



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, July 18, 2022 - 12:30 PM

Meeting Location: Broward Regional Health Planning Council Conference Room

HYPERLINK

["https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=ma60d4ca103243486aff89537914f6186"](https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=ma60d4ca103243486aff89537914f6186)

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 July 18, 2022
5. **ACTION:** Approval of Minutes from April 18, 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. FY2021-2022 Annual Broward Ryan White Part A Data - Review and discuss data regarding RWPA program outcomes for FY2021-2022.
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
 - b. CQM Quality Improvement Project Findings for FY 22-23 Quarter 1

Work Plan Activity 6.4: Analyze FY 21-22 data from CQM QIP and report findings to Recipient staff and QMC.
9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
 - a. Next Meeting Date: September 19, 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.

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.

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 respekte 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.

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, April 18, 2022
12:30 – 2:30 PM
By WebEx Video Conference

MINUTES

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

Ryan White Part A Recipient Staff Present: T. Thompson, E. Reynoso, G. James

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

Guest Present: R. Pierre, W. Augustin, R. Louis

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

The *QMC Chair* called the meeting to order at 12:36 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. The *QMC Chair* noted that the position for Vice-Chair was vacant, and anyone interested could reach out to her or PCS Staff. Lastly, 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 April 18, 2022, Quality Management Committee meeting was proposed by B. Barnes, seconded by *R. Jimenez*, and passed unanimously. The approval for the minutes of the March 21, 2022, meeting was proposed by *N. Markman*, and second by Z. Muneton.

Mr. Barnes, on behalf of QMC, made a motion to approve the April 18, 2022, Quality Management Committee agenda as presented. The motion was adopted unanimously.

Ms. Markman, on behalf of QMC, made a motion to approve the March 21, 2022, Quality Management Committee meeting minutes as presented. The motion was adopted unanimously.

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 April. The CQM Support Staff will continue to update the deliverables as they work through the new workplan. Workplan Activity 1.1 has been completed as CQM Support Staff has pulled and shared Quarter 4 data with the Networks and will be sharing with QMC. Workplan Activity 2 has been completed thus far, with the new fiscal year starting a new QIP process. CQM Support Staff will pull annual data on April 20 and provide the QMC with an analysis overview at the next committee meeting. Overall, the CQM Work Plan progress remains on schedule.

Agenda Item #7: Unfinished Business

There was no unfinished business currently.

Agenda Item #8: Meeting Activities/New Business

CQM Support Staff reviewed the Quarter 4 data report with the committee. The purpose of this was to give the committee an understanding of where the Broward EMA stands, and how we can improve. CQM Support Staff briefly went over HIV Care Definitions so members would better understand the information presented. Staff began with data that compares the United States, Florida, Broward County, and the Broward Ryan White EMA. The Broward EMA has the highest rates of clients in care (87.8%) and virally suppressed (87.3%) but comes in third for retention (64.6%).

In the Broward EMA, the data was further drilled down to analyze trends by race, gender, and age. The male and female subpopulations decreased in retention in care by 11.6% and, 7% respectively, between Quarters 3 and 4. The transgender population, however, saw a 7% increase in viral suppression rates between quarters. When looking at race, staff quickly explained that the category "Other" represents Asian, Native American, Pacific Islander, and Alaskan Native members of our care continuum. The Black/Non-Hispanic population makes up 40% of the care continuum,

meaning they are the clients most serviced. Each of the four races experienced a decrease in retention in care rates between Quarter 3 and 4. The percentage of prescription ARVs across each race is reported to be in the high 90s, but it is important to note that this data is self-reported by clients. Lastly, when looking at the different age groups in the care continuum, older adults (age 59+) tend to be more virally suppressed (93.5-93.1%) in comparison to younger adults (age 18-28) whose viral suppression ranges from 78.7-81.1%. Younger adults also have the lowest rates of retention in care when compared to older adults.

CQM Support Staff continued by identifying notable trends across the continuum by gender, race, and age. There is a specific need to increase the rates of retention in care since that appears to be the lowest service category based on the data shown. Members closely examined trends amongst Black/Non-Hispanic clients since they are the majority of clients served in the continuum but have some of the lowest rates of retention and viral suppression.

The presentation switched over to Broward Outcomes and Indicators, exploring how each service category in the Broward Ryan White EMA is progressing. Before continuing, the QMC Chair requested a discussion surrounding the HIV Care Continuum data prior to moving on to Broward Outcomes and Indicators. The floor was opened to the members who had any questions regarding the data that was presented. N. Markman asked if the data was drilled down by agency since some organizations service more clients than others. CQM Support Staff discussed how some agencies are currently looking into process issues and protocol adjustments that can contribute to better outcomes being recorded in the data. The QMC Chair inquired about the shift to telehealth since COVID-19 and if agencies are capturing this data in Provide Enterprise, which could influence retention in care rates. Members were able to discuss the various factors that contributed to the lower rates of retention, with a few people inquiring about the process of inputting data into Provide Enterprise and questioning how data is captured. Recipient staff explained a few of the technicalities of using Provider Enterprise, but assured members that they were considering all comments and were working with GTI to smooth out the process and find ways to include all data elements.

CQM Support Staff continued the presentation of Broward Outcomes and Indicators, comparing FY2020 with FY2021 Quarter 4. B. Barnes suggested the possibility of drilling down the data to include an agency breakdown without revealing names, so the committee could see where each of the organizations stood. CQM Support Staff and Recipient staff agreed to consider Mr. Barnes' suggestion. The QMC Chair complimented the presentation, which she stated provided clarity as to what is going on with Ryan White Clients in our system and what areas of need should be addressed and met.

Agenda Item #9: Recipient Report

The Recipient's Office reported that the HRSA project officer praised the Broward EMA because the RSR report showed an overall 8% reduction in missing CD4 viral counts in the system compared to previous years' RSR reports. Recipient staff stated that the decrease could be mainly attributed to the Quality Improvement Projects participated in by Ryan White Part A providers.

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 May 16, 2022, at 12:30 p.m. via WebEx Video Conference.

Agenda Item #11: Announcements

PCS Support Staff shared that in honor of National Transgender HIV/AIDS Testing Day, the Planning Council will be hosting their second Community Conversation event at the Arianna's Center. The event will be hybrid, on Zoom, Facebook Live, and in person- at United Church of Christ Fort Lauderdale. The live streaming will take place at 6:30 pm. The speakers will include Arianna Lint and Tatiana Williams from Transinclusive.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 1:39 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	18	CX	CX								
0	0	0	1	Fortune-Evans, B., Chair	X	X	X	X										
0	1	0		Barnes, B.	E	E	X	X	Z-5/26									
0	0	0		Markman, N.	X	X	X	X	Z-5/27									
0	0	1	2	Muneton, Z.	X	X	A	X										
1	1	0		Shamer, D. V. Chair	X	X	Z-03/14											
0	0	0	3	Casseus, J.	N-4/28													
0	0	0	4	Jimenez, R.	X	X	X	X										
0	1	0	5	Biggs, V.	N-5/26													
Quorum = 4					5	5	4	5	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

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			X			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 Ryan White Part A Program

Health Outcomes

Quality Management Committee Meeting

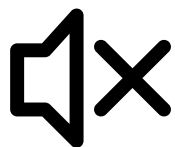
July 18, 2022



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



Housekeeping Rules



Mute Microphone

Participants will be automatically muted to limit background noise



Identify Yourself

State your name and agency when speaking



Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification



Raise Your Hand

The "raise hand" option will notify the presenter of any questions that may arise



Ask Questions


Please save questions until the end of each slide



HIV Care Continuum Definitions


- **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.

