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, October 17, 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"

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 October 18, 2022
5. **ACTION:** Approval of Minutes from July 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. FY2022-2023 Quarter 2 Broward Ryan White Part A Data (Handout A-2) - Review and discuss data regarding RWPA program outcomes for FY2022-2023.
      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. FY 2023-2024 Service Delivery Model Update on CIED, Food Services, and Behavioral Health
      Work Plan Activity 2.1: 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.
9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
    a. Next Meeting Date: November 21, 2022, at 12:30 p.m. via WebEx Videoconference and at BRHPC
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, July 18, 2022
12:30 – 2:30 PM
By WebEx Video Conference

M I N U T E S

QMC Members Present: B. Fortune-Evans, R. Jimenez, Z. Muneton, V. Biggs

Ryan White Part A Recipient Staff Present: T. Thompson,

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

Guest Present: B. Barnes

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

The *QMC Chair* called the meeting to order at 12:30 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 July 18, 2022, Quality Management Committee meeting was proposed by *V. Biggs*, seconded by *R. Jimenez*, and passed

unanimously. The approval for the minutes of the April 18, 2022, meeting was proposed by *V. Biggs*, and second by *R. Jimenez*.

Mr. Biggs, on behalf of QMC, made a motion to approve the July 18, 2022, Quality Management Committee agenda as presented. The motion was adopted unanimously.
Mr. Biggs, on behalf of QMC, made a motion to approve the April 18, 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 accomplishing tasks in the FY2022-2023 CQM Annual Work Plan. J. Rohoman stated that the current work plan is up to date for July. *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 FY2022-2023 Quarter 1 data with the Ryan White Networks. *CQM Support Staff* analyzed FY2021-2022 annual data and provided the QMC with an analysis under the meeting activities/new business section of the agenda. Overall, the CQM Work Plan progress remains on schedule.

Agenda Item #7: Unfinished Business

There was no unfinished business to discuss.

Agenda Item #8: Meeting Activities/New Business

CQM Support Staff reviewed the health outcomes of the Broward Ryan White Part A program report with the committee. Staff began with a review of terminologies and 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%) for FY2020.

The annual data were analyzed and presented by the race/ethnicity, gender, and age subpopulations comparing FY2020 and FY2021. Notable trends observed for gender showed an increase in retention for all genders: female (4.6%), male (9.7), and transgender clients (8.9%). Notable trends observed for race/ethnicity showed an increase in the retention rate: Black (Non-Hispanic) (7%), White (Non-Hispanic) (11.9%), and Hispanic/Latinx (6.6%) clients. No notable changes were seen amongst the different age groups between FY2020 and FY2021. *CQM Support Staff* highlighted the percentages of clients who are not retained or virally suppressed for all age groups in the Broward EMA.

The *CQM Support Staff* then discussed their recommendations for the Continuum of Care. They highlighted the Black (Non-Hispanic) subpopulation in the Broward EMA, as this subpopulation makes up approximately 48% of the entire clients in the HIV Care

Continuum. *CQM Support Staff* recommended further probes into the logistical barriers and health disparities that Black (Non-Hispanic) clients experience within the Broward EMA to address the low retention and viral suppression rates. *CQM Support Staff* stated that they are currently addressing this through the Quality Network's Quality Improvement Projects, which targets priority populations, such as Black (Non-Hispanic) clients.

Next, the Broward Outcomes and Indicators of FY2021-2022 were reviewed with the committee. The categories that met or exceeded outcome/indicator goals were: Oral Health, ADAP, Legal Services, HICP, Non-Medical Case Management, and MAI Mental Health. The categories that did not meet or exceed outcome/indicator goals were: Mental Health, Substance Abuse – Outpatient, Integrated Primary Care and Behavioral Health, Food Services, CIED, DCM, MAI Integrated Primary Care and Behavioral Health, MAI Non-Medical Case Management, and MAI Substance Abuse – Outpatient.

There was a discussion amongst the committee about Disease Case Management (DCM) and why the service category did not meet indicators 1.1 and 1.2. Committee members discussed staff turnover issues and lack of case management trainings as probable reasons for the unmet indicators. *CQM Support Staff* also noted that they have had conversations with the DCM Network about competency issues concerning Ryan White services and client engagement.

Lastly, the *CQM Support Staff* updated the committee on their Quality Improvement Project (QIP) for quarter one (Q1) of the 2022-2023 fiscal year. It was noted that first quarter data were analyzed for all the individual Ryan White Part A agencies. This information will be used as baseline data for the CQM QIP. The next data pull will be in September 2022 to observe any changes in retention or viral suppression. Since the new fiscal year began on March 1, 2022, the *CQM Support Staff* has monitored each agency and assisted them with their checkpoint assignments for their QIPs. Currently, the agencies are conducting interventions for their Plan-Do-Study-Act (PDSA) cycles, also known as, Checkpoint 5. Each of the 12 agencies has received 1:1 technical assistance with the *CQM Support Staff* as an extra measure to monitor their progress. The next Quality Network meeting will be held on July 27, 2022, and will focus on assisting the Ryan White agencies with their PDSA cycles.

