduct surveys of all meetings and make suggested improvements.				X			X			X		X	CQM Staff	
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.	X			X									CQM Staff	
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff	
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.														
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.	X			X			X			X		X	CQM Staff, Recipient Staff	
2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA.	X											X	CQM Staff, Recipient Staff	
Goal 6: Develop a CQM Quality Improvement Project														
1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff	
2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates.		X		X		X		X		X		X	CQM Staff, Recipient Staff	
3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP				X			X			X		X	CQM Staff	
4. Analyze FY 21-22 data from CQM QIP and report findings to Recipient staff and QMC				X			X			X		X	CQM Staff, Recipient Staff, QMC	

X = goal for objective completion
= in progress
= completed
= planned



Broward EMA RW Part A Program FY 2021-2022 Q4 Update

April 18, 2022

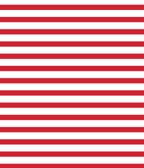
Broward Regional Health Planning Council
BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS
www.brhpc.org

BROWARD COUNTY FLORIDA

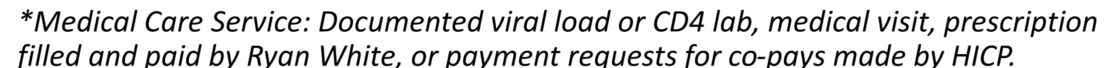
PRESENTED BY
BRIANNE MILLER, MPH, CHES & JASMINE ROHOMAN, MPH

FY 21-22 Quarter 4 Data Review

The purpose of this meeting is to review data for quarter 4 and discuss opportunities for improvement.