**Medical Care Service: Documented viral load or CD4 lab, medical visit, prescription filled and paid by Ryan White, or payment requests for co-pays made by HICP.*

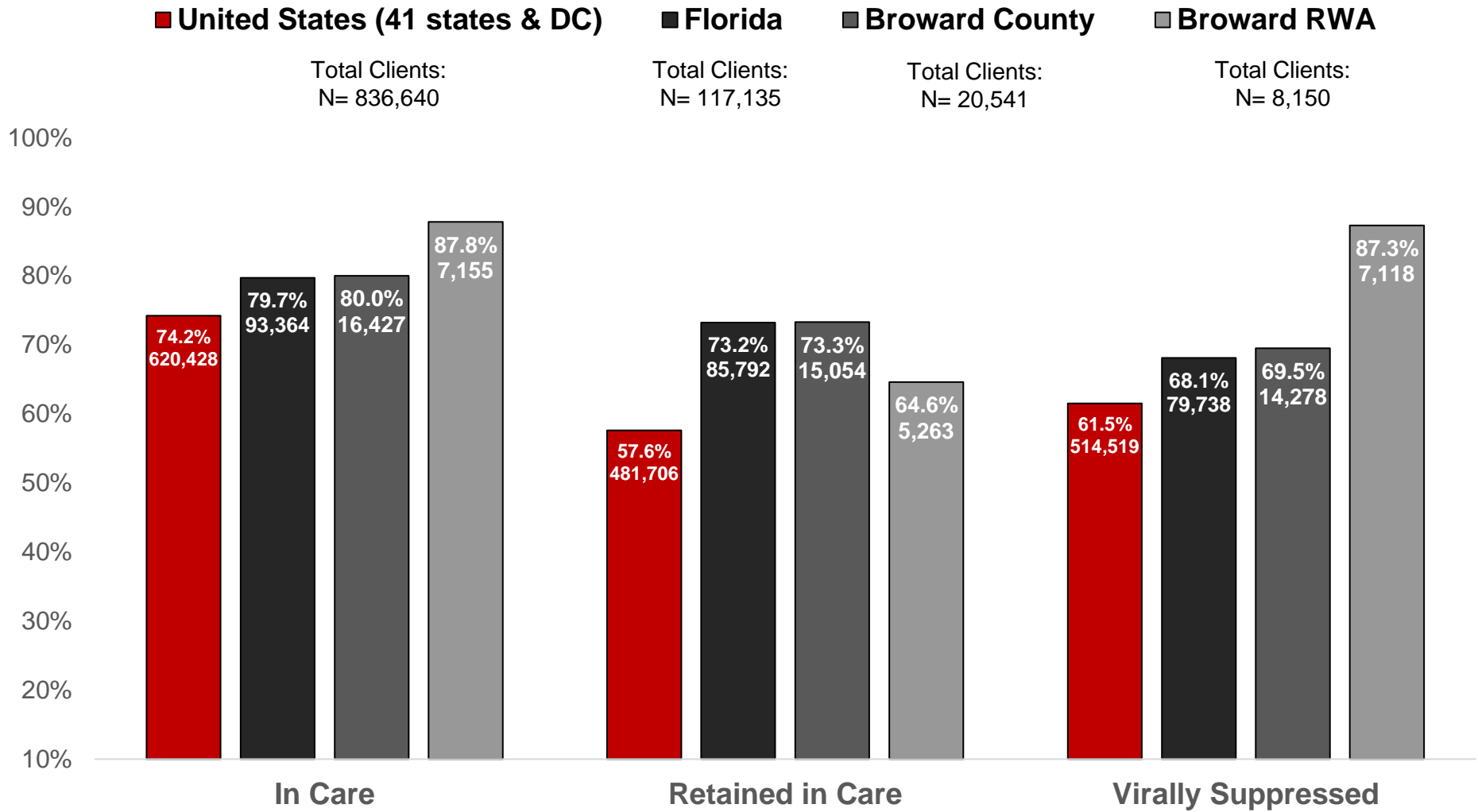




HIV Care Continuum Definitions

- **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.
- 

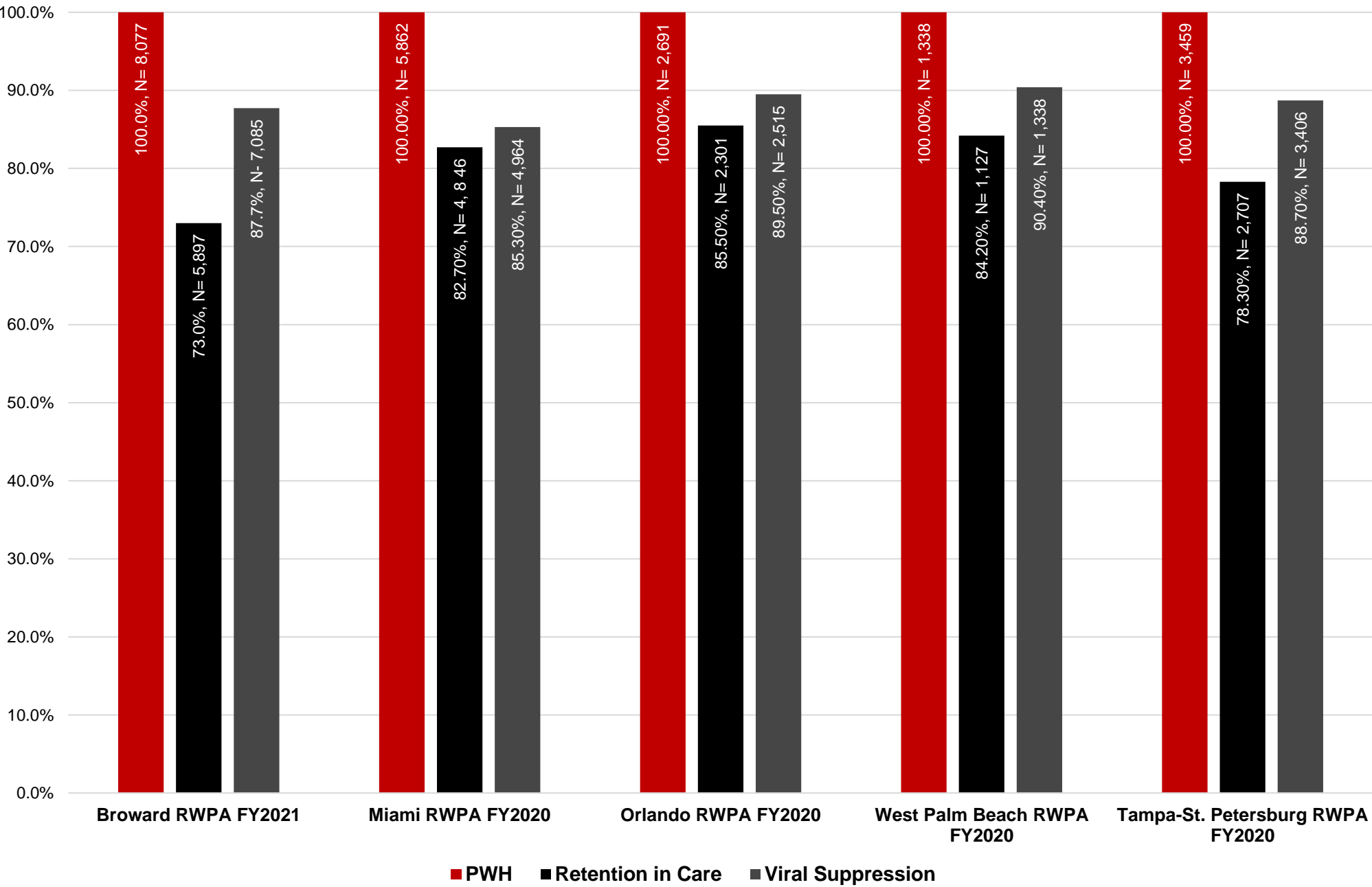
US, Florida, Broward County, & Broward Part A HIV Care Continuum



