BRHPC

BROWARD RYAN WHITE PART A

CLINICAL QUALITY MANAGEMENT ANNUAL REPORT

FY2023-2024

A summary of Clinical Quality Management activities and performance measures designed to monitor the quality of care provided by Ryan White HIV/AIDS Program Part A-funded agencies as part of the Broward EMA's quality management plan.

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RYAN WHITE | PART A

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OUR MISSION

"Broward Regional Health Planning Council is committed to delivering health and human service innovations at the national, state, and local level through planning, direct services, evaluation, and organizational capacity building."

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EXECUTIVE SUMMARY

Broward County is Florida's (FL) second-largest metropolitan area, with 1.9 million residents. The focus of the Ryan White Part A Program, as well as several public and private HIV and AIDS programs, is to improve the state of the epidemic by providing high-quality treatment to those already infected. Broward's position as one of the top-ranking counties for new infections and population-adjusted cases of HIV and AIDS means the work of the Part A Program and the Part A Clinical Quality Management (CQM) Program is increasingly important.

This Report details the activities of Broward's Part A CQM program, including Provider Networks and the HIV Planning Council's Quality Management Committee (QMC), and their focus on the application of the National HIV/AIDS Strategy (NHAS) HIV Care Continuum, HIV/AIDS Bureau (HAB) performance measures, quality benchmarks, and the collection and analysis of client, provider, and system-level data in 2023-2024.

The following Report provides an overview of the Ryan White Part A CQM Program and organizational structure, Network activities, HIV Care Continuum regarding the Broward EMA, performance measures, and Program accomplishments and challenges.

I

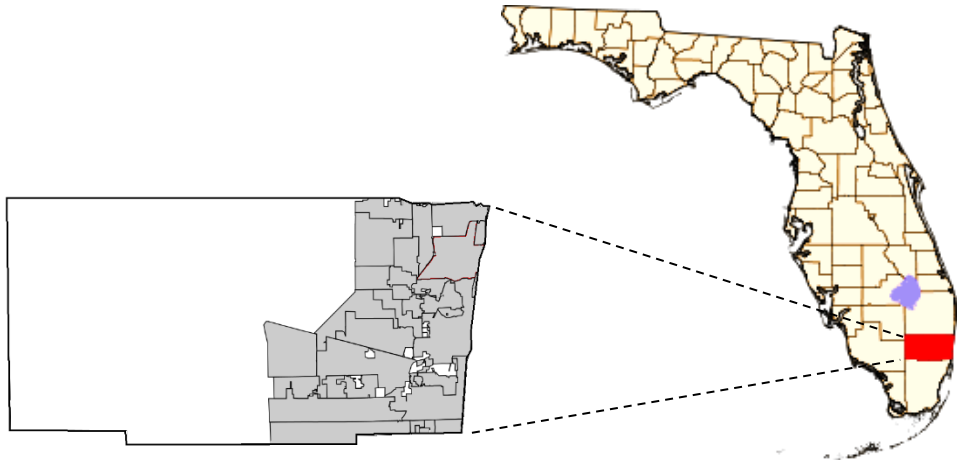
INTRODUCTION

Section 2604(h)(5)(A) of Title XXVI of the Public Health Services Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, requires that Part A Grantees establish and implement a clinical quality management (CQM) program to (1) assess the extent to which HIV health services provided to clients under the grant are consistent with the Department of Health and Human Services (HHS) guidelines for the treatment of HIV/AIDS and related opportunistic infection, as applicable, and (2) develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services. The Health Resources & Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) requires that a Part A Grantee must have:

- Established and implemented a quality management plan with annual updates.
- Established processes for ensuring that services are provided in accordance with the Department of Health and Human Services (HHS) treatment guidelines and standards of care.
- Incorporated quality-related expectations into Requests for Proposals (RFPs) and EMA contracts, including the sub-recipient level.

Broward County, Florida, is the recipient of Part A federal funds (including Formula, Supplemental and Minority AIDS Initiative dollars) and manages the CQM Program for the Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA).

Figure 1. *Florida/Broward County Jurisdiction Map*



THE CQM PROGRAM

Quality Statement

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

The purpose of the CQM program in the Fort Lauderdale/Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV services provided to people with HIV/AIDS in Broward County. This will be accomplished by:

- Assessing the extent to which HIV services are consistent with the most recent HHS Clinical Guidelines for the Treatment of HIV/AIDS and related opportunistic infections;
- Developing strategies to ensure that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services;
- Monitoring the quality of HIV services through the application of the HIV Care Continuum, HAB performance measures, HHS indicators, and Broward EMA local outcomes and indicators;
- Implementing continuous quality improvement strategies to ensure core and support services promote retention in care, adherence to medical treatment, and viral suppression;
- Applying client-level demographic, clinical, and utilization data to identify areas of improvement in clinical processes and outcomes; and
- Providing technical assistance to all providers throughout the course of creating, initiating, and evaluating quality management practices.

Organizational Structure

The Recipient is responsible for all quality-related activities that fulfill the legislative requirements for the CQM program in the Broward EMA. There are four interconnected bodies of the Broward EMA CQM program: Recipient CQM staff, CQM Support staff, HIV Planning Council (HIVPC) Quality Management Committee (QMC), and the Provider Networks.

Quality Management Committee

The Broward EMA has a robust quality management program supported by the CQM Support staff. The HIVPC's QMC is comprised of HIVPC members, RWHAP clients, RWHAP client service professionals, and HIV and non-HIV providers. The HIVPC Chair appoints the Chair and Vice-Chair of the Committee. They are responsible for convening the meetings and coordinating the work of the Committee in collaboration with the Part A Office. The HIVPC has approved performance measures, including outcomes along the

HIV Care Continuum, various HAB performance measures, and locally adopted outcomes and indicators to assess the quality of care provided across the Broward EMA. The QMC utilizes the HIV Care Continuum to inform the development of CQM program performance measures and CQM goals and objectives outlined in the CQM Plan. Therefore, the QMC reviews clinical performance issues related to service delivery to make data-informed recommendations on enhancing client health outcomes and experiences and makes proposals that guide the scope of systemwide quality improvement projects (QIPs) based on areas that need improvement.

Provider Networks

The Provider Networks are comprised of providers from locally funded Ryan White Part A service categories. Quarterly meetings provided an opportunity to discuss service delivery barriers and challenges within the EMA and identify strategies to resolve them. In addition, the CQM staff collaborates with the Networks to develop and implement quality management initiatives to strengthen system processes to develop improved health outcomes for Part A clients in Broward County.

Quality Network

The Quality Network is comprised of quality representatives from all locally funded Ryan White Part A service providers. Quality Network focuses on increasing quality representatives' capacity to develop and implement quality improvement projects and activities.

Roles & Responsibilities

Recipient CQM Staff

- Maintain oversight of EMA systemwide Part A QI initiatives and related activities.
- Facilitate integration and interaction among Part A QMC, Networks, and clients.
- Develop, review, and evaluate progress toward successful implementation of the CQM 3-Year Plan and annual work Plans.
- Ensure all provided services are consistent with the most recent HHS guidelines.
- Collaborate with CQM Support Staff to routinely extract Management Information System (MIS) data to assess the level of care, performance measures, and health outcomes.
- Collect, monitor, and analyze client- and system-level data and performance measures on a continual basis.
- Develop, guide, and monitor the adoption of Service Delivery Models (SDMs), standards of care, and performance indicators for each service category.
- Conduct annual on-site monitoring evaluation visits and monthly provider subrecipient calls.
- Provide and facilitate technical assistance (TA).

CQM Support Staff

- Research national guidelines and best practice models to ensure quality activities follow national standards.
- Facilitate the development, review, and updating of the CQM Plan, CQM Annual Work Plan, CQM Training Plan, and SDMs.
- Collaborate with Recipient CQM staff to routinely extract MIS data to assess the level of care, performance measures, and health outcomes.
- Collect, monitor, and analyze client- and system-level data and performance measures.
- Report data findings to the QMC and Quality Network to assess systemwide data and achievement of health outcomes.
- Assist with the planning and facilitation of the networks.
- Assist with the development, implementation, and tracking of QIPs to address identified deficiencies and successes.
- Plan and facilitate QI trainings to the QMC and Networks.

HIVPC QMC

- Develop Committee policies and procedures that are consistent with other HIVPC Committees.
- Review CQM data to evaluate progress in achieving CQM goals.
- Participate in the development and evaluation of Broward outcomes and indicators.
- Assist with the development and implementation of the CQM Plan, CQM Annual Workplan, and SDMs.
- Review and update SDMs to ensure services are provided in accordance with national guidelines and best practice models.
- Facilitate the implementation of QIPs.

Provider Networks

- Identify, design, and discuss standards of care and performance indicators for each service category.
- Review and provide input to the design of SDMs to ensure services are provided in accordance with national standards and best practice models.
- Address emerging barriers impeding access to and retention in services, and barriers to viral load suppression.
- Discuss new evidence-based practice ideas and emerging strategies to promote sustainable viral load suppression.

Quality Network

- Identify and discuss performance indicators.
- Identify and discuss areas for quality improvement.
- Develop and implement quality improvement projects at the provider level.

Data Collection

To streamline the collection of clients, agency, and system-level data, the Broward County Ryan White Part A Program, the AIDS Drug Assistance Program (ADAP), and Housing Opportunities for Persons with AIDS (HOPWA) program, use Provide Enterprise (PE) as their management information system database.

In 1999, the Broward County Health Care Services Division (BCHCS) Purchased the Provide® Care Management system under the direction of the HIV Planning Council. It was the software package selected to address the Plan of Information System (PCIS) project requirements. In 2009, the Broward County database was upgraded to the latest version of the software, PE.