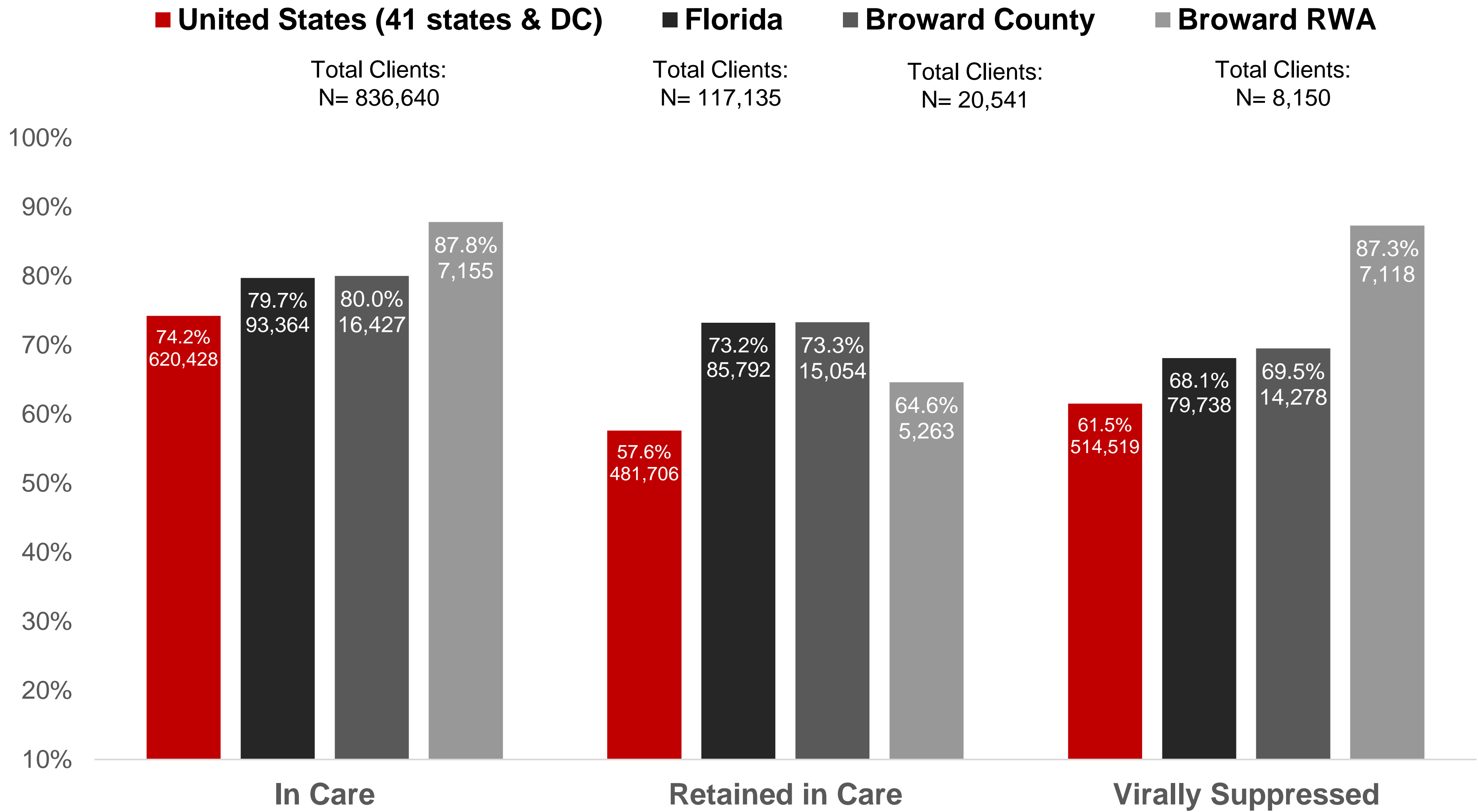


- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **Retained in Care:** HIV+ clients who had two or more medical care services at least three months apart in the reporting period.
- **Prescribed Antiretroviral Drugs (ARV):** HIV+ clients who have a documented ARV at any time during the reporting period within HIV history records.
- **Virally Suppressed:** HIV+ clients with most recent viral load less than 200 copies/mL, as of end of the reporting period.



- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical care during the reporting period
- **On ARV:** Includes self-reported data.
- Impact of COVID-19 on FY 2020 data.

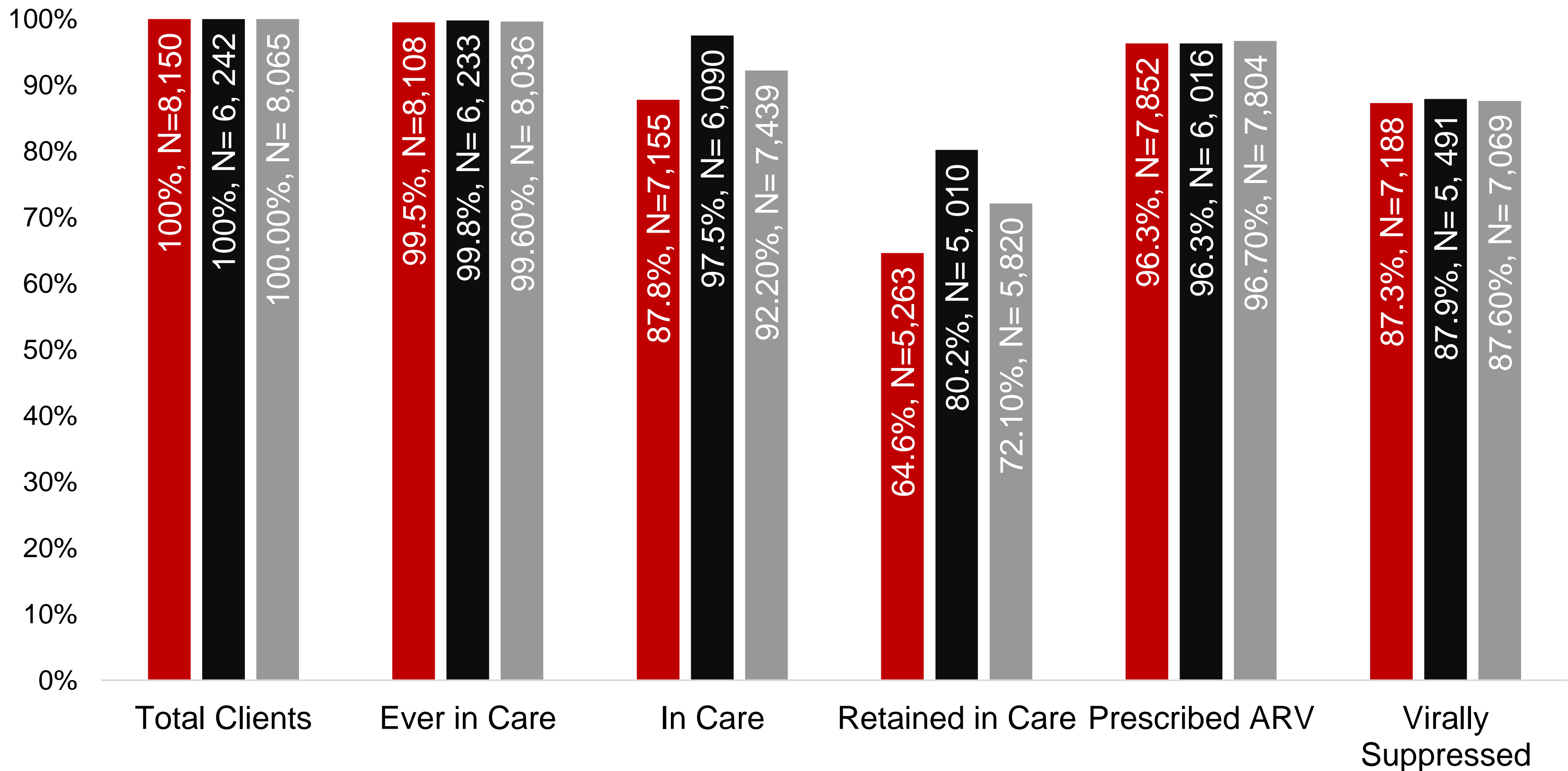
US, Florida, Broward County, & Broward Part A HIV Care Continuum