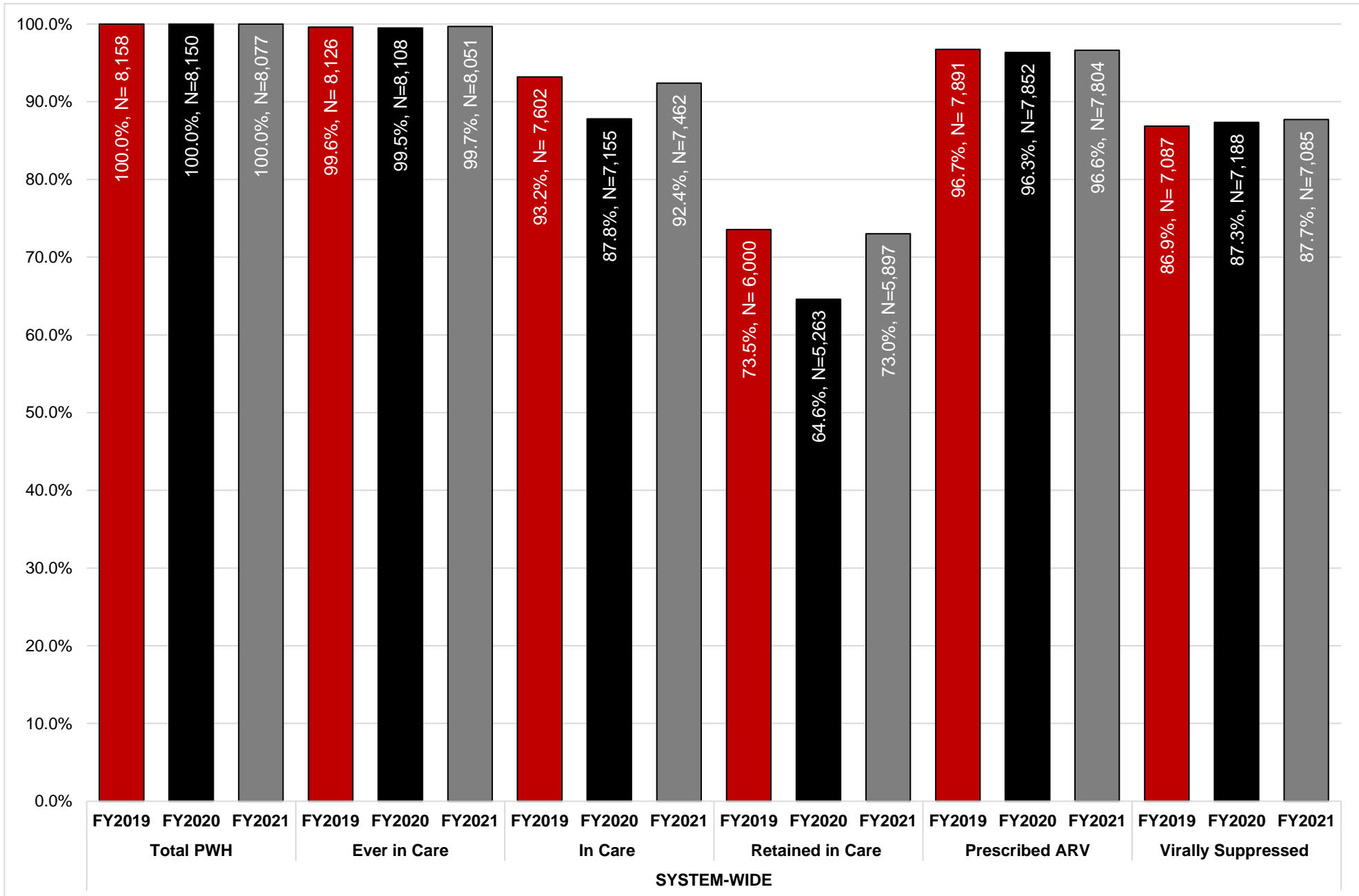
Data Sources: Broward County, FL-HIV EPIDEMIOLOGICAL PROFILE, EMA 0010, Continuum of HIV Care, 2020; Broward EMA HIV Continuum of Care Report (3/1/2020-2/28/2021); CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 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.

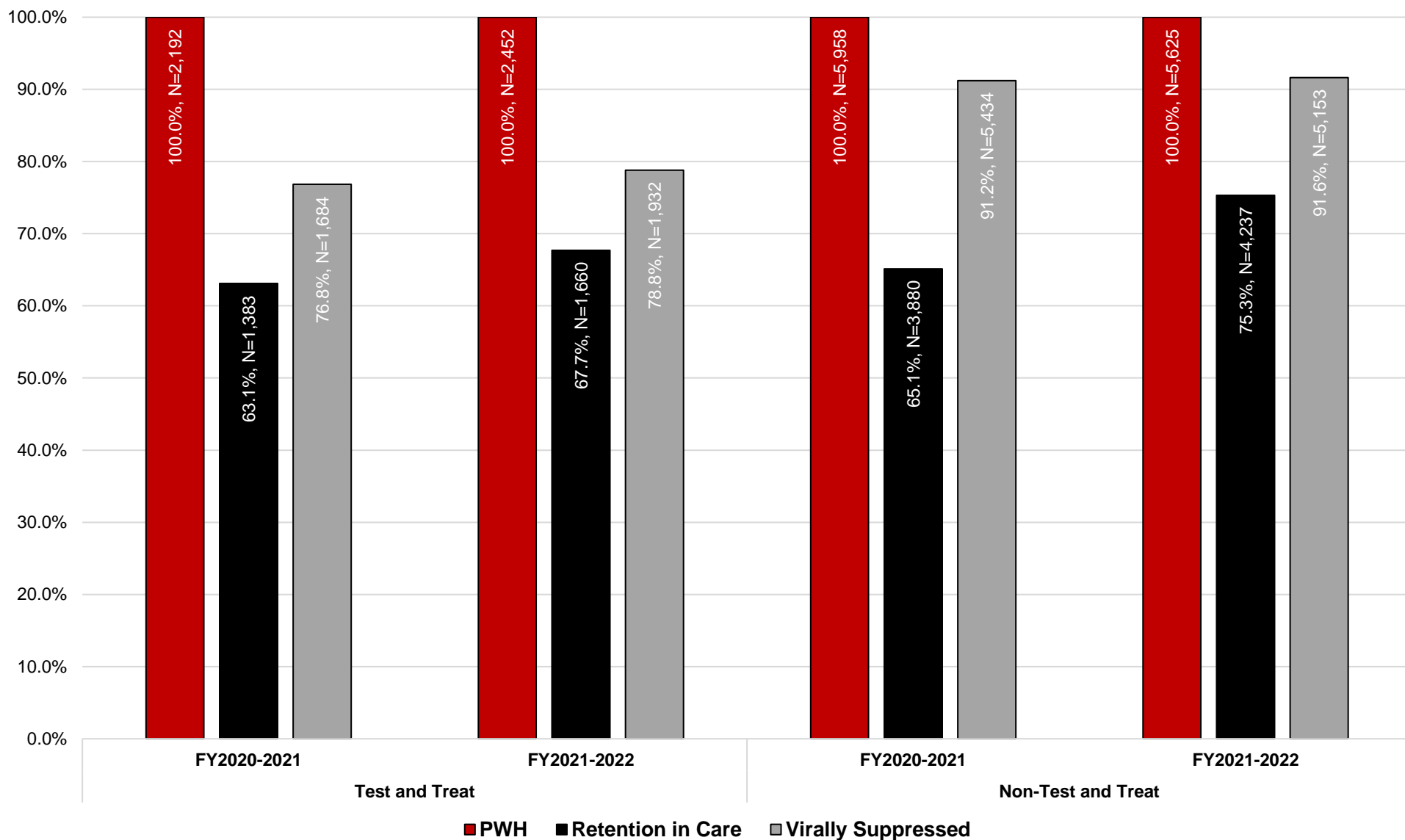
HIV Care Continuum FY2021-2022, Florida EMAs – Retention in Care and Viral Suppression