The system accomplishes several goals:

- Provide funded agencies with a care management tool that enables them to collect all data and produce the Ryan White CARE Act Data Report and Client Level Data Extract.
- Enable agencies to bill BCHCS electronically.
- Improve the consistency and reliability of the data collected.
- Reduce duplication of services to clients.
- Facilitate improved community planning with more accurate and comprehensive information on the Clients served and the impact of the services being delivered.
- Coordinate care between provider agencies.

The CQM Program uses PE to extract client demographic data, conduct performance measurements, analyze client health outcomes, and monitor service utilization.

II

CQM ACTIVITIES

Provider Appreciation Week

CQM Support Staff facilitated a virtual Provider Appreciation Week. The event was held from February 5th - February 10th, 2024, for Broward County Ryan White Part A providers and community partners. The week consisted of short, mid-day webinar learning sessions with 66 individuals registered via the online registration form. The daily sessions ranged from 45 to 60 minutes.

The session topics were based on providers' requests acquired via survey and were developed in coordination with the Part A Recipient. The topics varied and were designed to appeal to all providers and agencies. Speakers for the event varied from a trauma-informed coach, a CDC ambassador, and a certified yoga instructor.

The topics were:

- Monday, February 5, 2024 – Ryan White Parts Updates
- Tuesday, February 6, 2024 – Quality Awards
- Wednesday, February 7, 2024 – Beyond the Binary: LGBTQ+ & Gender Diversity in HIV/AIDS Advocacy
- Thursday, February 8, 2024 – Tips for Implementing the Positive Peers Project into Practice
- Friday, February 9, 2024 – Self-Care Resiliency & Stress Management for Healthcare Providers

Accomplishments:

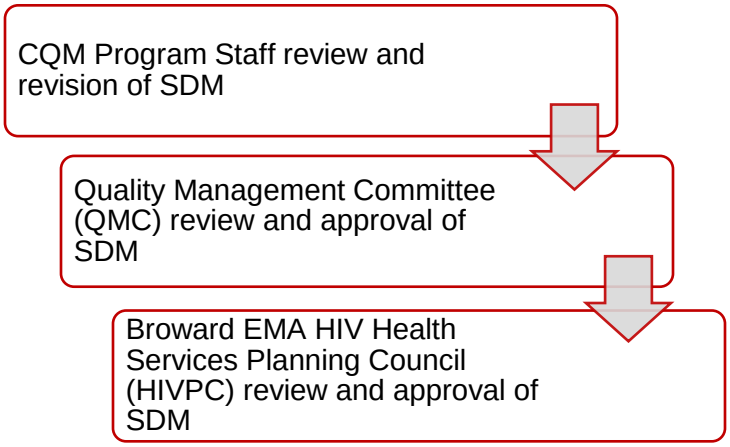
For the 2023 Provider Appreciation Week, the CQM Support Staff rearranged the sequence of the virtual events to help distribute the information without overwhelming the participants. This order allowed more participants to be engaged during each training session. The training topics were based on survey feedback from the providers and fiscal year data that showed an overall need to retain the youth population in care and achieve viral suppression.

Providers successfully celebrated accomplishments via a virtual award ceremony. The CQM Support Staff also introduced new award categories such as Key Contributors and Impact Award. These categories were added to acknowledge not only quantitative achievements but also qualitative attributes, thereby broadening the scope of recognition.

Updating Broward County Ryan White Part A Service Delivery Models

Service delivery models (SDMs) are a key component of providing high-quality HIV services. They align with the HIV/AIDS Bureau Policy Clarification Notice #16- 02 to meet the most current definition of service categories and allowable uses of funds under the Ryan White HIV/AIDS Program.

Figure 2. Service Delivery Model Review Process



SDM review and revision is a multi-step process involving the CQM Program Staff, Quality Management Committee (QMC), and Broward EMA HIV Health Services Planning Council. In FY21, 13 SDMs were updated through extensive research on current service standards, feedback from provider networks, and input from additional subject matter experts. The process is outlined in Figure 2.

Within the fiscal year, the Quality Management Committee and HIV Planning Council approved the following SDMs:

- Oral Health Care
- Legal Services
- Mental Health Trauma-Informed Care
- Food Services
- Substance Abuse – Outpatient Services
- Non-Medical Case Management
- Medical Case Management
- Medical Nutrition Therapy

Accomplishments:

Eight SDMs were revised within the fiscal year to best meet the needs of Broward County's HIV community. The goal is to revise and approve all the SDMs for the fiscal year 2024-2025.

Increasing Capacity for Quality Improvement

Despite systemwide efforts to increase health workforce capacity for quality improvement (QI) through trainings and guidelines, there remained challenges in bridging the gap between quality improvement concepts, best clinical practices, and addressing client barriers to high-quality care. Therefore, the Broward EMA is empowering QI Mentors to move new initiatives through phases of planning, data-informed development, and implementation to address this gap.

Using the Quality Network, the CQM Support Staff implemented the QI Toolkit: *FY2023-2024 Resource Guide for Broward County Ryan White Part A Quality Network Providers*. The toolkit served as a guiding resource for Quality Network members during the QIP process. The toolkit was designed to provide network members with materials and a fiscal year plan to facilitate quality improvement activities' development, implementation, and resolution. The toolkit detailed the following steps of the QIP process:

1. Planning the Quality Improvement Project (March-May)
2. Aim Statements and Change Ideas (May-June)
3. PDSA Cycles (June-October)
4. QIP Evaluation and Presentation (November-February)

CQM Support Staff developed the QI Toolkit to provide a clear and timely framework of expectations during the QIP process, provide a comprehensive resource guide for network members tailored to the QIP process, allow all QIPs related resources/data/progress to be stored in a single location, and to enable the continuation of QIPs if unexpected events arise. Providers were able to submit components of their QIP by following checkpoints outlined in the toolkit. Providers received a reminder and an overview of each checkpoint at the Quality Network meetings and submitted their checkpoints via the survey links provided by CQM Support Staff.

Challenges:
Staff turnover at agencies was a significant challenge during the process. As Quality Network members are replaced with their successors, the transfer of knowledge and skills has been inefficacious. Some agencies are also short-staffed, which makes it more of a challenge for them to complete by the Checkpoint dates.

Accomplishments:
Through Quality Improvement skill-building, all RWHAP agencies conducted QIPs during FY23-24. Every agency submitted their final checkpoint and provided positive feedback on the checkpoints.

Agency Quality Improvement Projects (QIPs)

During FY23-24, the CQM team guided members of the Quality Network in conducting QIPs within their agencies, resulting in completed QIPs during the fiscal year as quality representatives became mentors and champions of change within their agencies. Technical assistance provided included assistance with checkpoint submissions, the development of aim statements, and guidance for PDSA cycles. As quality mentors continue to activate Q.I. initiatives, this project's success will be measured by the health outcomes of clients receiving services from the 12 agencies.

Table 1: Subrecipient QIPs within FY2023-2024

Subrecipient	Funded Services	QIP Topic
AIDS Healthcare Foundation (AHF)	Integrated Primary Care and Behavioral Health, Disease Case Management, Case Management (non-medical), Oral Health Care (Routine), AIDS Pharmaceutical Assistance (local)	Increase the number of virally suppressed Black African American males and females in the Impact Now cohort.
Broward Community and Family Health Centers (BCOM)	Integrated Primary Care and Behavioral Health, Disease Case Management, Case Management (non-medical), Oral Health Care (Routine)	Increase PrEP patient services in high-risk patients ages 18 to 64 through the creation of promotional material and outreach activity.
Broward Regional Health Planning Council (BRHPC)	Centralized Intake Eligibility Determination, Health Insurance Continuation Program	Identify and improve Provide Enterprise (PE) process issues, barriers related to client appointments, client and provider compliance with data accuracy, and timely data input into PE.
Broward House	Integrated Primary Care and Behavioral Health, Disease Case Management, Case Management (non-medical), Mental Health, Substance Abuse (Outpatient),	Increase the percentage of individuals virally suppressed for clients served within the selected sample size and the accuracy of data reporting and collection.
Care Resource	Mental Health, Integrated Primary Care and Behavioral Health, Disease Case Management, Case Management (non-medical), Food Services (Food Voucher), Oral Health Care (Routine), HOPWA	Increase compliance improvement through focusing on retaining in-care patients who have not had a medical visit and/or do not have current viral load and CD4 values within six months from their last visit.
Community Rightful Center	Case Management (non-medical)	Increase the percentage of Black Non-Hispanic and Haitian women populations attending their doctor's appointments as scheduled.
Latinos Salud	Case Management (non-medical)	Increase retention in care amongst the Hispanic/Latinx population.

Legal Aid Services of Broward	Legal Services, HOPWA	Understanding client preferences and barriers to care to help increase retention in care for clients who utilize legal services.
North Broward Hospital District (Broward Health)	Integrated Primary Care and Behavioral Health, Disease Case Management, Case Management (non-medical), Pharmacy (local)	Increase the successful completion of action plan goals under disease case management services.
Nova Southeastern University	Oral Health Care (Routine and Specialty)	Increase retention in care through the improvement of patient processes.
South Broward Hospital District (Memorial Healthcare System)	Integrated Primary Care and Behavioral Health, Disease Case Management, Case Management (non-medical)	Improve the overall viral load suppression in patients who have had a positive depression screening (PHQ2/9) questionnaire.
The Poverello Center	Food Services (Food Bank)	To close the date gaps within PE for medical care and lab work and pharmacy pickups.

Network Meeting Attendance

Broward County RW Part A Agencies are contractually obligated to attend Network meetings. Agencies must send at least one representative to follow the agency network meeting obligations. Provider Networks meet every quarter, while the Quality Network meets more frequently (every six weeks). Agencies are allowed an absence if the reason for missing the meeting is communicated to the CQM Team before the meeting. The following table displays the composition of the Network represented by agencies attending each meeting.