Agenda Item #9: Recipient Report

The Recipient's Office did not have anything to report during the meeting.

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 September 19, 2022, at 12:30 p.m.

Agenda Item #11: Announcements

PCS Support Staff shared that there will be another community conversation event called “My Faith. My Story: Faith HIV Awareness Day 2022” on Tuesday, August 9, 2022, starting at 7 pm. This event will be at the Artserve Auditorium in partnership with the World AIDS Museum. The purpose of this event is to observe and celebrate the National Faith HIV/AIDS Awareness Day with a panel discussion.

CQM Support Staff announced the upcoming LGBTQ 101 proficiency and workplace bias training on Friday, August 12, 2022, starting at 10 am. This training is open to Ryan White Part A providers, case managers, peer specialists, etc. The event will be held at Broward Regional Health Planning Council and presented by Misty Eyez from the SunServe organization.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 1:56 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	18						
0	0	0	**1**	Fortune-Evans, B., Chair	X	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			X						
1	1	0		Shamer, D. V. Chair	X	X	Z-03/14										
0	0	1	**3**	Casseus, J.	N-4/28						A						
0	0	0	**4**	Jimenez, R.	X	X	X	X			X						
0	1	0	**5**	Biggs, V.	N-5/26						X						
				Quorum = 4	5	5	4	5	0	0	4	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**

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	18	C	C				
0	0	0	**1**	Fortune-Evans, B., Chair	X	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			X						
1	1	0		Shamer, D. V. Chair	X	X	Z-03/14										
0	0	1	**3**	Casseus, J.	N-4/28						A						
0	0	0	**4**	Jimenez, R.	X	X	X	X			X						
0	1	0	**5**	Biggs, V.	N-5/26						X						
				Quorum = 4	5	5	4	5	0	0	4	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

Handout A-2

Broward EMA Ryan White Part A Program

Health Outcomes

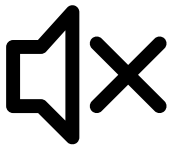
Quality Management Committee Meeting

October 17, 2022

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

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

FY 22-23 Q2 Data Review

The purpose of this meeting is to review specific data for the second quarter of FY22-23 and discuss opportunities for improvement.

The data presented has been analyzed based on data entered in Provide Enterprise.

HIV Care Continuum Definitions

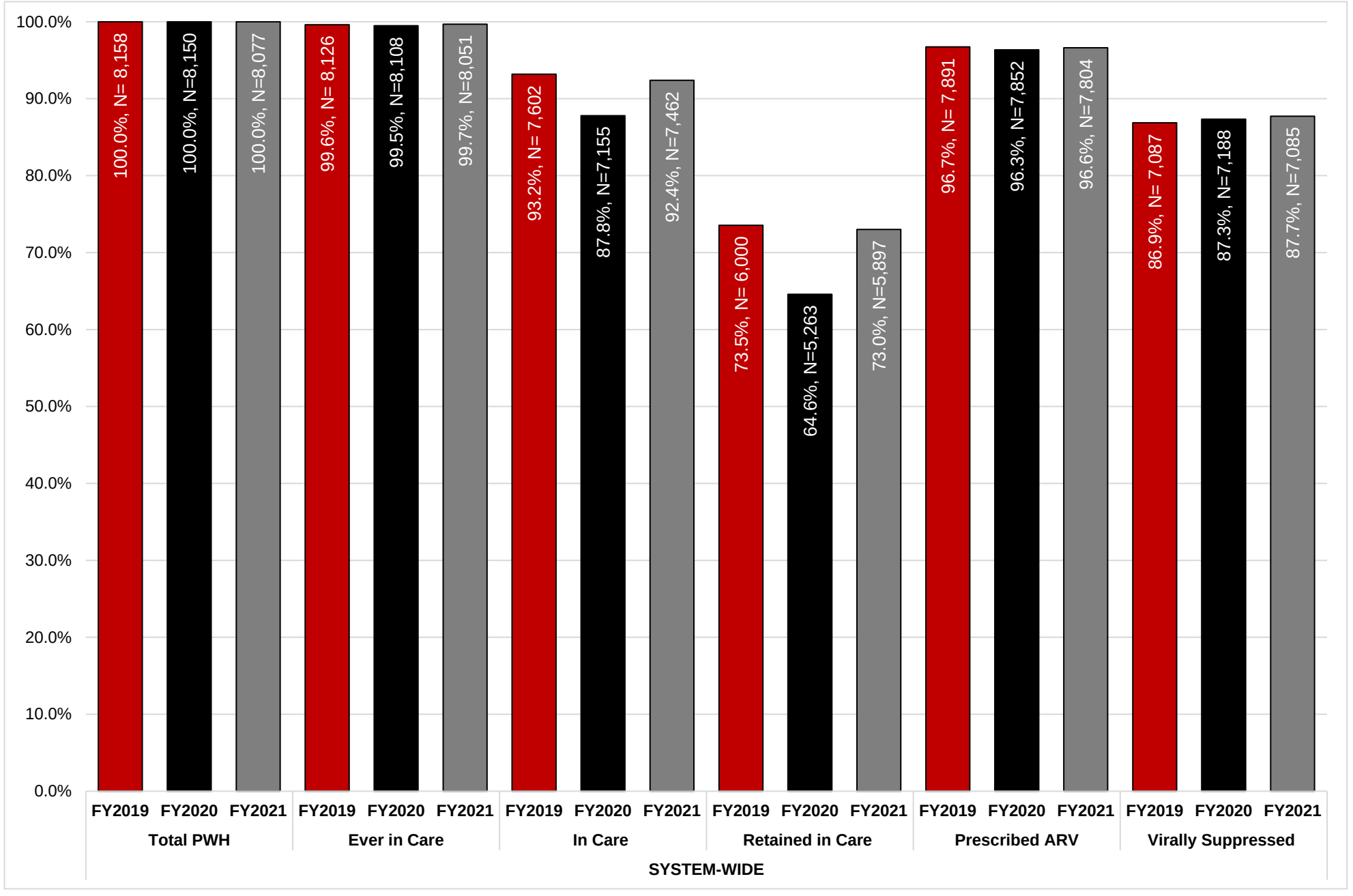
- **Total Clients:** Clients who are HIV+ and received at least one service from the selected service category(s) in the reporting period.
- **Ever in Care:** HIV+ clients who ever had a medical care service documented.
- **In Care:** HIV+ clients who had a medical care service within the reporting period.
- **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