HIV Care Continuum Systemwide, Broward EMA, FY2020 and FY2021

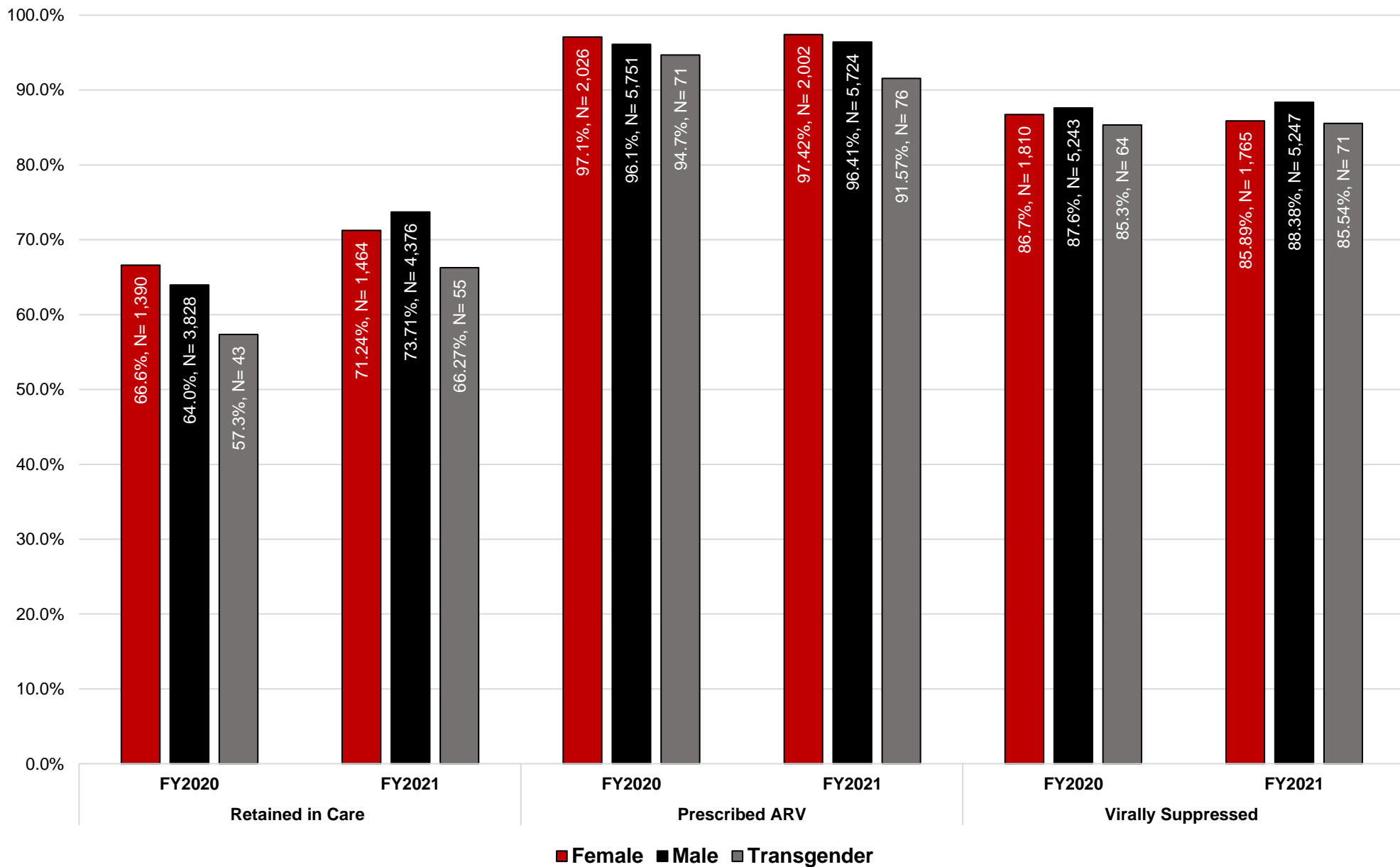


Broward EMA HIV Care Continuum Systemwide, Test and Treat and Non-Test and Treat Clients, FY2020 and FY2021