Table 2: FY 2023-2024 Agency Attendance

Network	Date of Meeting	Agency Attendance (%)
Support Services (n=11)	3/7/23	73%
	6/6/23	73%
	9/5/23	Canceled
	12/5/23	82%
FY 23-24 Network Avg		**76%**
Oral Health (n=4)	4/5/23	50%
	7/5/23	75%
	10/4/23	100%
	1/3/24	100%
FY 23-24 Network Avg		**81%**
Medical (n=6)	4/6/23	50%
	7/6/23	67%
	10/5/23	50%
	1/4/24	67%
FY 23-24 Network Avg		**59%**
DCM (n=6)	5/5/23	83%

	8/4/23	83%
	11/3/23	83%
	2/2/24	83%
FY 23-24 Network Avg		**83%**
Behavioral Health (n=6)	4/11/23	Canceled
	7/11/23	67%
	10/10/23	83%
	1/9/24	Canceled
FY 23-24 Network Avg		**75%**
Quality (n=12)	4/5/23	Canceled
	5/17/23	83%
	6/21/23	83%
	8/9/23	83%
	9/20/23	83%
	11/1/23	100%
	12/13/23	Canceled
	1/24/24	83%
	2/21/24	92%
FY 23-24 Network Avg		**87%**
FY 23-24 Overall Attendance		**77%**

**N-values represent the number of agencies within each Network.*

Limitations:

Agency staff turnover contributed to the absences throughout the fiscal year. Additionally, some agencies faced a staff shortage, which limited the time network members could dedicate to the meetings, especially if they had other priorities. The Medical Provider Network had the lowest average attendance from agency representatives.

EMA Systemwide Access to Care/Process Mapping Project

Clients and providers report challenges in navigating the system of care from eligibility to obtaining services. This is evident in some cases by low utilization of specific services (mental health, substance use, legal, disease case management) and the number of clients disengaged from care from the Florida DOH Test and Treat Program. Barriers to accessing healthcare services negatively affect the immediate health and long-term health outcomes of people with HIV (PWH). A better understanding of the processes involved in service access can help identify gaps in care and highlight needs and opportunities for quality improvement. The timeline for the process mapping project is still ongoing for the upcoming fiscal year.

III

PERFORMANCE MEASUREMENT

HIV CARE CONTINUUM

The Broward EMA utilizes the HIV Care Continuum to identify gaps in HIV services better. The HIV Care Continuum is a model that outlines the sequential steps or stages of HIV medical care that people with HIV go through, from the initial diagnosis to achieving the goal of viral suppression, and shows the proportion of individuals with HIV who are engaged at each stage. Each quarter, the Broward EMA performs a system-wide and service-category-specific HIV Care Continuum analysis using PE. The PE report allows the Broward EMA to monitor the outcomes of individuals living with HIV receiving medical care and treatment and guides the development of QIPs.

HIV Care Continuum measures are based on the areas where gaps in client services occur and focus on increasing the proportion of individuals in each stage along the continuum. The Broward EMA Quarterly HIV Care Continuum Analytics highlights elements of HIV treatment and care provided to clients in the Part A system: People with HIV, Ever in Care, In Care, Retention in Care, On ARV, and Virally Suppressed. **Figures 3-8** show the HIV Care Continuum for all Broward County Part A Clients for the fiscal year 2023-2024 (ending on February 29, 2024) and broken down by gender, race, age, and risk factor. HIV Care Continuum measures are assessed bi-annually due to unnoticeable changes occurring in one quarter.

Broward County Part A Care Continuum Definitions

1. **Total HIV+ Clients:** Clients that are HIV+ and received at least one service from the selected service category(s) in the reporting period.
2. **Ever in Care:** HIV+ Clients that ever-had medical care service* documented.
3. **In Care:** HIV+ Clients that had medical care within the reporting period.
4. **Retention in Care:** HIV+ Clients that had two or more medical care services* at least three months apart in the reporting period.
5. **On ARV:** HIV+ Clients that have documented ARV Therapy at any time during the reporting period.
6. **Virally Suppressed:** HIV+ Clients with less than 200 copies/mL in their most recent viral load assessment, as of the end of the reporting period

**Medical Care Service = Medical Visit, Prescription Pickup, Viral Load, or CD4 lab*

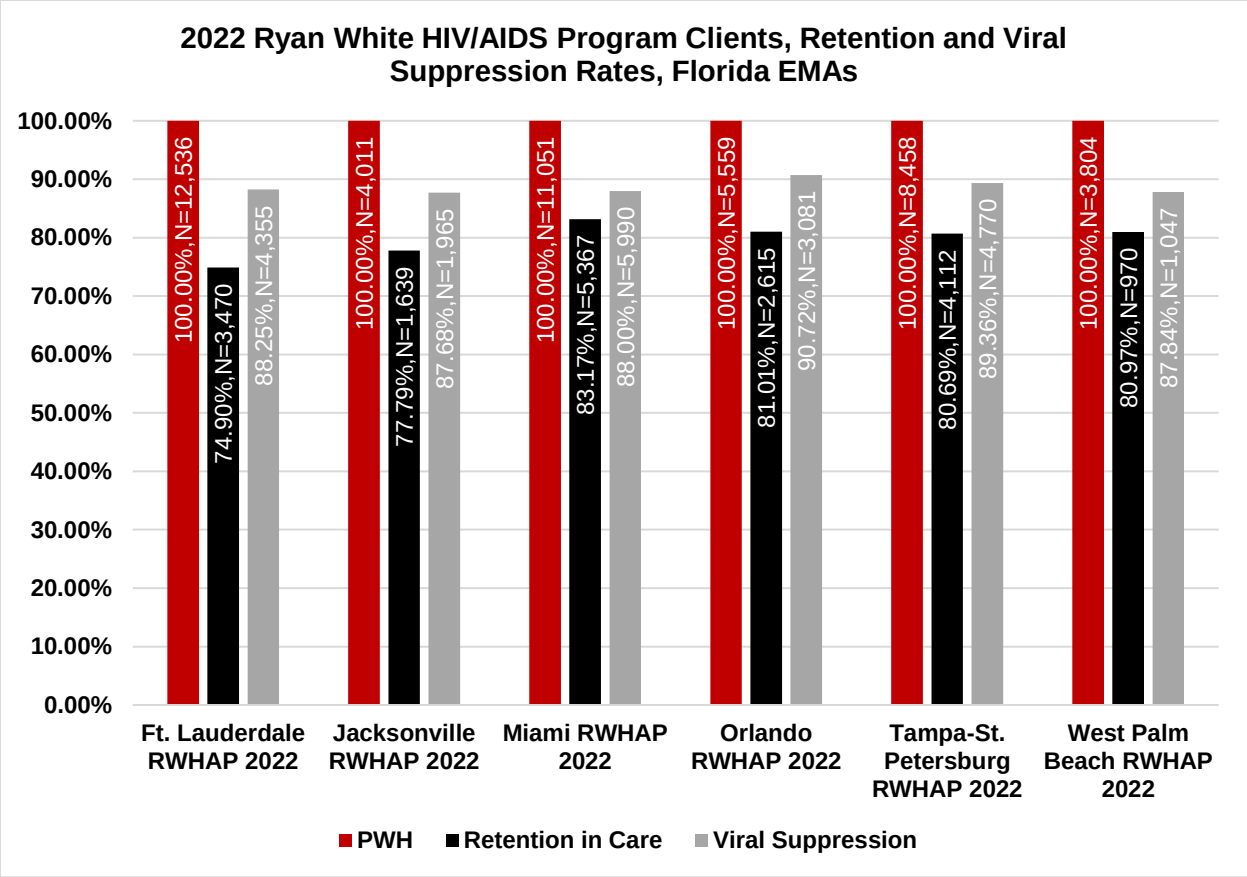
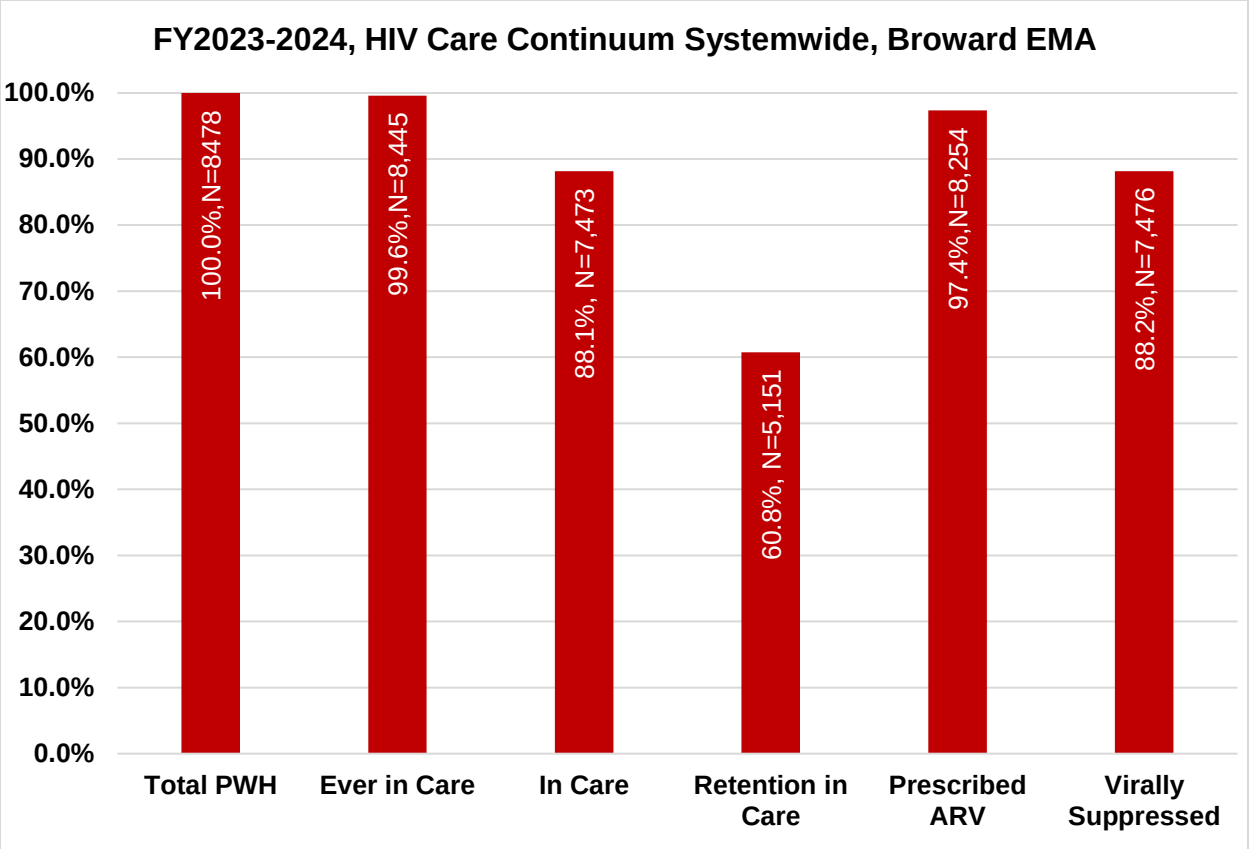