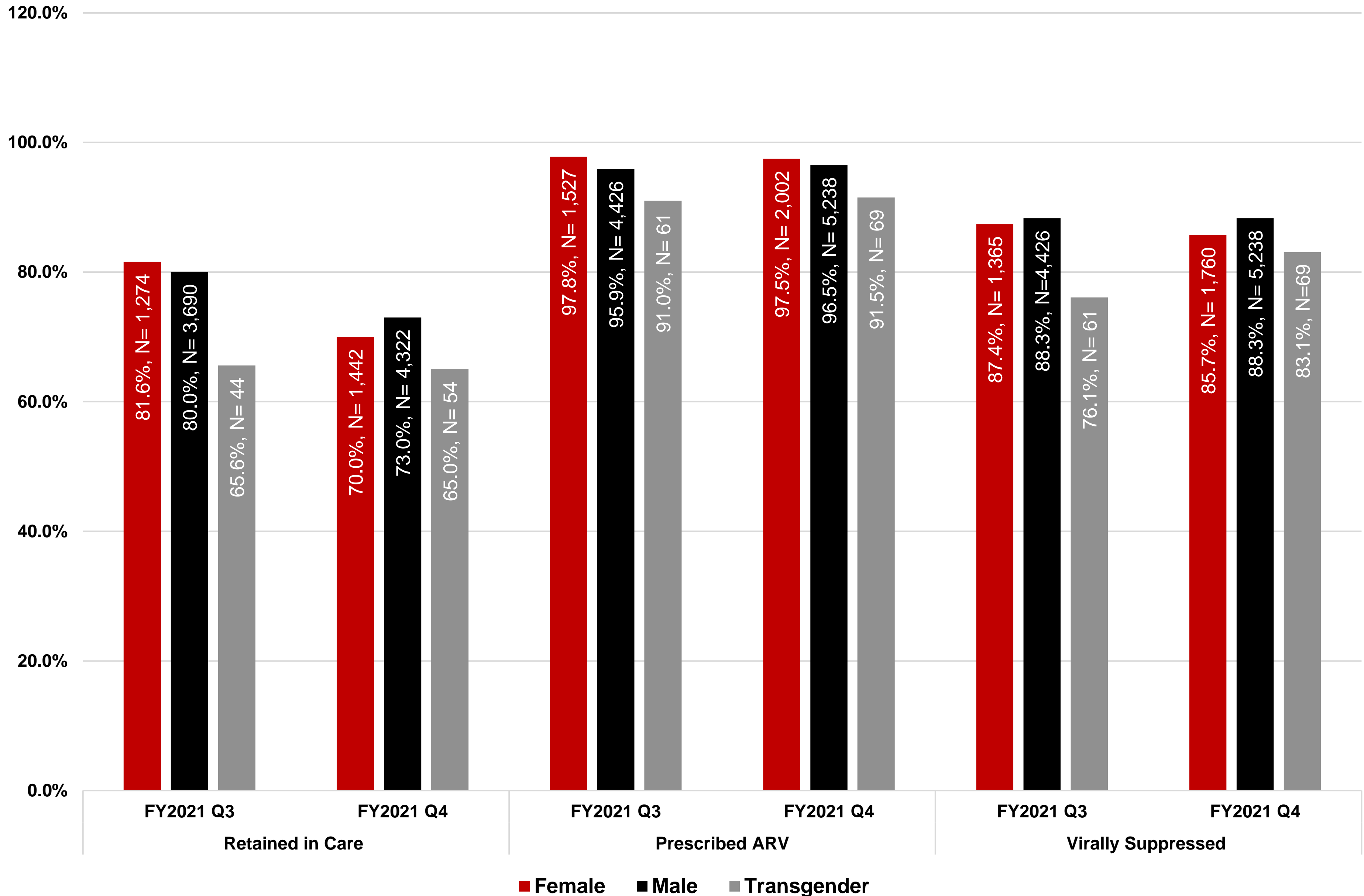
__Data Sources:__ Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019;24(No. 3).

__Technical Notes:__ Data reported for Broward County, FL for CY2020 (1/1/2020 through 3/31/2021 as of 6/31/2021). Broward EMA data is for FY2020 (3/1/2020-2/28/2021), CDC Data only recent as of 2016.