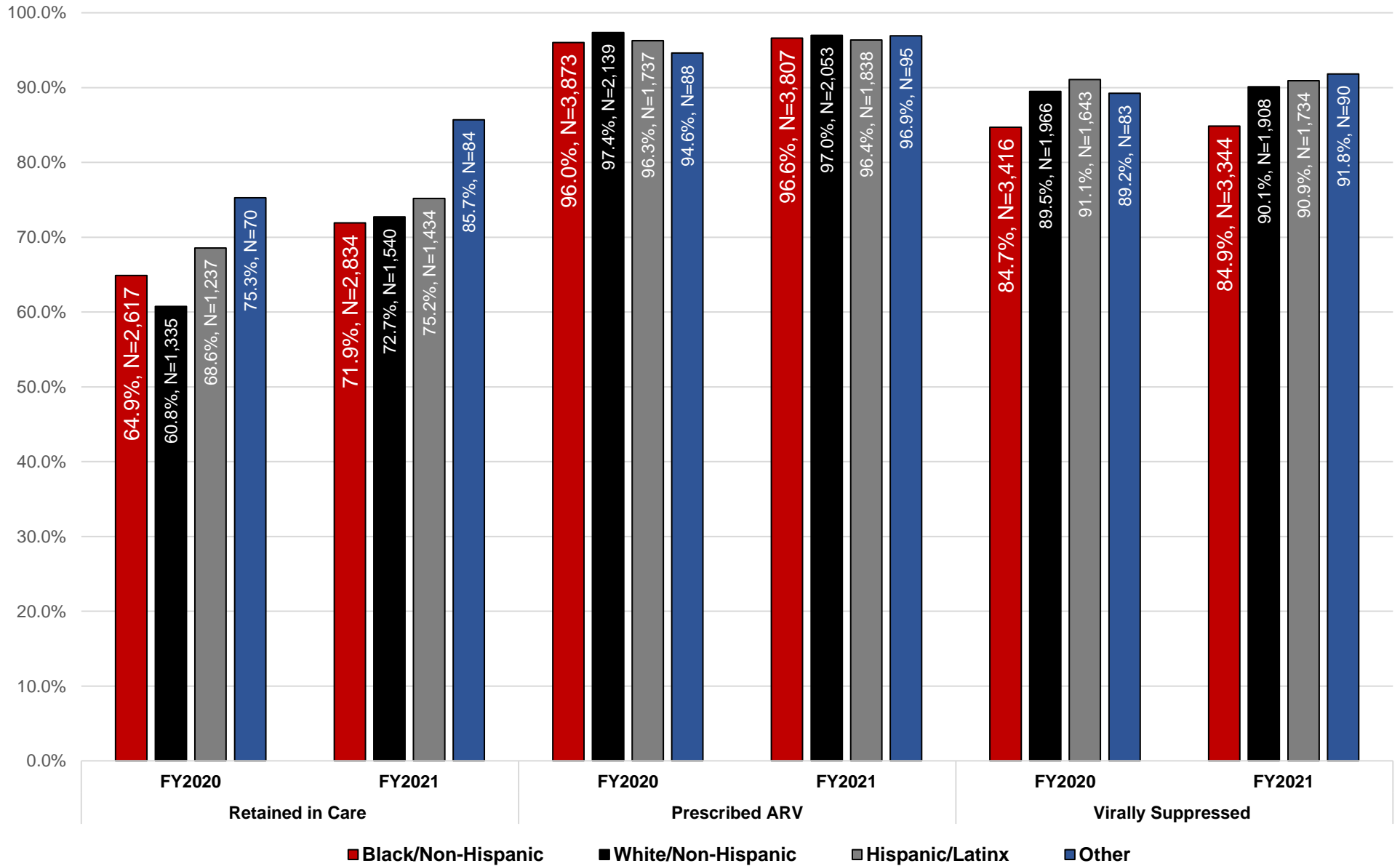
Total Clients: [Test and Treat] FY 2020: PWH = 2,192, Retention in Care = 1,383, Virally Suppressed = 1,684; FY 2021: PWH = 2,452, Retention in Care = 1,660, Virally Suppressed = 1,932; [Non-Test and Treat] FY 2020: PWH = 5,958, Retention in Care = 3,880, Virally Suppressed = 5,434; FY 2021: PWH = 5,625, Retention in Care = 4,237, Virally Suppressed = 5,153

HIV Care Continuum by Gender, Broward EMA, FY2020 and FY2021



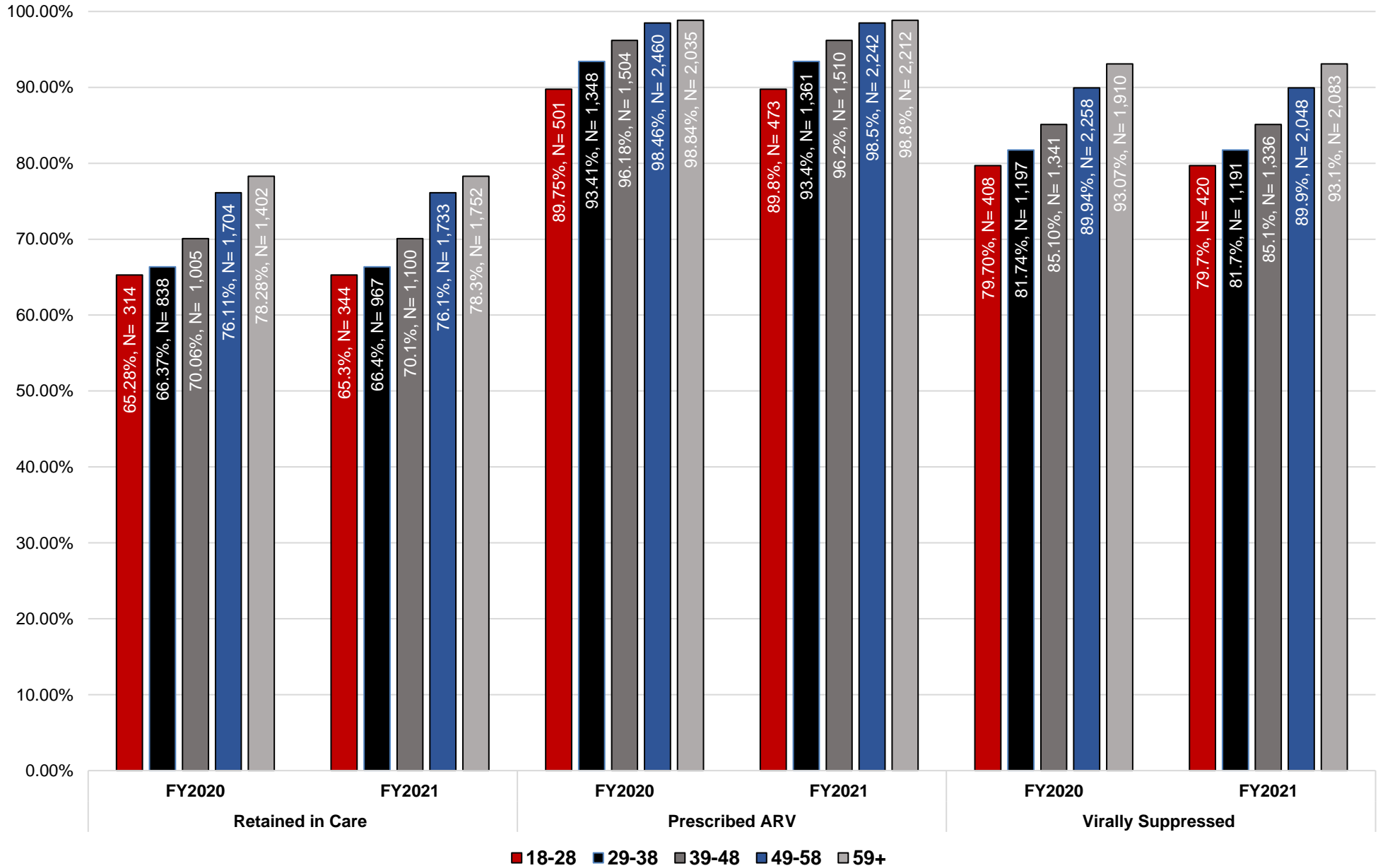
Total Clients: FY 2020: Female = 2,087, Male = 5,984, Transgender = 75; FY 2021: Female = 2,055, Male = 5,937, Transgender = 83

HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2020 and FY2021

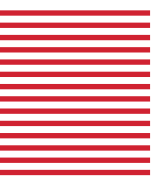


Total Clients: FY 2020: Black, Non-Hispanic = 4,033; White, Non-Hispanic = 2,197; Hispanic/Latinx = 1,804; Other = 93; FY 2021: Black, Non-Hispanic = 3,940; White, Non-Hispanic = 2,117; Hispanic/Latinx = 1,907; Other = 98