Figure 3. 2022 Florida EMAs Ryan White HIV/AIDS Program (RWHAP) Clients by Retention and Viral Suppression Rates

Figure 3 shows the 2022 RWHAP Annual Client-Level Data for the Florida EMAs published by the Division of Policy and Data, HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA), and U.S. Department of Health and Human Services[1]. Out of all the EMAs presented, the Ft. Lauderdale EMA(N=12,536) has the most client data reported with the Miami EMA(N=11,051) following second. Clients in the Ft. Lauderdale EMA were 2.89% to 8.27% less likely to be retained in care than clients in the Miami, Orlando, Tampa-St. Petersburg, and West Palm Beach EMAs. Clients in the Ft. Lauderdale EMA were 1.11% to 2.47% less likely to be virally suppressed than clients in the Orlando and Tampa-St. Petersburg EMAs. As the retention rate continues to increase, the Ft. Lauderdale EMA strives to develop innovative ways to refine how client-level data is captured and reported to improve the effectiveness of the Ryan White program.

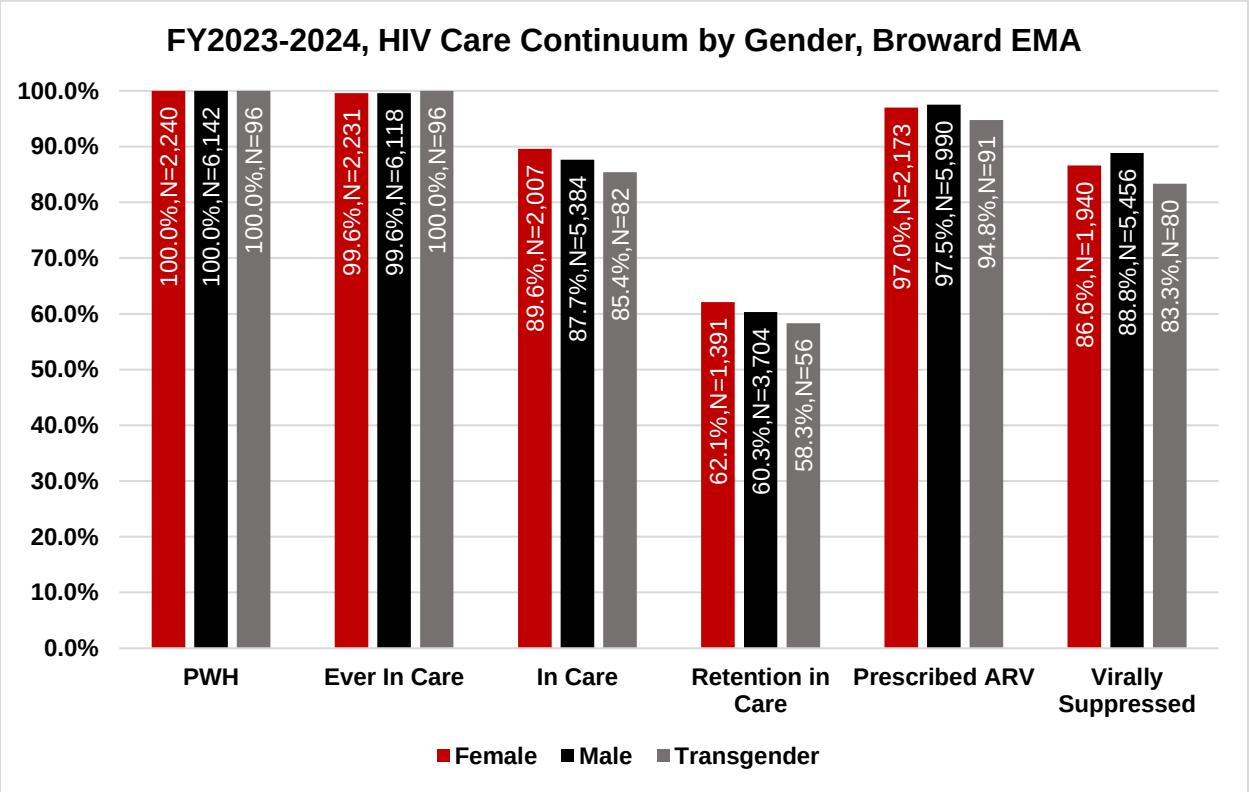
[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Data Report 2022. https://ryanwhite.hrsa.gov/data/reports. Published December 2023.



**Continuum of Care Report 3/1/2023-2/29/2024*

Figure 4. FY2023-2024, HIV Care Continuum Systemwide, Broward EMA

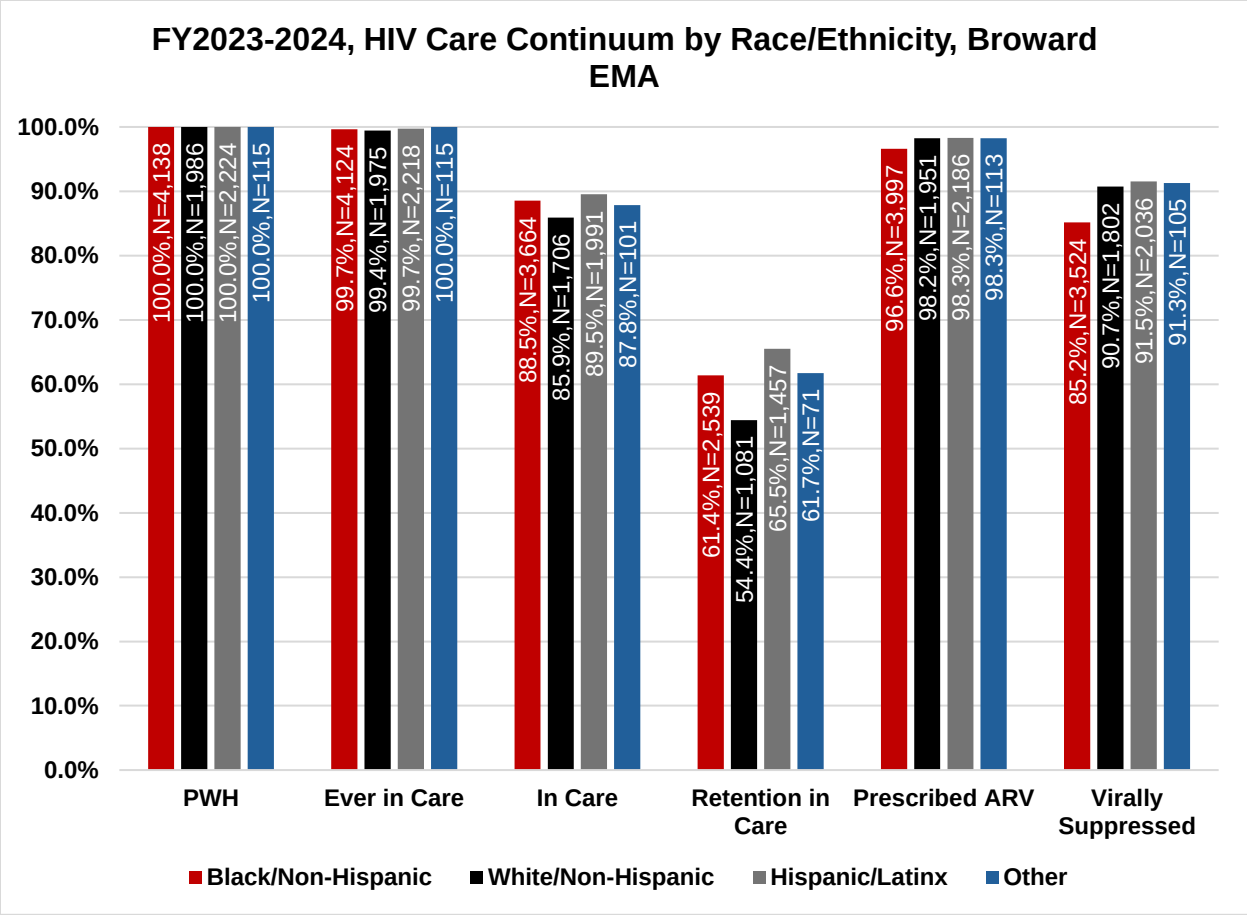
Figure 4 shows the system-wide HIV Care Continuum in the Broward County EMA for FY2023-2024. In total, 8,478 people were living with HIV. Of this total, 99.6% of those clients were ever in care, 88.1% were in care during the reporting period, 97.4% documented ARV therapy at any time during the reporting period, and 88.2% of clients were virally suppressed. Due to performance issues, the validity of the data was affected during the 2023-2024 fiscal year when using Provide Enterprise. In particular, the retention rate was affected by the data discrepancies and coding issues that distorted the retention rate. Provide Enterprise will continue to be monitored to ensure any additional data discrepancies are resolved for future reporting.