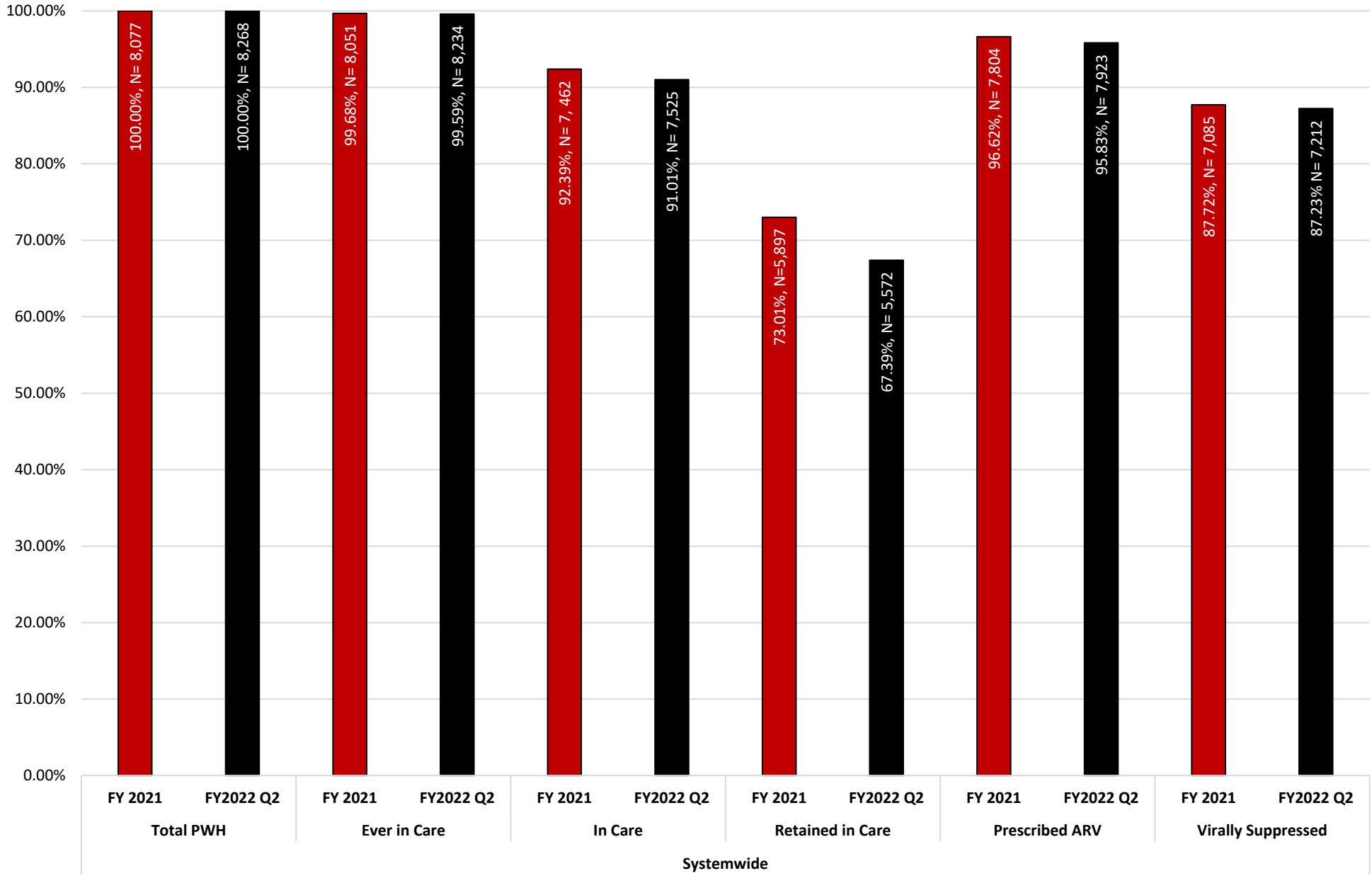
- **Retention in Care:** Measure impact due to limited accountability for information from:
  - Clients who move, are incarcerated, or deceased during the measurement period
  - Clients with private insurance/doctors
  - The strict definition may exclude clients who received clinically indicated medical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