HIV Care Continuum by Age, Broward EMA, FY2020 and FY2021

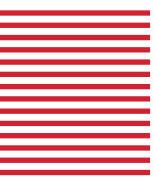


Total Clients: FY 2020: 18-28 = 550, 29-38 = 1,440, 39-48 = 1,573, 49-58 = 2,515, 59+ = 2,066, FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238



**HIV Care
Continuum:
Notable Trends
from FY2020 to
FY2021**

- **Test & Treat Program:**
 - **Test & Treat Clients:**
 - PWH ↑ 260 clients
 - Retention in Care ↑ 4.6%
 - Viral Suppression ↑ 2.0%
 - **Non-Test & Treat Clients:**
 - PWH ↓ 333 clients
 - Retention in Care ↑ 10.2%
 - Viral Suppression ↑ 0.4%



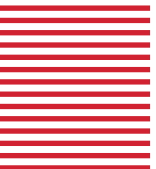
**HIV Care
Continuum:
Notable Trends
from FY2020 to
FY2021**

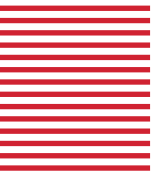
- **Subpopulations:**
 - **Female clients: RIC increase by 4.6% & VS decrease by 0.8%**
 - **Male clients: RIC increase by 9.7% & VS increase by 0.8%**
 - **Transgender clients: RIC increase by 8.9%**

HIV Care Continuum:

Notable Trends from FY2021-2022


- **Subpopulations to monitor:**
 - **Black (Non-Hispanic) clients: RIC increase by 7%**
 - **White (Non-Hispanic) clients: RIC increase by 11.9%**
 - **Hispanic/Latinx clients: RIC increase by 6.6%**





HIV Care Continuum: Notable Trends FY2021

- **No changes were seen amongst the different age groups between the two fiscal years.**
- **Things to consider:**
 - **18-28 age range:** 34.7% not retained in care & 20.3% not virally suppressed
 - **29-38 age range:** 33.6% not retained in care & 18.3% not virally suppressed
 - **39-48 age range:** 29.9% not retained in care & 14.9% not virally suppressed
 - **49-58 age range:** 23.9% not retained in care & 10.1% not virally suppressed
 - **59+ age range:** 21.7% not retained in care & 6.9% 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, the Black (Non-Hispanic) subpopulation is 0.5%-7.5% less likely to be in care and 0.8%-13.8% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this group.

Of the **3,940** Black (Non-Hispanic) clients:

- 41.5% identified as female,
- 57.2% identified as male,
- 71.8% identified as heterosexual,
- 25.6% identified as either homosexual, asexual, bisexual, or lesbian
- 70.2% reported education level between 8th and 12th grade,
- 77.9% reported permanent housing,
- 35.1% reported an FPL between 0%-50%,
- and 66.7% status was HIV Positive, Not AIDS.

HIV Care

Continuum:

Recommendations

for Continuum of

Care

Black (Non-Hispanic) clients make up **approximately 48%** of the HIV Care Continuum. The data showed a 7% systemwide increase in retention when comparing FY2020 and FY2021. However, the FY2021-2022 Q4 data showed a decrease in their numbers when comparing them to Q3 across two service categories: **In Care** and **Retained in Care**.

Black (Non-Hispanic) clients:

- In Care: 6% decrease
- Retained in Care: 8% decrease



HIV Care

Continuum:

Recommendations

for Continuum of

Care

Although Black (Non-Hispanic) clients makes up almost half of the HIV Care Continuum, this subpopulation's annual **retention rate is 71.9%** for FY2021-2022.

Further probes into the logistical barriers and health disparities that Black (Non-Hispanic) Ryan White Part A clients' experience are necessary to address the lower retention and viral suppression rates among this subpopulation. Additionally, developing tailored interventions to combat these barriers within the Broward EMA would be ideal to increase positive health outcomes.



Broward Outcomes and Indicators	FY 2020 - 2021		FY 2021 – 2022	
	Num/Denom	%	Num/Denom	%
Oral Health				
Outcome 1: Continuity of oral health care.	1,498/1,607	93.22%	2,042/2,142	95.33%
Indicator 1.1: 75% of clients have a dental visit at least 2 times within the past 12 months.	903/904	99.89%	1,404/1,404	100%
Outcome 2: Screening of periodontal health is provided.				
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/Denom	%	Num/Denom	%
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis.	55/63	87.30%	44/68	64.71%
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.	175/200	87.50%	285/328	86.89%
Indicator 2.1: 85% of clients are retained in primary medical care.				

**Broward
Outcomes &
Indicators,
FY21-22**

Substance Abuse - Outpatient	Num/Denom	%	Num/Denom	%
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis.	44/58	75.68%	67/85	78.82%
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.	49/59	83.05%	66/78	84.62%
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/Denom	%	Num/Denom	%
Outcome 1: Improve access to medication.	18/18	100%	14/14	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%	2/2	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**

Integrated Primary Care & Behavioral Health	Num/Denom	%	Num/Denom	%
Outcome 1: N/A¹				
Indicator 1.1: 85% of clients are retained in Integrated Primary Care and Behavioral Health services.	2,297/3,161	72.67%	2,360/3,708	76.67%
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL	2,881/3,314	86.93%	2,936/3,314	88.59%
Legal Services	Num/Denom	%	Num/Denom	%
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%	35/35	100%
Food Services	Num/Denom	%	Num/Denom	%
Outcome 1: Increased access, retention, and adherence to Primary Medical Care.				
Indicator 1.1: 85% of clients are retained in primary medical care.	1,261/1,814	68.96%	1,737/2,078	83.59%
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.	1,666/1,878	88.71%	1,948/2,201	88.51%

**Broward
Outcomes &
Indicators,
FY21-22**

CIED	Num/Denom	%	Num/Denom	%
Outcome 1: N/A¹ 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.	128/143	89.58%	87/93	93.55%
Outcome 2: N/A¹ Indicator 1.2: 80% of clients will not experience a lapse in Ryan White Part A eligibility.	2,284/7,584	30.12%	12,656/18,562	68.18%
Health Insurance Continuation Program	Num/Denom	%	Num/Denom	%
Outcome 1: N/A¹ Indicator 1.1: 85% of clients are retained in primary medical care.	116/156	74.36%	122/142	85.92%
Non-Medical Case Management	Num/Denom	%	Num/Denom	%
Outcome 1: N/A² Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	1,512/1,728	87.50%	1,527/1,728	85.45%
Indicator 1.2: 85% of clients are retained in primary medical care.	1,359/1,591	85.42%	1,523/1,762	86.44%
Disease Case Management	Num/Denom	%	Num/Denom	%
Outcome 1: N/A² Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	257/301	85.38%	321/466	68.88%
Indicator 1.2: 90% of clients are retained in primary medical care.	473/533	88.74%	525/609	86.21%

**Broward
Outcomes &
Indicators,
FY21-22**

MAI				
Integrated Primary Care & Behavioral Health	Num/Denom	%	Num/Denom	%
Outcome 1: Increased access, retention, and adherence to primary medical care.	2,297/3,161	72.67%	32/40	80.0%
Indicator 1.1: 85% of clients retained in MAI Integrated Primary Care and Behavioral Health Services.	2,881/3,314	86.93%	38/45	84.44%
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.	55/63	87.30%	0/0	0%
Indicator 1.1: 85% of clients achieve treatment plan goals by designated target date.	175/200	87.50%	31/35	88.57%
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.	1,512/199	76.88%	137/173	79.19%
Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	159/190	83.68%	176/203	86.70%
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%	45/81	55.56%
Indicator 2.1: 85% of clients are retained in primary medical care.				