**Continuum of Care Report 3/1/2023-2/29/2024*

Figure 5. FY2023-2024, HIV Care Continuum by Gender, Broward EMA,

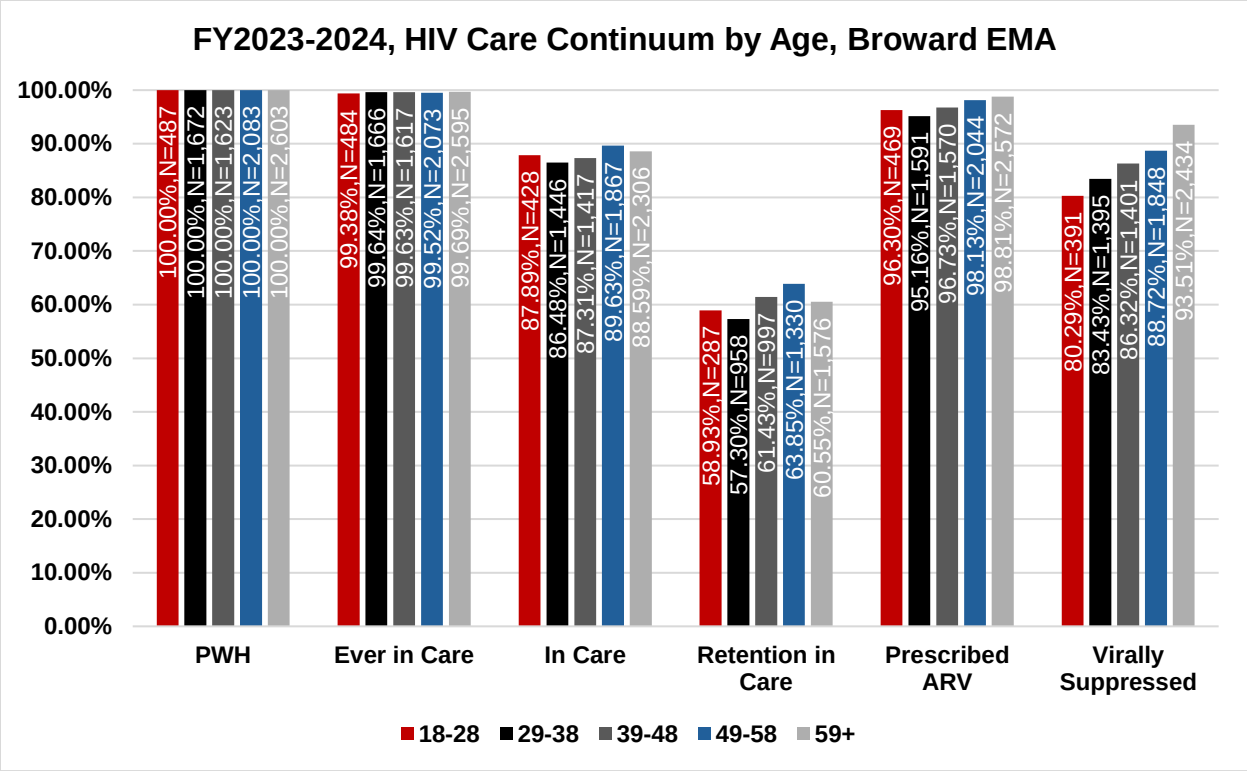
Figure 5 shows the HIV Care Continuum for all genders in the Broward County EMA during the 2023-2024 fiscal year. There were 2,240 female clients, 6,142 male clients, and 96 transgender clients living with HIV. For the Retained in Care service category, the percentages are as follows for all genders: female (62.1%), male (60.3%), and transgender (58.3%) clients. For the prescribed ARV service category, 97.0% of female clients documented being on ARV therapy, 97.5% of male clients documented being on ARV therapy, and 94.8% of transgender clients documented being on ARV therapy at any time during the reporting period. For the viral suppression service category, 86.6% of female clients were virally suppressed, 88.8% of male clients were virally suppressed, and 83.3% of transgender clients were virally suppressed.



**Continuum of Care Report 3/1/2023-2/29/2024; Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander*

Figure 6. FY2023-2024, HIV Care Continuum by Race/Ethnicity, Broward EMA

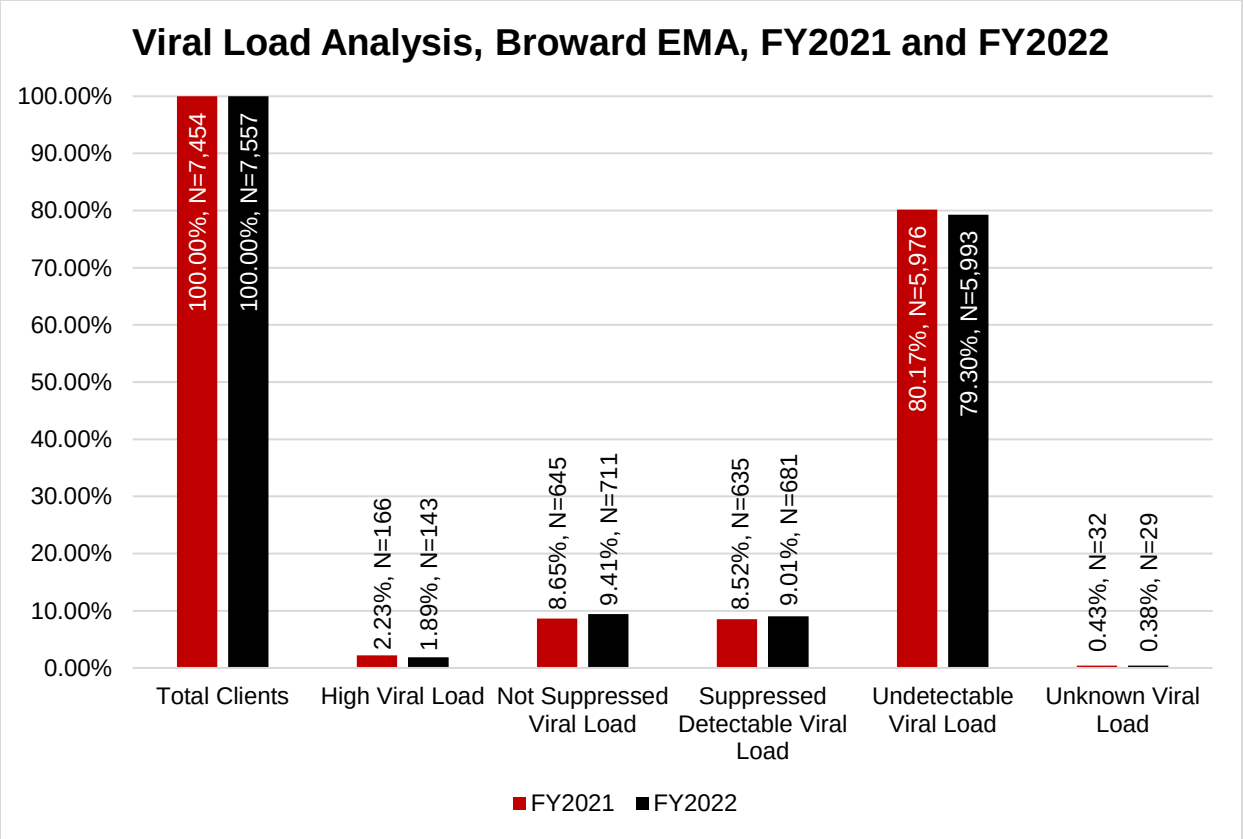
Figure 6 shows the HIV Care Continuum for all races and ethnicities in various service categories in the Broward County EMA for FY2023-2024. There were 4,138 Black (Non-Hispanic) clients, 1,986 White (Non-Hispanic) clients, 2,224 Hispanic/Latinx clients, and 115 clients who identified as Alaskan Native, American Indian, Asian, Native Hawaiian, or Pacific Islander who are living with HIV. For the Retained in Care service category, the percentages are as follows for all races and ethnicities: 61.4% Black (Non-Hispanic), 54.4% White (Non-Hispanic), 65.5% Hispanic/Latinx, 61.7% Other. For the prescribed ARV service category, the percentages are as follows for all races and ethnicities: 96.6% Black (Non-Hispanic), 98.2% White (Non-Hispanic), 98.3% Hispanic/Latinx, 98.3% Other. The percentages for the viral suppression service category are as follows for all races and ethnicities: 85.2% for Black (Non-Hispanic), 90.7% for White (Non-Hispanic), 91.5% for Hispanic/Latinx, 91.3% for Other.