HIV Care Continuum Systemwide, Broward EMA, FY 2019, FY2020, & FY2021



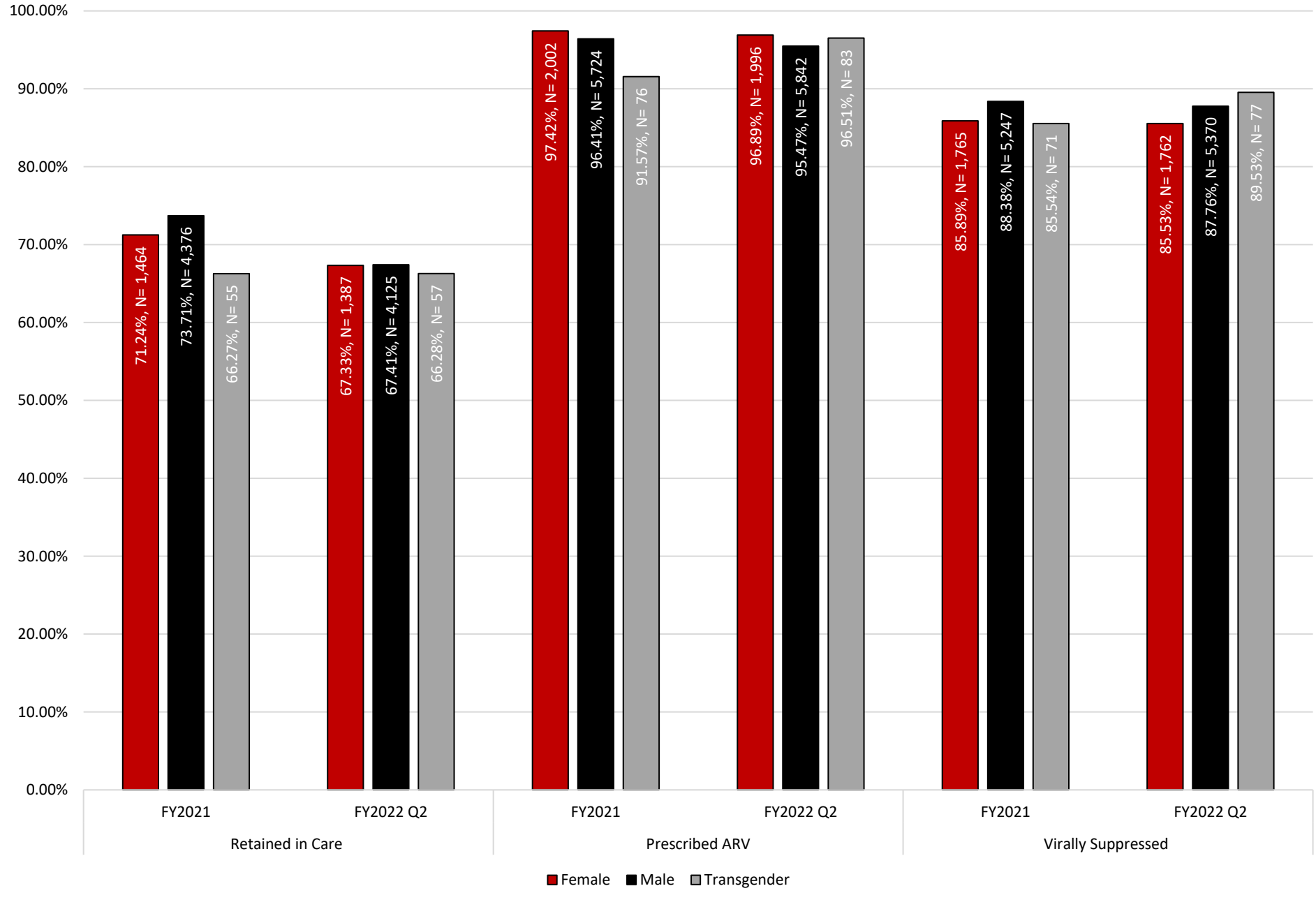
Continuum of Care Report 03/1/2019 – 02/28/2020, 03/1/2020 – 02/28/2021, 03/1/2021 – 02/28/2022