Broward Ryan White Part A HIV Care Continuum



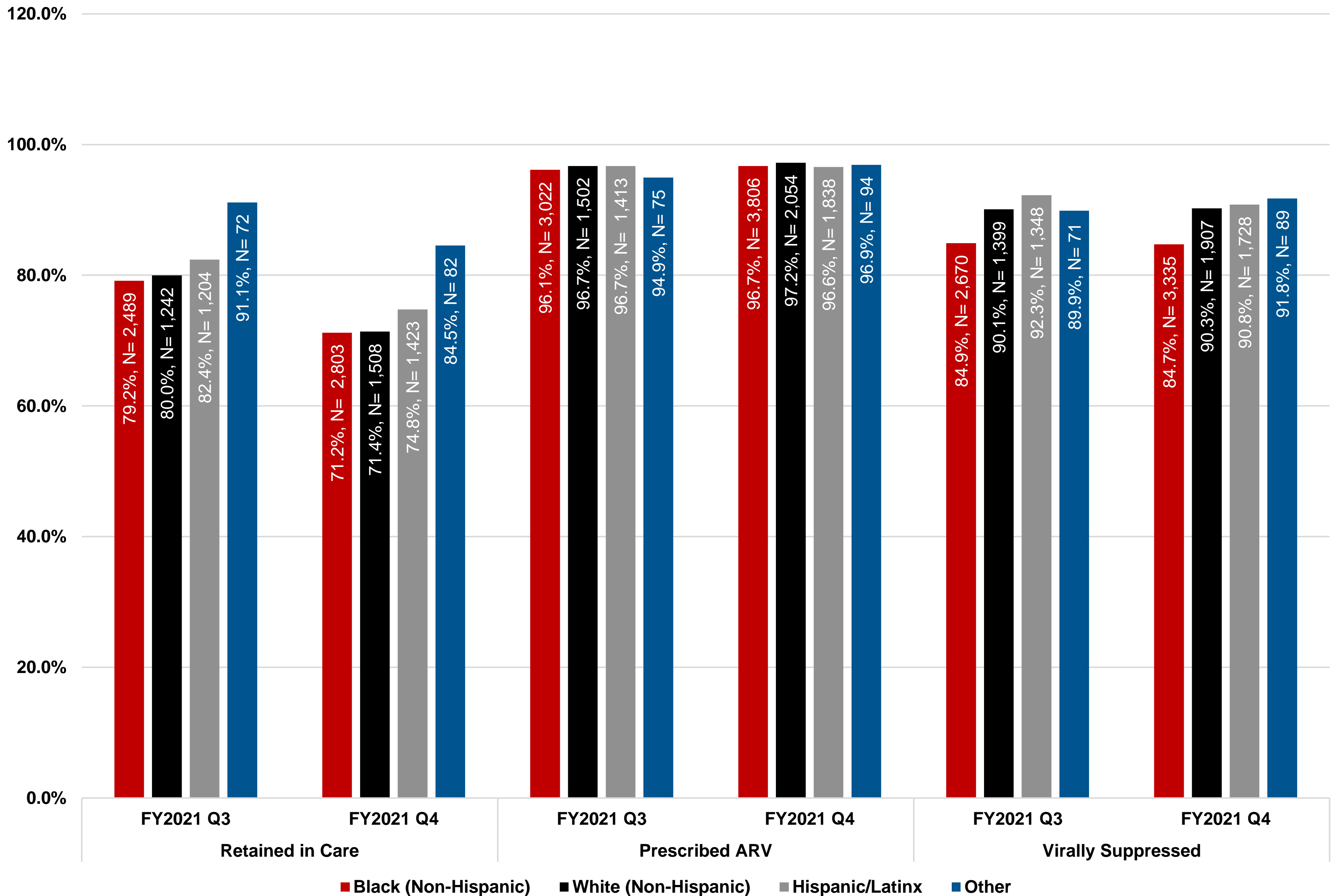
HIV Care Continuum by Gender, Broward EMA, FY2021 Q3 and Q4



Total Clients: *FY 2021 – Q3: Female = 1,561, Male = 4,612, Transgender = 67; FY 2021 – Q4: Female = 2,052, Male = 5,928, Transgender = 83*

Data Source: *Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 9/1/2021 – 11/30/2021 & 12/1/2021 – 2/28/2022*