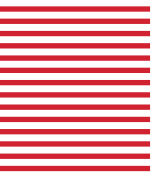
Broward Outcomes & Indicators, FY21-22

Broward Outcomes & Indicators:

Notable Trends FY2021-2022

Met or Exceeded Outcome/Indicator Goals:

- **Oral Health**
- **ADAP**
- **Legal Services**
- **HICP**
- **Non-Medical Case Management**
- **MAI Mental Health**



Broward Outcomes & Indicators:

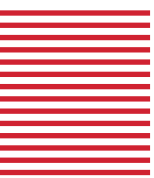
Notable Trends FY2021-2022

- **Further Analysis:**
 - **Mental Health**
 - Did not meet Indicator 1.1 (64.71%)
 - Met Indicator 2.1
 - **Substance Abuse - Outpatient**
 - Did not meet Indicator 1.1 (78.82%)
 - Did not meet Indicator 2.1 (84.62%)
 - **Integrated Primary Care & Behavioral Health**
 - Did not meet Indicator 1.1 (76.67%)
 - Did not meet Indicator 1.2 (88.59%)



Broward Outcomes & Indicators:

Notable Trends FY2021-2022



Further Analysis:

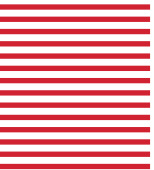
- **Food Services**
 - Did not meet Indicator 1.1 (83.59%)
 - 14.63% increase from 2020
 - Met Indicator 2.1
- **CIED**
 - Did not meet Indicator 1.1 (93.55%)
 - 3.97% increase from 2020
 - Did not meet Indicator 2.1 (68.18%)
 - 38.06% increase from 2020
- **DCM**
 - Did not meet Indicator 1.1 (68.88%)
 - 16.5% decrease from 2020
 - Did not meet Indicator 1.2 (86.21%)
 - 2.53% decrease from 2020

Broward Outcomes & Indicators:

Notable Trends FY2021-2022

Further Analysis (MAI):

- **Integrated Primary Care & Behavioral Health**
 - Did not meet Indicator 1.1 (80.0%)
 - 7.33% increase from 2020
 - Did not meet Indicator 1.2 (84.44%)
 - 2.49% decrease from 2020
- **Non-Medical Case Management**
 - Did not meet Indicator 1.1 (79.19%)
 - 2.31% increase from 2020
 - Met Indicator 1.2
- **Substance Abuse- Outpatient**
 - Did not meet Indicator 2.1 (55.56%)
 - 30.93% decrease from 2020





Any Questions? Thank you!

FY 2022-2023



CQM Quality Improvement Project

JULY 18, 2022

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

GET CARE
BROWARD
TREAT HIV | BEAT HIV
RYAN WHITE | PART A



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PRESENTATION OVERVIEW

TODAY'S DISCUSSION

Defining the Problem

Purpose of the Project

Quarter 1: Current Progress

Quarter 1: Retention & Viral Suppression
Rates

Project Timeline

Next Steps

DEFINING THE PROBLEM

IDENTIFYING BARRIERS

The rates of retention across the Ryan White Broward Part A system-wide HIV Care Continuum has shown a notable decrease over the previous fiscal years.

The most affected subpopulations include clients who identify as Black/African American, Hispanic/Latinx, women, transgender, and age categories 18–28.



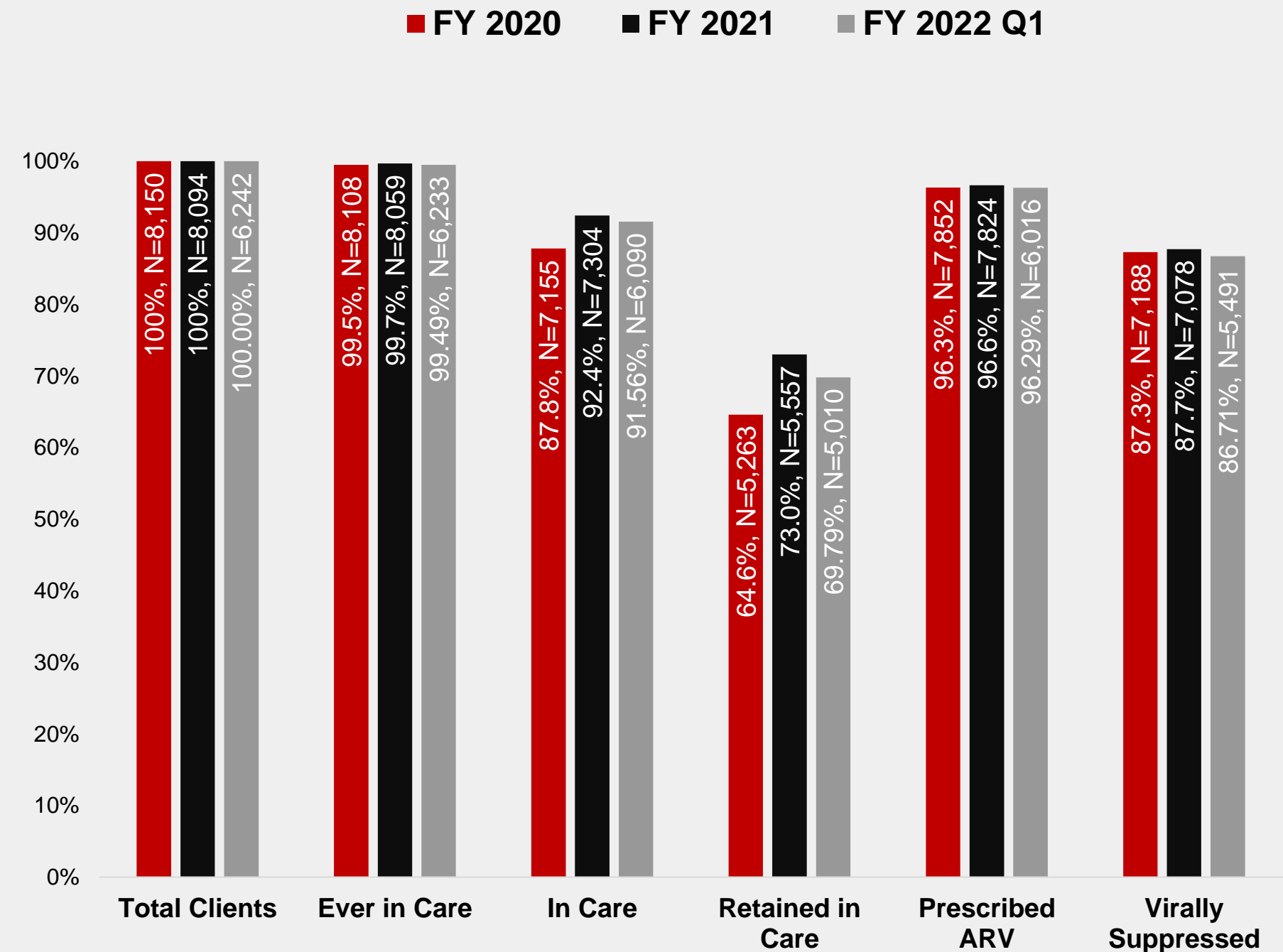
DEFINING THE PROBLEM



IDENTIFYING BARRIERS

For the FY 2021-2022, the retention rate was 73% in the HIV Care Continuum for the Ryan White Part A Broward EMA. This retention rate is higher than the FY2020-2021, however, this service category still needs improvement if we want to see a steady increase of the retention rate for the Broward EMA.