HIV Care Continuum Systemwide, Broward EMA, FY2021 and FY2022 Q2



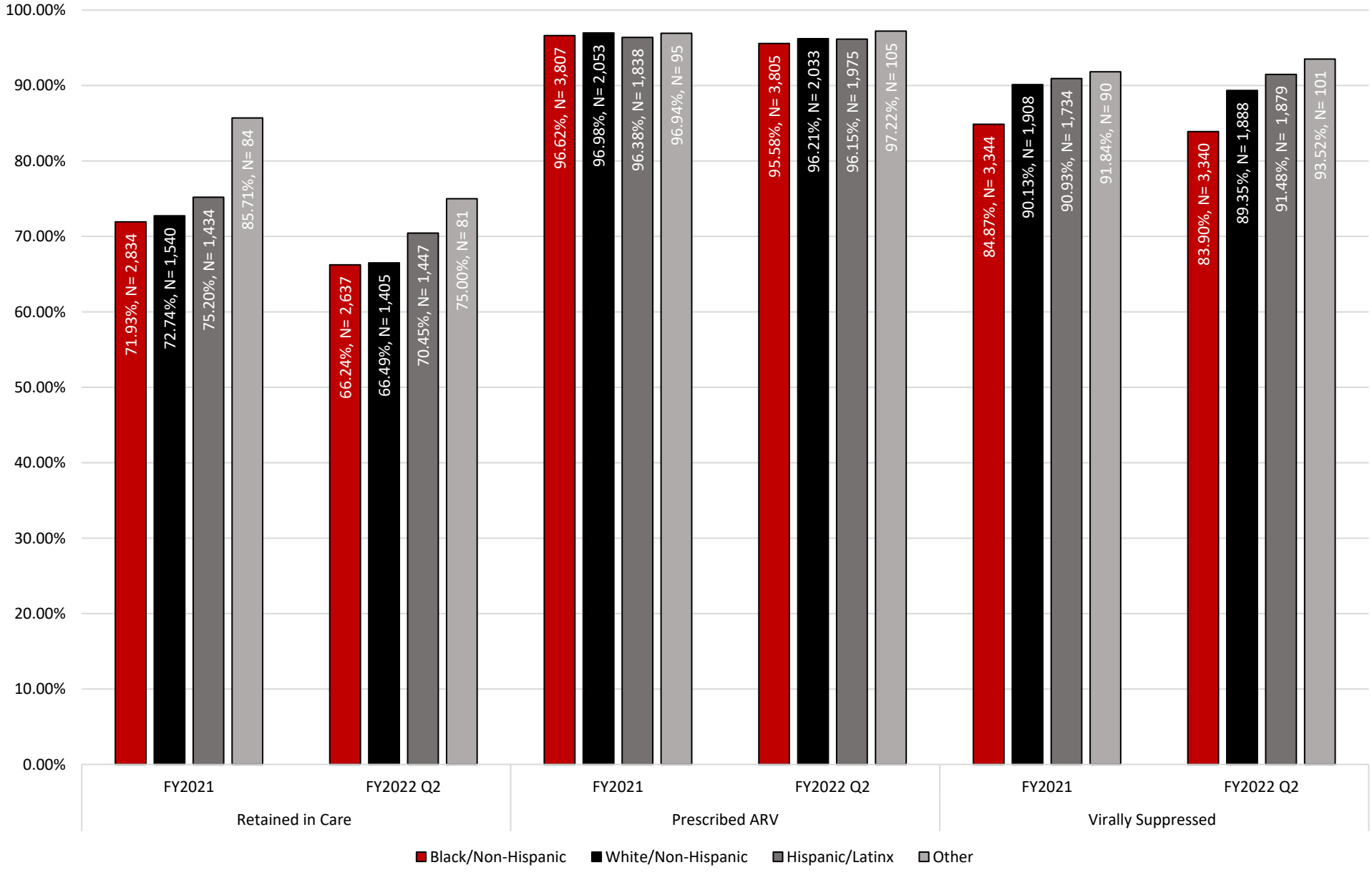
Continuum of Care Report 03/1/2021 – 02/28/2022 & 06/1/2022 – 08/31/2022