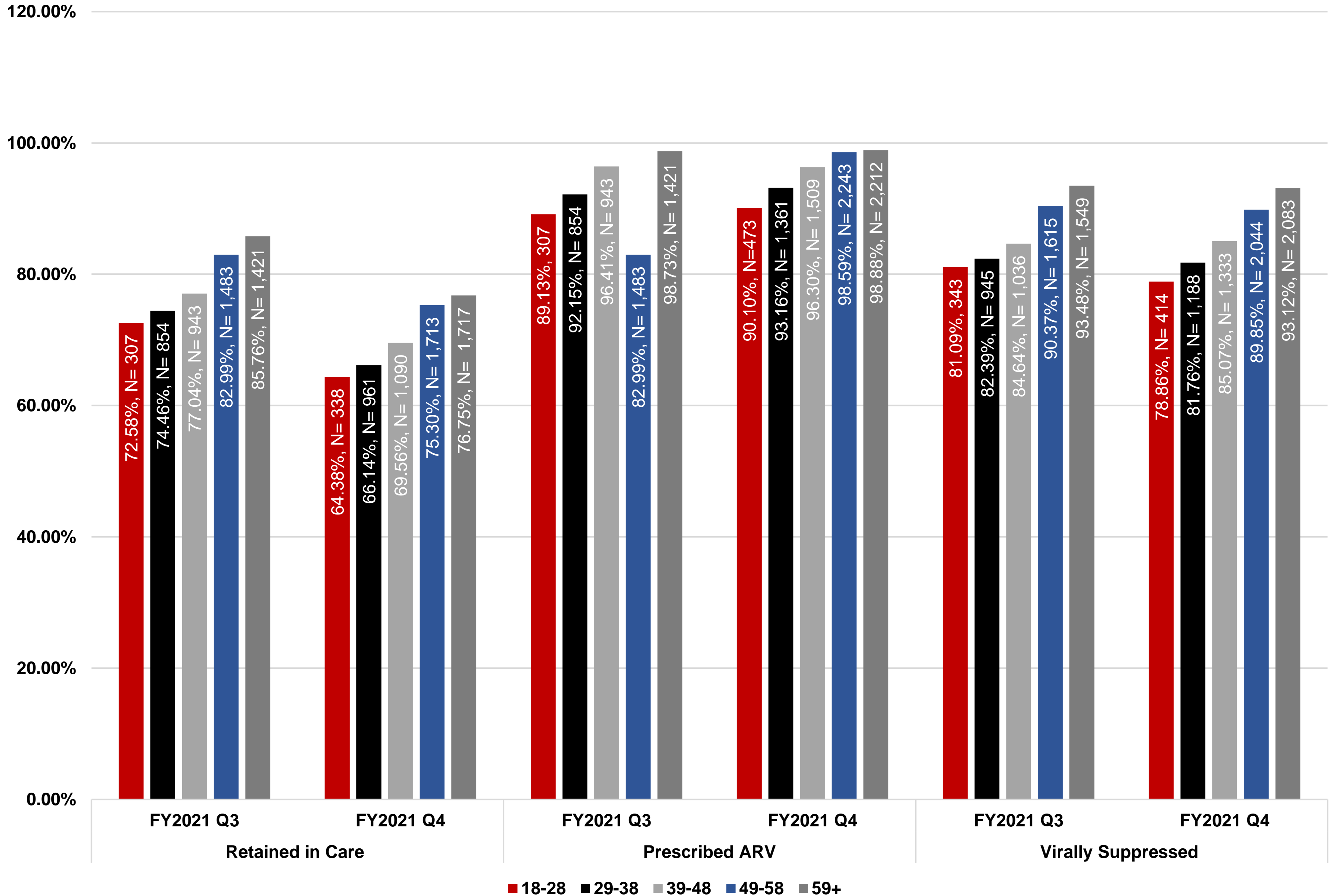
HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2021 Q3 and Q4



Total Clients: *FY 2021 – Q3: Black = 3,144, White = 1,553, Hispanic = 1,461, Other (Asian, Native American, etc.): 79; FY 2021 – Q4: Black = 3,936, White = 2,113, Hispanic = 1,903, Other (Asian, Native American, etc.): 97*

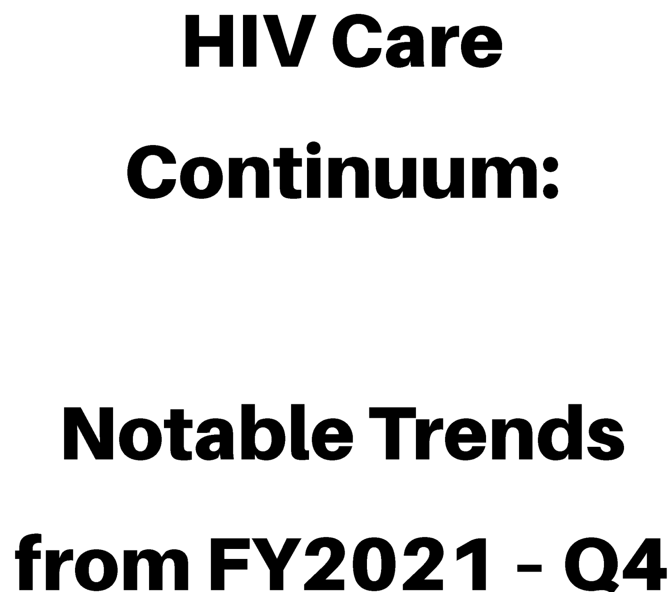
Data Source: *Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 9/1/2021 – 11/30/2021 & 12/1/2021 – 2/28/2022*

HIV Care Continuum by Age, Broward EMA, FY2021 Q3 and Q4

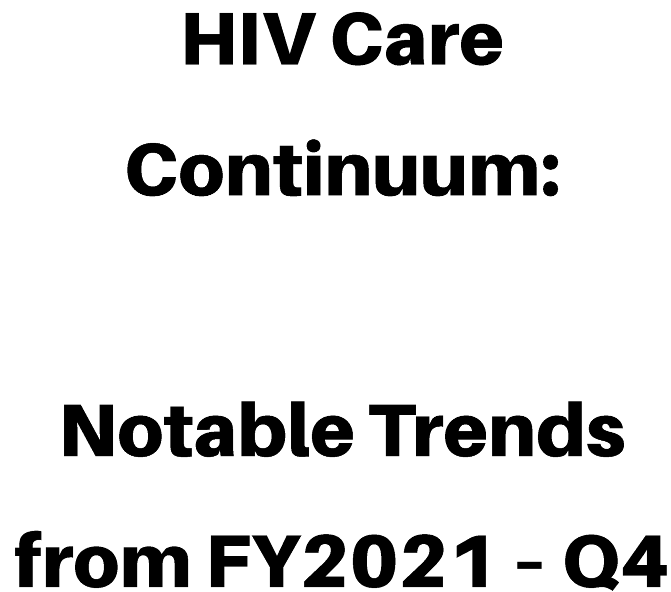


Total Clients: *FY 2021 – Q3: 18-28 = 422, 29-38 = 1,146, 39-48 = 1,220, 49-58 = 1,785, 59+ = 1,656, FY 2021 – Q4: 18-28 = 522, 29-38 = 1,449, 39-48 = 1,562, 49-58 = 2,265, 59+ = 2,231*