**Continuum of Care Report 3/1/2023-2/29/2024*

Figure 7. FY2023-2024, HIV Care Continuum by Age, Broward EMA

Figure 7 shows the HIV Care Continuum for all age ranges in various service categories in the Broward County EMA for the FY2022-2023. In total, there were 487 18-28 aged clients, 1,672 29-38 aged clients, 1,623 39-48 aged clients, 2,083 49-58 aged clients, and 2,603 59+ aged clients. For the Retained in Care service category, the percentages are as follows for all age ranges: 58.93% for 18-28 aged clients, 57.3% for 29-38 aged clients, 61.43% for 39-48 aged clients, 63.85% for 49-58 aged clients, and 60.55% for 59+ aged clients. For the prescribed ARV service category, the percentages are as follows for all age ranges: 96.3% for 18-28 aged clients, 95.16% for 29-38 aged clients, 96.73% for 39-48 aged clients, 63.85% for 49-58 aged clients, and 98.81% for 59+ aged clients. For the viral suppression category, the percentages are as follows for all age ranges: 80.29% for 18-28 aged clients, 83.43% for 29-38 aged clients, 86.32% for 39-48 aged clients, 88.72% for 49-58 aged clients, and 93.51% for 59+ aged clients.

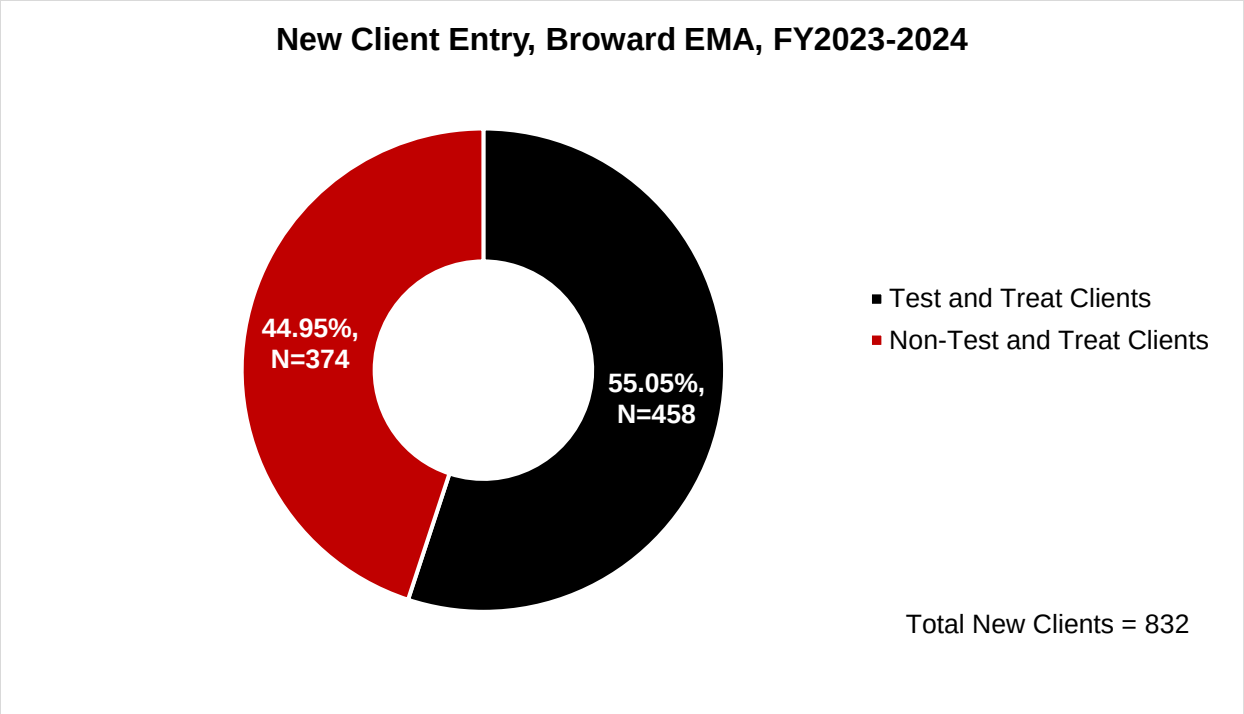


**Viral Load Analysis – Multi Program Report 03/1/2021 – 02/28/2022, 03/1/2022 – 02/28/2023*

Figure 8. Viral Load Analysis, Broward EMA, FY2021, and FY2022

Note. Undetectable clients are less than 50 copies per mL, suppressed clients are between 50–199 copies per mL, non–suppressed clients are between 200–99,999 copies per mL, and clients with a high viral load have greater than 100,000 copies per mL.

Figure 8 shows a viral load analysis comparison of FY2021 and FY2022, which does not reveal any notable changes between the two fiscal years. There were minor improvements, with a 0.34% decrease in clients with a high viral load for FY2022. Approximately, 88.3% of clients in the Broward EMA either have an undetectable viral load or suppressed detectable viral load for FY2022.



**Continuum of Care Report 03/1/2023 – 02/29/2024*

Figure 9. New Client Entry, Broward EMA, FY2023-2024

Note. See Figure 10 and Figure 11 for the process maps detailing modes of new client entry.

Figure 9 shows clients new to care within the Broward County Ryan White Part A system. These clients were noted to be new to any type of service provided by the Part A program. The total number of new clients for the 2023-2024 fiscal year was 832. Most new clients (55.05%) entered care through the Test & Treat Program, whereas 44.95% of new clients did not enter care through the Test & Treat Program.

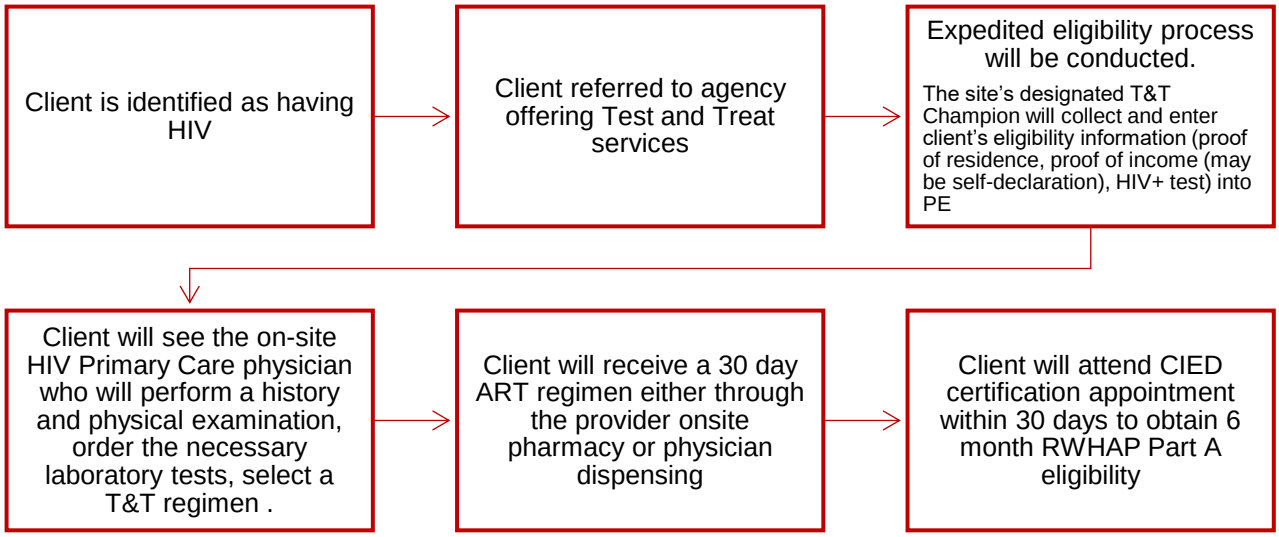


Figure 10. Broward Test & Treat Process Map

Note. Further detail on the Test and Treat program process can be found via https://getprepbroward.com/documents/BROWARD-COUNTY-TEST-AND-TREAT-PROGRAM-PROTOCOL.pdf.

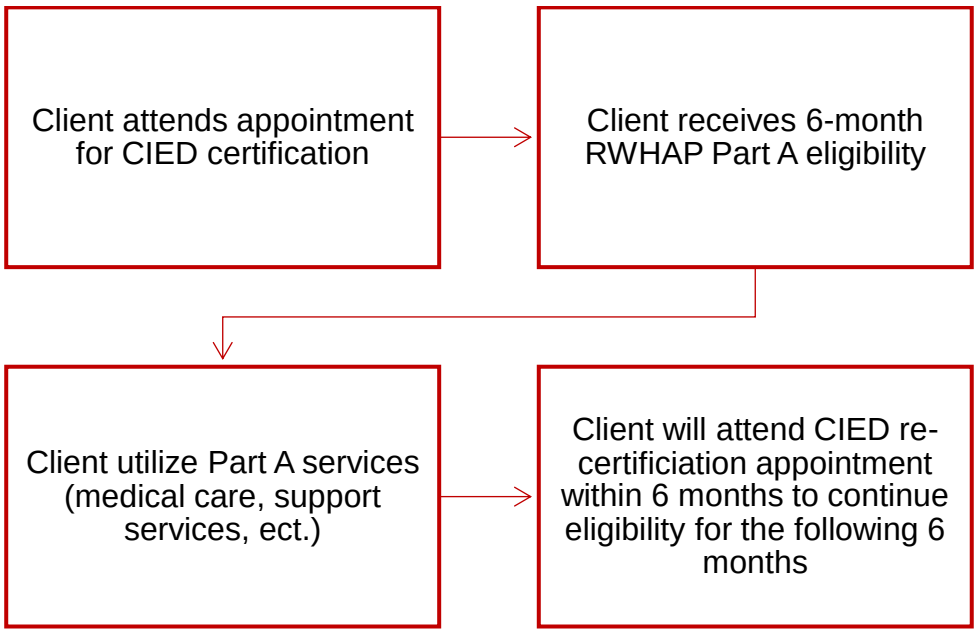


Figure 11. Broward CIED New Client Process Map

RYAN WHITE PART A SERVICE UTILIZATION

Service utilization refers to the client's use of clinical and support services offered by the Broward Ryan White Part A Program. Utilization is determined by the need for care, by whether clients know or feel that they need care or services, by whether they choose to obtain care or services, by the availability of Ryan White Part A funding for each service category, and by the accessibility of services to clients. In theory, service utilization should correlate highly with the need, however defined, for services. But some services are needed and not obtained.