HIV Care Continuum by Gender, Broward EMA, FY2021 and FY2022 Q2



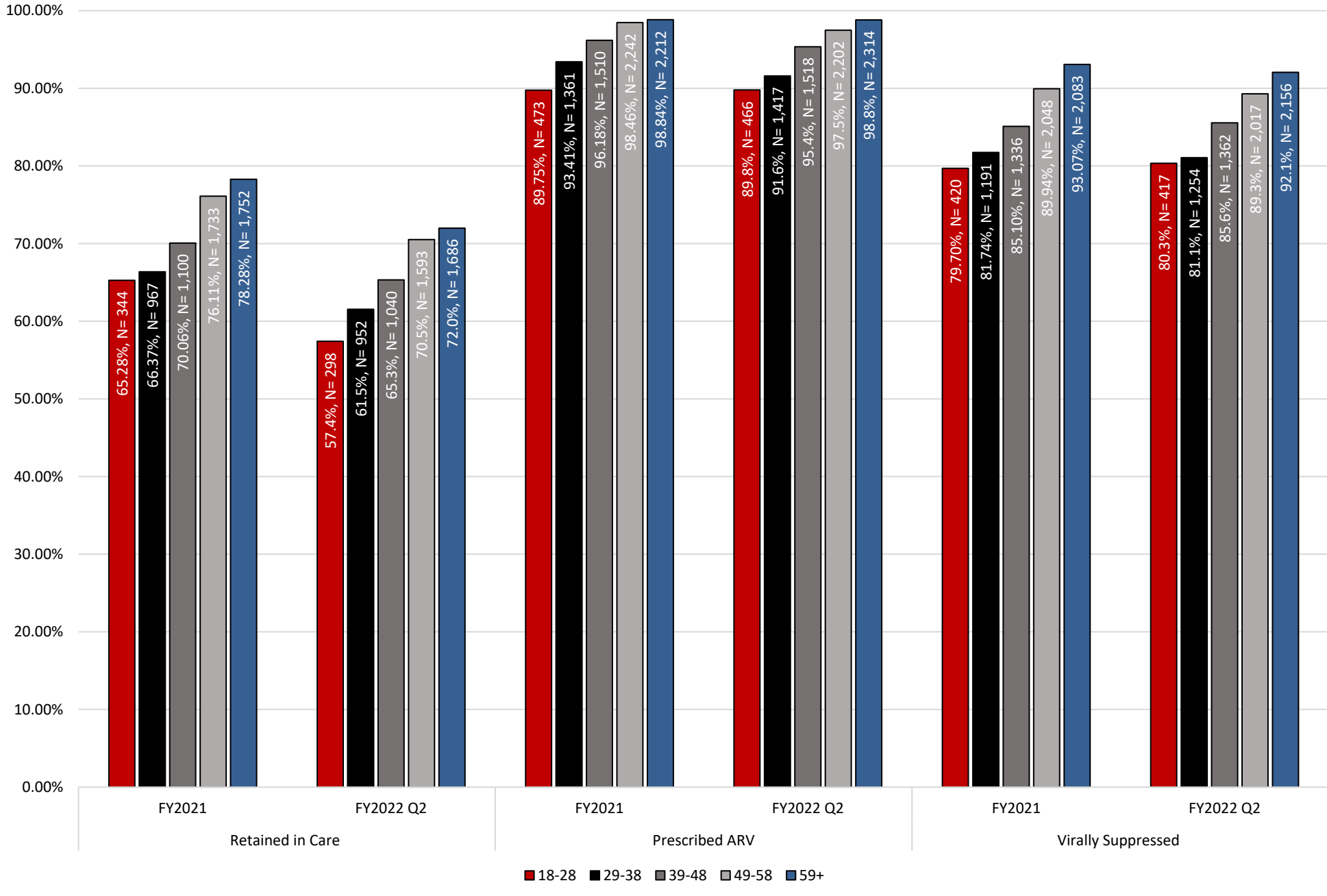
Total Clients: *FY 2021: Female = 2,055, Male = 5,937, Transgender = 83, FY 2022 Q2: Female = 2,060 Male = 6,119 Transgender = 86*

HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2021 and FY2022 Q2



Total Clients: *FY 2021: Black (Non-Hispanic) = 3,940; White, Non-Hispanic = 2,117; Hispanic/Latinx = 1,907; Other = 98 & FY 2022 Q2: Black (Non-Hispanic) = 3,981; White (Non-Hispanic) = 2,113; Hispanic/Latinx = 2,054; Other = 108*