The Quality team will increase the system-wide retention rate in the HIV Care Continuum by focusing on the shortcomings of each agency and assisting them in developing a tailored Quality Improvement Project (QIP) to address the underperforming service category.



QUARTER 1

CURRENT PROGRESS

Since the new fiscal year started on March 1st, the Quality team began the first Quality Network meeting on March 23, 2022. Since then, the agencies have been working on completing their checkpoints of their Quality Improvement Projects. So far, the Network has completed checkpoints 1-4. They are currently working on their Plan-Do-Study-Act (PDSA) cycle, also known as, checkpoint 5.

The Quality team has also scheduled individual technical assistance meetings with all the 12 agencies of the Quality Network to help them with their AIM statements of their QIPs. Although the FY22-23 theme is to increase retention, each agency can choose a target population to focus on within their respective agencies to produce change in a process or health outcome.



QUARTER 1

CURRENT PROGRESS

Below, are QIP AIM statements from three agencies from the Quality Network:

- **Agency 1:** Improve the retention of Black (Non-Hispanic) women between the ages of 36-45 by December 2022
- **Agency 2:** To decrease the no show rate in agency from 27% to 24% for patients scheduled for primary care services by December 2022 through a client call back process and support services
- **Agency 3:** Increase client case load by monitoring retention rates through Provide Enterprise and conducting community outreach interventions for Black/African-American/Caribbean Ryan White clients by December 2022



QUARTER 1

RETENTION AND VIRAL SUPPRESSION RATES

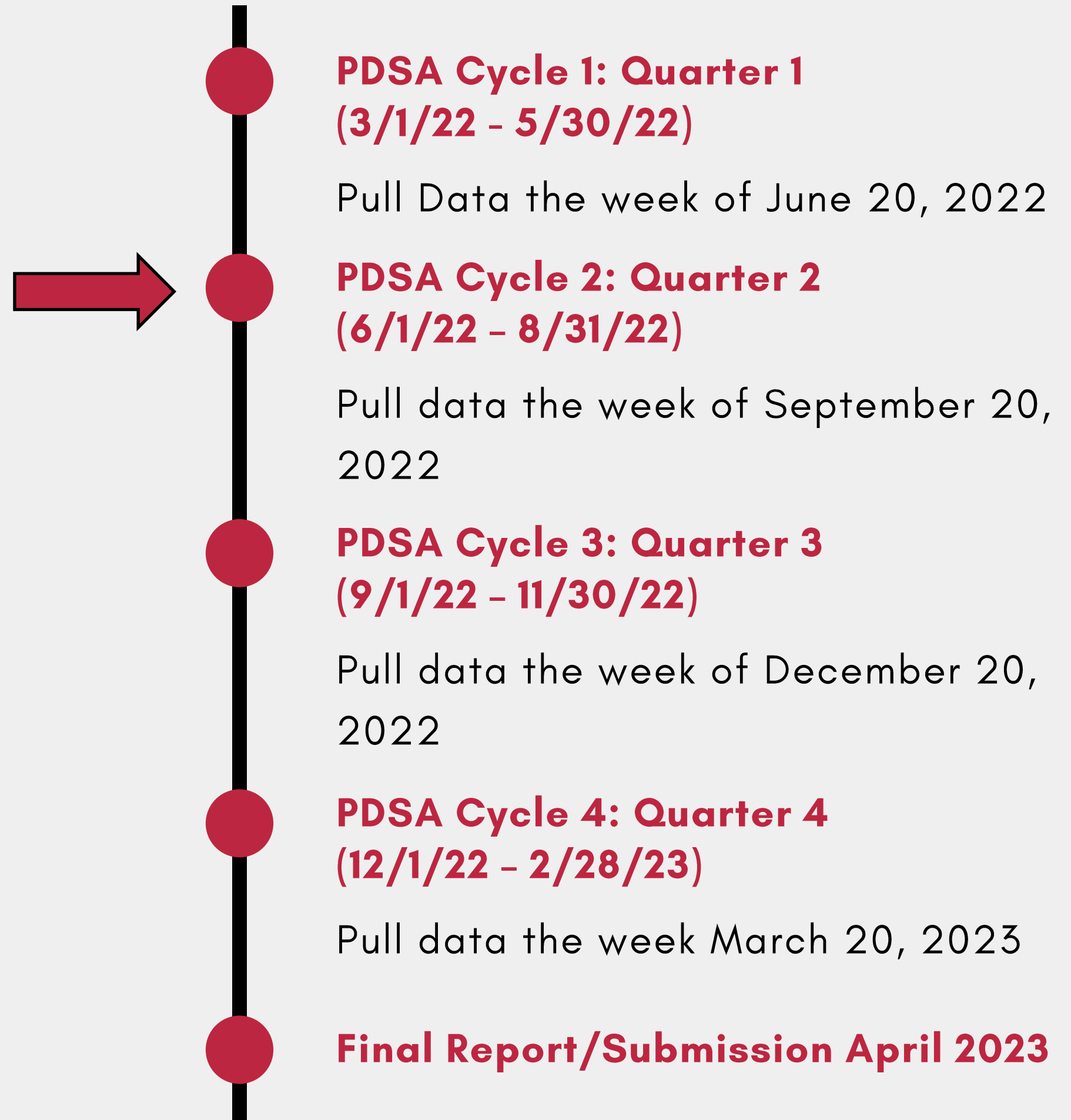


FY 2021-2022 (Q3 Data)		
Agency	Retained in Care	Viral Suppression
Agency 1	80.43%	87.05%
Agency 2	76.96%	85.67%
Agency 3	86.63%	88.45%
Agency 4	70.33%	87.91%
Agency 5	80.11%	87.18%
Agency 6	83.33%	95.83%
Agency 7	79.83%	89.92%
Agency 8	74.70%	85.54%
Agency 9	88.84%	86.65%
Agency 10	87.50%	95.16%
Agency 11	84.34%	92.17%
Agency 12	89.42%	91.27%
Average	81.87%	89.40%

FY 2022-2023 (Q1 Data)		
Agency	Retained in Care	Viral Suppression
Agency 1	79.1%	86.9%
Agency 2	79.2%	85.8%
Agency 3	88.0%	87.7%
Agency 4	71.5%	87.4%
Agency 5	84.0%	87.4%
Agency 6	85.7%	89.2%
Agency 7	81.6%	90.8%
Agency 8	89.8%	89.8%
Agency 9	84.5%	84.1%
Agency 10	89.1%	94.9%
Agency 11	86.3%	90%
Agency 12	90.1%	89.5%
Average	84.08%	88.63%

PROJECT OBJECTIVES

PROJECT TIMELINE





NEXT STEPS



The CQM Support Staff will conduct the next Quality Network on Wednesday, July 27, 2022. This meeting will be focused on the agency's PDSA cycles and assisting them with any questions they may have.

Additionally, the CQM Support Staff will start another round of individual technical assistance meetings with each agency to assure that they are on track with increasing the retention rates of their respective agencies. We will continue to report to the Recipient staff and QMC with updates as we prepare for the next data analysis pull in September 2022.



THANK YOU!

ANY QUESTIONS?