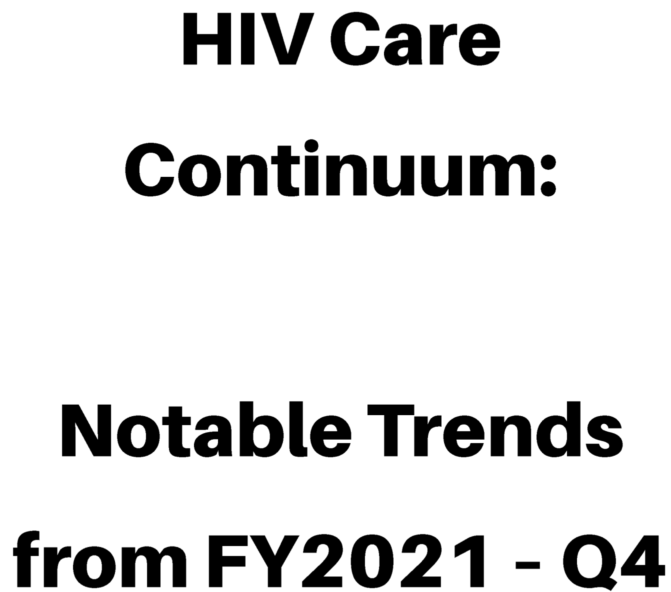
Data Source: *Broward County Ryan White Part A Care Continuum Provide Enterprise Report: 9/1/2021 – 11/30/2021 & 12/1/2021 – 2/28/2022*



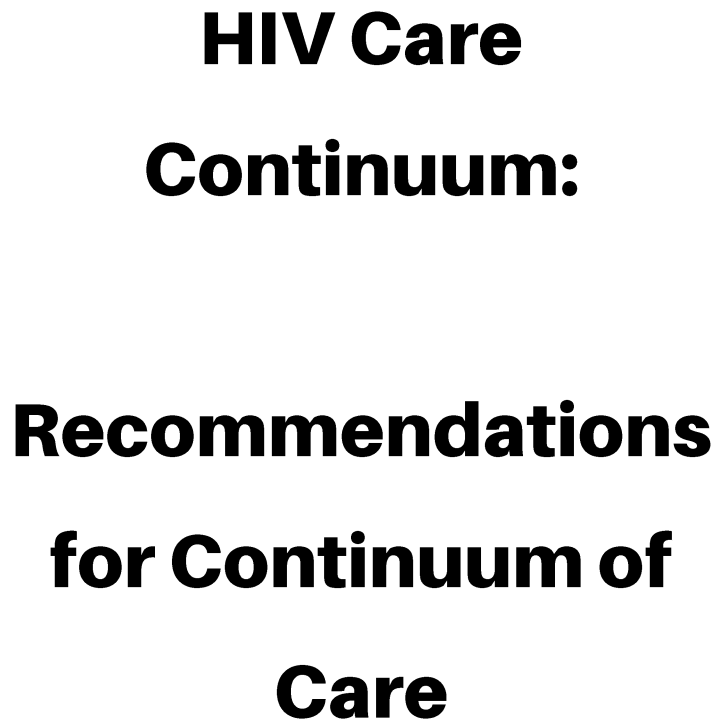
- **Subpopulations to monitor:**
  - **Female clients:** 30% not retained in care & 14.3% not virally suppressed
  - **Male clients:** 27% not retained in care & 11.7% not virally suppressed
  - **Transgender clients:** 35% not retained in care & 16.9% not virally suppressed



- **Subpopulations to monitor:**
  - **Black (Non-Hispanic) clients:** 28.8% not retained in care & 15.3% not virally suppressed
  - **White (Non-Hispanic) clients:** 28.6% not retained in care & 9.7% not virally suppressed
  - **Hispanic/Latinx clients:** 25.2% not retained in care & 9.2% not virally suppressed