Figures 12 and 13 show clinical and non-clinical service utilization for non-MAI services. Figure 14 shows service utilization for MAI services only. One notable takeaway from the clinical service utilization trend is that, between the previous fiscal year and now, utilization of AIDS Pharmaceutical Assistance decreased by roughly 64%. This could be attributed to increased eligibility in the Florida AIDS Drug Assistance Program (ADAP). Additionally, there was a decline in several services (Centralized Intake Eligibility Determination and Health Insurance Continuation Program) between FY2022-FY2023 and FY2023-2024. MAI Substance Abuse (Outpatient) services also had a decrease in utilization of around 64% between the reporting periods.

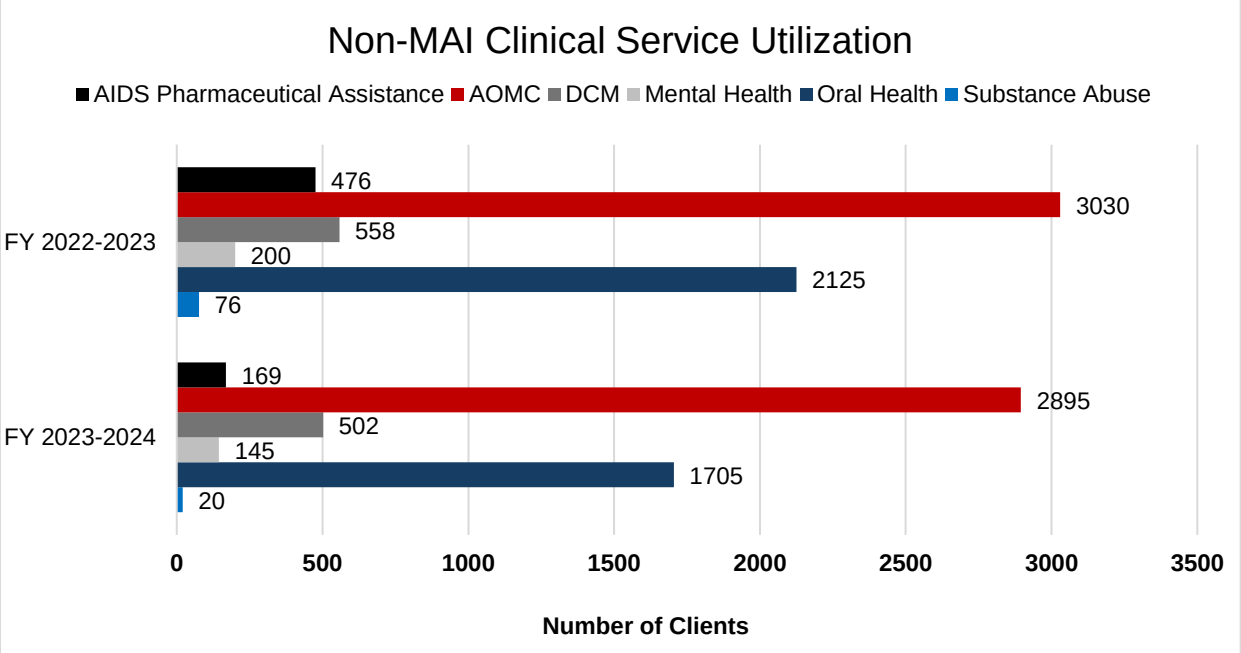


Figure 12. Non-MAI Clinical Service Utilization Trend (FY22-23 and FY23-24)

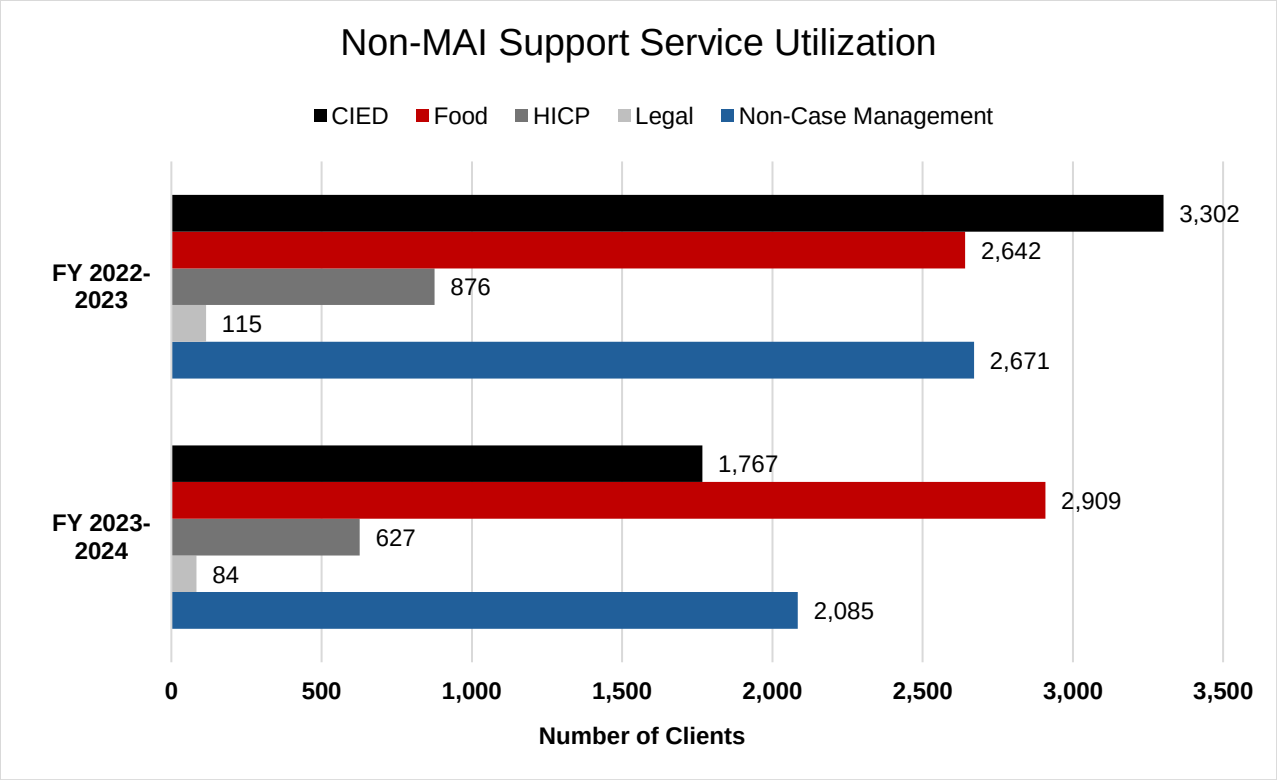


Figure 13. Non-MAI Support Service Utilization Trend (FY22-23 and FY23-24)

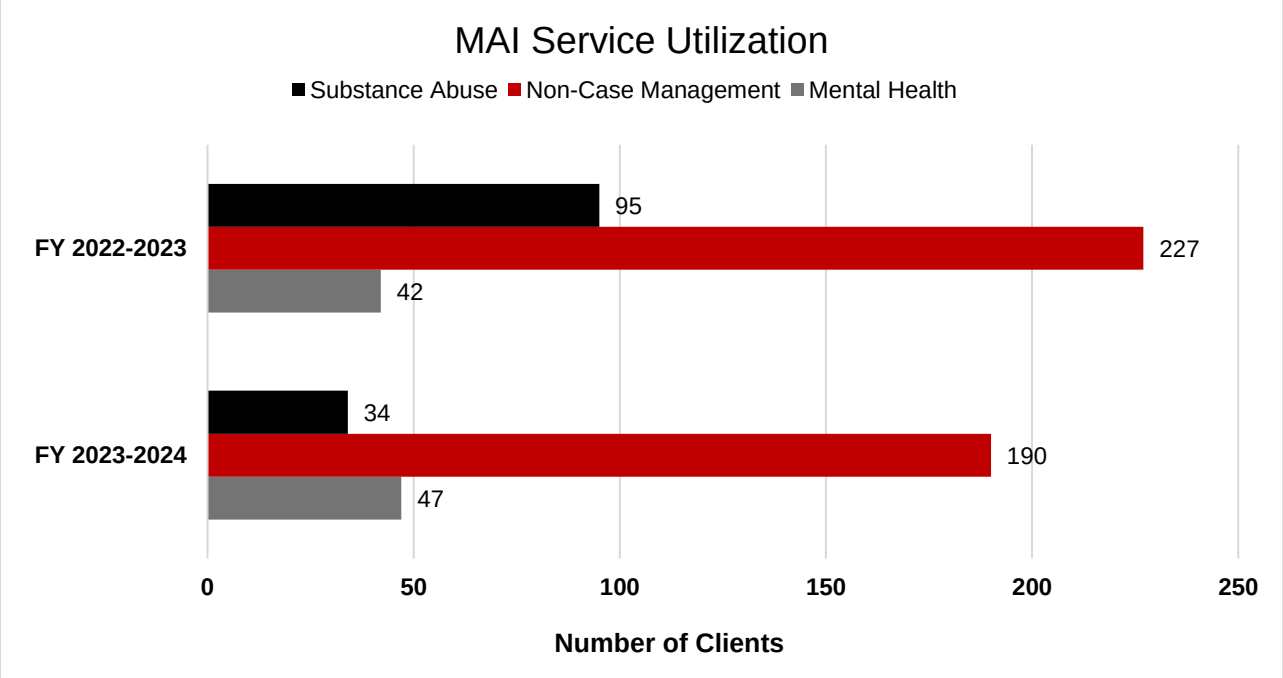


Figure 14. MAI Service Utilization Trend (FY22-23 and FY23-24)

HAB MEASURES

The Health Resources and Services Administration's HIV/AIDS Bureau (HAB) is committed to improving the quality of HIV care and treatment services for people living with HIV. HAB developed a system of performance measures to help Ryan White recipients set goals and support clinical quality management, performance measurement, service delivery, and client monitoring at both the recipient and client levels.