HIV Care Continuum by Age, Broward EMA, FY2021 & FY2022 Q2



Total Clients: *FY 2021: 18-28 = 527, 29-38 = 1,457, 39-48 = 1,570, 49-58 = 2,277, 59+ = 2,238 & FY 202: 18-28 = 519, 29-38 = 1,547, 39-48 = 1,592, 49-58 = 2,259, 59+ = 2,342*

HIV Care Continuum:

Notable Trends from FY2021 to FY2022 Q2

Subpopulations to monitor:

- **Female clients:** 3.91% decrease in retention
  - 32.67% of Female clients not retained in care
- **Male clients:** 6.3% decrease in retention
  - 32.59% of Male clients not retained in care

HIV Care Continuum:

Notable Trends from FY2021 to FY2022 Q2

Subpopulations to monitor:

- **Black (Non-Hispanic) clients:** 5.73% decrease in retention
  - 33.76% of Black (Non-Hispanic) clients not retained in care
- **White (Non-Hispanic) clients:** 6.25% decrease in retention
  - 33.51% of White (Non-Hispanic) clients not retained in care

HIV Care Continuum:

Notable Trends from FY2021 to FY2022 Q2

Subpopulations to monitor:

- **Other (Asian, Pacific Islander, American Indian, Alaskan Native):** 10.71% decrease in retention
  - 25% of Asian, Pacific Islander, American Indian, Alaskan Native clients are not retained in care

HIV Care Continuum:

Notable Trends from FY2021 to FY2022 Q2

Subpopulations to monitor:

- **18-28 age range:** 7.8% decrease in retention
  - 42.6% of the 18-28 clients are not retained in care
- **29-38 age range:** 4.87% decrease in retention
  - 38.5% of the 29-38 clients are not retained in care
- **39-48 age range:** 4.76% decrease in retention
  - 34.7% of the 39-48 clients are not retained in care

HIV Care Continuum:

Notable Trends from FY2021 to FY2022 Q2

Subpopulations to monitor:

- **49-58 age range:** 5.61% decrease in retention
  - 29.5% of the 49-58 clients are not retained in care
- **59+ age range:** 6.28% decrease in retention
  - 28% of the 59+ clients are not retained in care

HIV Care Continuum:

Recommendations for Continuum of Care

The Black (Non-Hispanic) subpopulation in the HIV Care Continuum of concern. As of FY2022-2023 Q2, the Black (Non-Hispanic) subpopulation is 0.16%-4.2% less likely to be in care and 0.25%-8.76% less likely to be retained in care than other races and ethnicities. CQM Support staff further drilled down this subpopulation.

Of the **3,981** Black (Non-Hispanic) clients:

- 41.0% identified as female,
- 57.6% identified as male,
- 56.9% of the total transgender population are Black (Non-Hispanic) clients
- 71.6% identified as heterosexual,
- 70.5% reported education level between 8th and 12th grade,
- 77.8% reported permanent housing,
- 33.7% reported an FPL between 0%-50%,
- and 65.7% status was HIV Positive, Not AIDS.

HIV Care Continuum:

Recommendations for Continuum of Care

Black (Non-Hispanic) clients make up approximately 48.1% of the HIV Care Continuum. However, the FY2021-2022 Q2 data shows a decrease in their numbers across two service categories: **Retained in Care and Viral Suppression**.

Although this subpopulation makes up almost half of the HIV Care Continuum, its retention rate is 66.2% in the second quarter of FY 2022-2023. 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.

HIV Care Continuum:

Recommendations for Continuum of Care

For the **18-28** age range, there was a **decrease** in the retention rate when comparing FY2021, FY2022 Q1, FY2022 Q2.

FY2021: 65.28%

FY2022 Q1: 59.3%

FY2022 Q2: 57.4%

Further probes into the logistical barriers and health disparities that the 18-28 Ryan White Part A clients' experience are necessary to address the decreasing retention rate.

Broward Outcomes and Indicators	FY 2021 - 2022		FY 2022 – Quarter 2	
Oral Health	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Continuity of oral health care.	**2,042/2,142**	**95.33%**	**1,119/1,255**	**89.16%**
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.	**1.404/1,404**	**100%**	**707/707**	**100%**
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.				
Indicator 2.1: 85% of clients are retained in primary medical care.	**285/328**	**86.89%**	**155/180**	**86.11%**

Broward Outcomes & Indicators, FY22-23 Q2

Substance Abuse - Outpatient	Num/Demon	%	Num/Demon	%
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis. **Indicator 1.1:** 85% of clients achieve treatment plan goals by designated target date.	0/0	-	0/0	-
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in Primary Medical Care.	66/78	84.62%	26/33	78.79%
AIDS Pharmaceutical Assistance	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Improve access to medication. **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.	14/14	100%	2/2	100%
Outcome 2: Clients provided an opportunity to improve medication adherence. **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).	2/2	100%	0/0	-