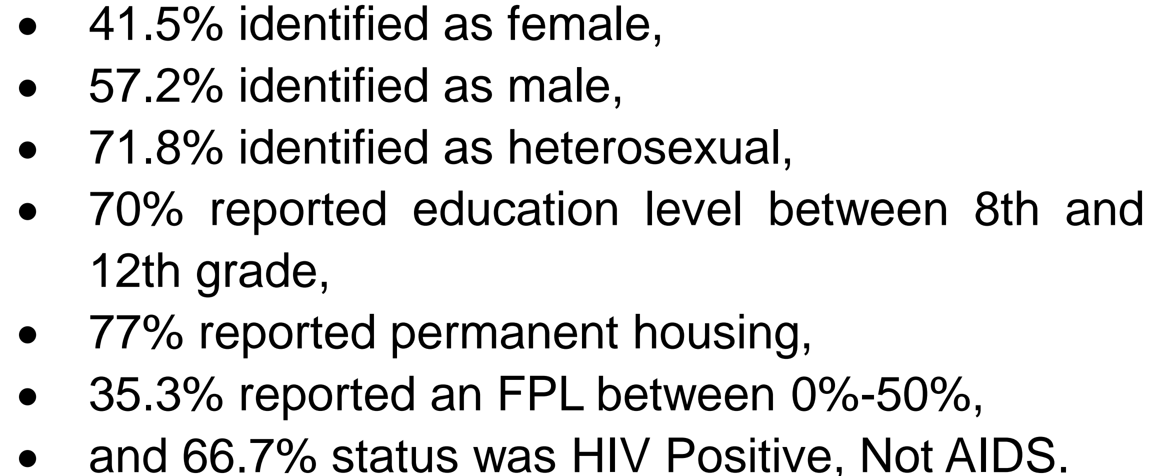
- **Subpopulations to monitor:**
  - **18-28 age range:** 35.7% not retained in care & 21.2% not virally suppressed
  - **29-38 age range:** 33.9% not retained in care & 18.3% not virally suppressed
  - **39-48 age range:** 30.5% not retained in care & 14.93% not virally suppressed
  - **49-58 age range:** 24.7% not retained in care & 10.2% not virally suppressed
  - **59+ age range:** 23.3% not retained in care & 6.8% not virally suppressed



HIV Care Continuum:

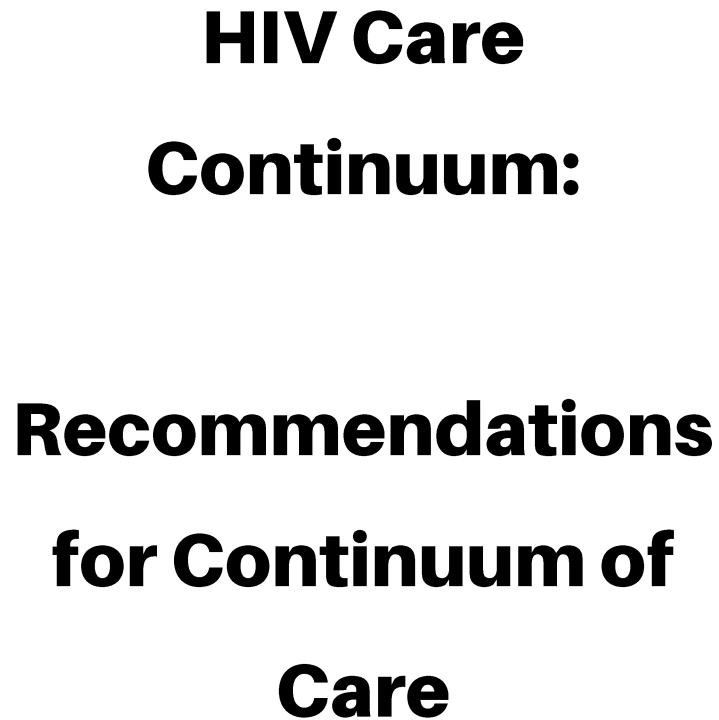
Recommendations for Continuum of Care

The Black (Non-Hispanic) subpopulation in the HIV Care Continuum is one of concern. As of FY2021-2022 Q4, the Black (Non-Hispanic) subpopulation is 0.4%-7.6% less likely to be in care and 0.2%-13.3% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this age group.



Of the 3,936 Black (Non-Hispanic) clients:

- 41.5% identified as female,
- 57.2% identified as male,
- 71.8% identified as heterosexual,
- 70% reported education level between 8th and 12th grade,
- 77% reported permanent housing,
- 35.3% reported an FPL between 0%-50%,
- and 66.7% status was HIV Positive, Not AIDS.



Black (Non-Hispanic) clients make up approximately 48% of the HIV Care Continuum. However, the FY2021-2022 Q4 data shows a decrease in their numbers across three service categories: In Care, Retained in Care, and Viral Suppression.

Although this subpopulation makes up almost half of the HIV Care Continuum, its retention rate is at 71.2% in the fourth quarter for FY 2021-2022. Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A client’s experience are necessary to address the lower retention and viral suppression rates among this subpopulation.

Broward Outcomes & Indicators, FY21-22 Q4

Broward Outcomes and Indicators	FY 2020 - 2021		FY 2021 – Quarter 4	
Oral Health	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Continuity of oral health care.	1,498/1,607	93.22%	966/1,170	84.27%
Indicator 1.1: 75% of clients have a dental visit at least 2 times within the past 12 months.				
Outcome 2: Screening of periodontal health is provided.	903/904	99.89%	655/657	99.70%
Indicator 2.1: 75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months.				
Mental Health	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis.	0/0	-	0/0	-
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.				
Outcome 2: Increased access, retention, and adherence to primary medical care.	251/289	86.85%	116/142	81.69%
Indicator 2.1: 85% of clients are retained in primary medical care.				

Substance Abuse - Outpatient	Num/Demon	%	Num/Demon	%
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.	0/0	-	0/0	-
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.	51/61	83.61%	26/33	78.79%
Outcome 2: Increased access, retention, and adherence to primary medical care.				
Indicator 2.1: 85% of clients are retained in Primary Medical Care.				

AIDS Pharmaceutical Assistance	Num/Demon	%	Num/Demon	%
Outcome 1: Improve access to medication.	18/18	100%	3/3	100%
Indicator 1.1: Attempts will be made to contact 95% of clients who do not pick up medications within 7 to 14 days of filling the prescription.				
Outcome 2: Clients provided an opportunity to improve medication adherence.	2/2	100%	1/1	100%
Indicator 2.1: 95% 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).				

Broward Outcomes & Indicators, FY21-22 Q4

Broward Outcomes & Indicators, FY21-22 Q4

Integrated Primary Care & Behavioral Health	Num/Demon	%	Num/Demon	%
Outcome 1: N/A[1]				
Indicator 1.1: 85% of clients are retained in Integrated Primary Care and Behavioral Health services.	2,310/3,165	72.99%	1,485/1,528	97.19%
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL	2,881/3,317	86.86%	1,513/1,672	90.49%
Legal Services	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Increased access to benefits for which the client is eligible.				
Indicator 1.1: 60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of cash benefits and/or medical benefits or will have their case remanded for a hearing before an Administrative Law Judge.	0/0	-	0/0	-
Indicator 1.2: 80% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.	26/26	100%	4/4	100%
Food Services	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Increased access, retention, and adherence to Primary Medical Care.				
Indicator 1.1: 85% of clients are retained in primary medical care.	1,265/1,825	69.32%	983/1,380	71.23%
Outcome 2: Increased viral suppression.				
Indicator 2.1: 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL.	1,671/1,889	88.46%	1,290/1,451	88.90%

Broward Outcomes & Indicators, FY21-22 Q4

CIED	Num/Demon	%	Num/Demon	%
Outcome 1: N/A[1] **Indicator 1.1:** 95% of Part A clients who have not had a primary medical care visit within the last six (6) months at the time of recertification have a primary medical care or disease case management appointment scheduled within one (1) business day.	129/144	89.58%	28/28	100%
Outcome 2: N/A[1] **Indicator 1.2:** 80% of clients will not experience a lapse in Ryan White Part A eligibility.	15,891/21,883	72.62%	4,516/5,745	78.61%
Health Insurance Continuation Program	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: N/A[1] **Indicator 1.1:** 85% of clients are retained in primary medical care.	116/156	74.36%	73/76	96.05%
Non-Medical Case Management	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: N/A[2] **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date.	1,518/1,751	86.69%	567/604	93.87%
Indicator 1.2: 85% of clients are retained in primary medical care.	1,370/1,595	85.89%	848/1,177	72.05%
Disease Case Management	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: N/A[2] **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date.	265/481	55.09%	125/139	89.93%
Indicator 1.2: 90% of clients are retained in primary medical care.	479/536	89.37%	261/327	79.82%

MAI				
Integrated Primary Care & Behavioral Health	**Num/Denom**	**%**	**Num/Denom**	**%**
Outcome 1: Increased access, retention, and adherence to primary medical care.	41/53	77.36%	15/15	100%
Indicator 1.1: 85% of clients retained in MAI Integrated Primary Care and Behavioral Health Services.	42/57	73.68%	15/16	93.75%
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL.				
Mental Health				
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis.	0/0	-	0/0	-
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.	15/17	88.24%	19/19	100%
Outcome 2: Increased access, retention, and adherence to primary medical care.				
Indicator 2.1: 85% of clients are retained in primary medical care.				
Non-Medical Case Management				
Outcome 1: Increased access, retention, and adherence to primary medical care.	153/199	76.88%	22/26	84.62%
Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	159/190	83.68%	95/101	94.06%
Indicator 1.2: 85% of clients are retained in primary medical care.				
Substance Abuse - Outpatient				
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.	0/0	-	0/0	-
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.				
Outcome 2: Increased access, retention, and adherence to primary medical care.	32/37	86.49%	20/21	95.24%
Indicator 2.1: 85% of clients are retained in primary medical care.				

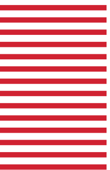
Broward Outcomes & Indicators, FY21-22 Q4

HIV Care Continuum:

Recommendations for Broward Outcomes & Indicators

The remarkable decreases in Indicator 1.1 for Food Services (15.3%) and Indicator 1.2 for Disease Case Management (6.97%) between reporting periods is likely related to the number of clients accessing these services.

Nonetheless, both changes are related to retention and should be further probed as they have continued from previous quarters.



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Any Questions?

Thank you!

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