Broward Outcomes & Indicators, FY22-23 Q2

Integrated Primary Care & Behavioral Health	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access, retention, and adherence to primary medical care.	**2,360/3,078**	**76.67%**	**1,701/1,727**	**98.49%**
Indicator 1.1: 85% of clients are retained in Integrated Primary Care and Behavioral Health services.	**2,936/3,314**	**88.59%**	**1,693/1,866**	**90.73%**
Indicator 1.2: 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL				
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.	**35/35**	**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.	**1,737/2,078**	**83.59%**	**930/1,384**	**67.20%**
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.	**1,948/2,201**	**88.51%**	**1,290/1,478**	**87.28%**

Broward Outcomes & Indicators, FY22-23 Q2

CIED	Num/Demon	%	Num/Demon	%
Outcome 1: Increase access, retention, and adherence to primary medical care. **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. **Indicator 1.2:** 80% of clients will not experience a lapse in Ryan White Part A eligibility.	**87/93** **12,656/18,562**	**93.55%** **68.18%**	**44/44** **4,888/4,899**	**100%** **99.78%**
Health Insurance Continuation Program	**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.	**122/142**	**85.92%**	**30/42**	**71.43%**

Broward Outcomes & Indicators, FY22-23 Q2

Non-Medical Case Management	Num/Demon	%	Num/Demon	%
Outcome 1: Increased access, retention, and adherence to primary medical care.	**1,527/1,787**	**85.45%**	**627/664**	**94.43%**
Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	**1,523/1,762**	**86.44%**	**863/1,171**	**73.70%**
Indicator 1.2: 85% of clients are retained in primary medical care.				
Disease Case Management	**Num/Demon**	**%**	**Num/Demon**	**%**
Outcome 1: Increased access, retention, and adherence to primary medical care.	**321/466**	**68.88%**	**89/105**	**84.76%**
Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date.	**525/609**	**86.21%**	**238/278**	**85.61%**
Indicator 1.2: 90% of clients are retained in primary medical care.				

Broward Outcomes & Indicators, FY22-23 Q2

MAI				
Integrated Primary Care & Behavioral Health	**Num/Denom**	**%**	**Num/Denom**	**%**
Outcome 1: Increased access, retention, and adherence to primary medical care.	**32/40**	**80.00%**	**3/3**	**100%**
Indicator 1.1: 85% of clients retained in MAI Integrated Primary Care and Behavioral Health Services.	**38/45**	**84.44%**	**3/3**	**100%**
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.	**31/35**	**88.57%**	**20/25**	**80.00%**
Outcome 2: Increased access, retention, and adherence to primary medical care.				
Indicator 2.1: 85% of clients are retained in primary medical care.				

Broward Outcomes & Indicators, FY22-23 Q2

Non-Medical Case Management				
Outcome 1: Increased access, retention, and adherence to primary medical care.	**137/173**	**79.19%**	**62/62**	**100%**
Indicator 1.1: 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 85% of clients are retained in primary medical care.	**176/203**	**86.70%**	**129/139**	**92.81%**
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.	**45/81**	**55.56%**	**18/41**	**43.90%**
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in primary medical care.				

Broward Outcomes & Indicators, FY22-23 Q2

Broward Outcomes & Indicators:

Notable Trends FY2022-2023 Q2

Met or Exceeded Outcome/Indicator Goals:

- Oral Health
- ADAP
- CIED
- Mental Health
- Legal Services
- Integrated Primary Care & Behavioral Health
- MAI HICP
- MAI Non-Medical Case Management

Broward Outcomes & Indicators:

Notable Trends FY2022-2023 Q2

Further Analysis:

- **Substance Abuse - Outpatient**
  - Did not meet Indicator 2.1 (**78.79%**)
    - Did not meet target goal by **6.21%**
- **Food Services**
  - Did not meet Indicator 1.1 (**67.20%**)
  - Indicator 2.1: exceeded goal by **7.28%**
- **HICP**
  - Did not meet Indicator 1.1 (**71.43%**)

Broward Outcomes & Indicators:

Notable Trends FY2022-2023 Q2

Further Analysis:

- **Non-Medical Case Management**
  - Indicator 1.1: exceeded goal by **9.43%**
  - Did not meet Indicator 1.2 (**73.70%**)
- **Disease Case Management**
  - Did not meet Indicator 1.1 (**84.76%**)
    - **15.88%** increase from FY2021
  - Did not meet Indicator 2.1 (**85.61%**)
- **MAI Mental Health**
  - Did not meet Indicator 2.1 (**80.0%**)
- **MAI Substance Abuse- Outpatient**
  - Did not meet Indicator 2.1 (**43.90%**)
    - Did not meet target goal by **41.1%**

Any Questions?

Thank you!

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.