The HAB performance measures comprise the following categories: 1) core, 2) all ages, 3) adolescent/adult, 4) medical case management, and 5) oral health.

In Table 3, the zero percentages reported for Tobacco Cessation Counseling, Dental Medical History, and Dental Treatment Plan are likely due to providers documenting this information in their electronic medical record systems (EMRs) rather than in PE.

Table 4 shows the two-year trend for HAB performance measures by quarter for fiscal years 2022-2023 and 2023-2024. Depression screening showed an overall increase of 18% from quarter one to quarter four in fiscal year 2022-2023, while there was a 26% decrease from quarter one to quarter four for fiscal year 2023-2024. For Periodontal Screening, there was a notable decrease of 54% between the quarter fours of fiscal year 2022-2023 and 2023-2024. Influenza Immunization from October to March decreased by 14% between quarter one and quarter four for fiscal year 2023-2024.

Table 3: FY 2023-2024 HAB Measures

Measure	Numerator/Denominator	Percentage
Core Measures		
HIV Viral Load Suppression	2,878/3,469	83%
Prescription of HIV Antiretroviral	3,397/3,469	98%
HIV Medical Visit Frequency	1,158/2,854	41%
Gap in HIV Medical Visits	804/2,728	29%
PCP Prophylaxis NQF #405	0/98	0%
Annual Retention in Care	2,216/3,469	64%
All Ages		
HIV Resistance Testing before Therapy	0/3,397	0%
Influenza Immunization	525/2,881	18%
Lipid Screening	2,381/3,397	70%
Tuberculosis Screening	1,852/2,215	84%
Adolescent/Adult		
Cervical Cancer Screening	243/880	28%
Chlamydia Screening	484/708	68%
Gonorrhea Screening	9/708	1%
Hepatitis B Screening	2,212/2,352	94%
Hepatitis B Vaccination	1,102/2,782	40%

Hepatitis C Screening	3,140/3,469	91%
HIV Risk Counseling	93/3,469	3%
Oral Exam	641/3,469	18%
Pneumococcal Vaccination	1,529/3,151	49%
Depression Screening	1,397/3,474	40%
Tobacco Cessation Counseling	0/10,164	0%
Substance Abuse Screening	0/687	0%
Syphilis Screening	3,013/3,465	87%
Oral Health		
Dental and Medical History	0/538	0%
Dental Treatment Plan	0/538	0%
Oral Health Education	330/538	61%
Periodontal Screening	110/538	20%
Phase 1 Treatment Plan	62/78	79%

HAB Measures for Medical Case Management have been omitted due to the measures not populating in the Provide Enterprise-generated report.

Table 4: HAB Measures – FY 2022-2023, 2-Year Trend

Measures								
ADOLESCENT/ADULT	**FY22 Q1**	**FY22 Q2**	**FY22 Q3**	**FY22 Q4**	**FY23 Q1**	**FY23 Q2**	**FY23 Q3**	**FY23 Q4**
Cervical Cancer Screening	38%	36%	34%	33%	32%	31%	28%	28%
Chlamydia Screening	74%	76%	78%	75%	71%	65%	65%	68%
Gonorrhea Screening	4%	4%	3%	3%	4%	2%	1%	1%
Hep B Screening	96%	96%	96%	96%	96%	95%	91%	94%
Hep B Vaccination	46%	45%	44%	43%	42%	41%	40%	40%
Hep C Screening	92%	92%	92%	93%	93%	91%	89%	90%
HIV Risk Counseling	6%	6%	6%	6%	5%	5%	4%	3%
Oral Exam	17%	18%	18%	18%	18%	19%	18%	19%
Pneumococcal Vaccination	58%	57%	56%	56%	55%	54%	50%	49%
Depression Screening	45%	55%	59%	63%	66%	62%	50%	40%
Tobacco Cessation Counseling	0%	0%	0%	0%	0%	0%	0%	0%
Substance Abuse Screening	53%	55%	53%	53%	42%	23%	8%	0%
Syphilis Screening	89%	88%	88%	88%	85%	86%	86%	87%
ORAL HEALTH	**FY22 Q1**	**FY22 Q2**	**FY22 Q3**	**FY22 Q4**	**FY23 Q1**	**FY23 Q2**	**FY23 Q3**	**FY23 Q4**
Dental and Medical History	0%	0%	0%	0%	0%	0%	0%	0%
Dental Treatment Plan	0%	0%	0%	0%	0%	0%	0%	0%
Oral Health Education	16%	32%	45%	58%	66%	65%	63%	61%
Periodontal Screening	77%	73%	73%	74%	66%	50%	34%	20%
Phase 1 Treatment Plan Completion	76%	88%	78%	71%	66%	68%	75%	79%
CORE	**FY22 Q1**	**FY22 Q2**	**FY22 Q3**	**FY22 Q4**	**FY23 Q1**	**FY23 Q2**	**FY23 Q3**	**FY23 Q4**
HIV Viral Load Suppression	81%	81%	80%	82%	79%	80%	82%	83%
Prescription of ART	98%	97%	97%	97%	97%	97%	97%	98%
HIV Medical Visit Frequency	43%	42%	41%	39%	42%	42%	40%	41%
Gaps in HIV Medical Visits	29%	27%	28%	29%	26%	28%	31%	30%
PCP Prophylaxis NQF #405	5%	5%	2%	1%	0%	0%	0%	0%
Annual Retention in Care	65%	63%	64%	65%	66%	64%	61%	64%
ALL AGES	**FY22 Q1**	**FY22 Q2**	**FY22 Q3**	**FY22 Q4**	**FY23 Q1**	**FY23 Q2**	**FY23 Q3**	**FY23 Q4**
HIV Resistance Therapy Before Therapy	0%	0%	0%	0%	0%	0%	0%	0%
Influenza Immunization October-March	43%	43%	39%	32%	32%	32%	23%	18%
Lipid Screening	75%	75%	75%	75%	73%	71%	70%	70%
Tuberculosis Screening	86%	86%	87%	87%	86%	86%	84%	84%

BROWARD CLIENT-LEVEL OUTCOMES & INDICATORS

The Broward EMA has established outcomes and indicators to assess the performance of each funded service category. In 2012, the HIV Health Services Planning Council (HIVPC) approved revisions to the Broward outcomes and indicators for the following service categories: Mental Health, Substance Abuse (Outpatient), Legal Services, AIDS Pharmaceutical Assistance (Local), Medical Case Management, Food Services, and Centralized Intake and Eligibility Determination. Table 5 shows the performance of each service category for FY 2022-2023 and FY 2023-2024.

Data displayed in **green** shows that performance is equal to or above the indicator. Data displayed in **yellow** shows that performance is within 5% of the indicator. Data displayed in **red** shows that performance is below the indicator.

For fiscal year 2023-2024, AIDS Pharmaceutical Assistance, Legal, and Oral Health performance met and/or exceeded the indicator. Although Disease Case Management performance did not meet the goal for both indicators, Indicator 1.2 did increase from last fiscal year by 6.26%. The Health Insurance Continuation Program had a notable decrease of 26.17% during the reporting period. Substance Abuse-Outpatient did not meet their goals for both Indicator 1.1 (73.96%) and Indicator 2.1 (77.78%). Although the Mental Health service did not meet the goal for Indicator 1.1 by 2.27%, there was an increase of 6.54% between the reporting periods. The service categories that did not meet the performance indicator could be affected by data discrepancies that surround retention in care.

Table 5: Broward Outcomes and Indicators, FY2022-2023 and FY2023-2024

Broward Outcomes and Indicators	FY 2022 - 2023		FY 2023 - 2024	
AIDS Pharmaceutical Assistance	**Num/Den**	**%**	**Num/Den**	**%**
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.	**10/10**	**100%**	**0/0**	**-**
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).	**1/1**	**100%**	**0/0**	**-**
CIED				
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.	**117/144**	**81.25%**	**194/242**	**80.17%**
Indicator 1.2: 80% of clients will not experience a lapse in Ryan White Part A eligibility.*	**13,649/13,687**	**99.72%**	**13,284/13,323**	**99.71%**

Disease Case Management				
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date. **Indicator 1.2:** 90% of clients are retained in primary medical care.	**347/469** **467/573**	**73.99%** **81.50%**	**346/477** **552/629**	**72.54%** **87.76%**
Food Services				
Outcome 1: Increased access, retention, and adherence to Primary Medical Care. **Indicator 1.1**: 85% of clients are retained in primary medical care. **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.	**1,463/2,064** **1,919/2,229**	**70.88%** **86.09%**	**1,805/2,451** **2,286/2,640**	**73.64%** **86.59%**
Health Insurance Continuation Program				
Outcome 1: N/A **Indicator 1.1:** 85% of clients are retained in primary medical care.	**74/117**	**63.25%**	**33/89**	**37.08%**
Integrated Primary Care & Behavioral Health				
Outcome 1: N/A **Indicator 1.1:** 85% of clients are retained in Integrated Primary Care and Behavioral Health services. **Indicator 1.2:** 90% of clients on ART for more than six (6) months will have a viral load less than 200 copies/mL	**2,107/2,916** **2,788/3,126**	**72.26%** **89.19%**	**2,160/2,937** **2,832/3,140**	**73.54%** **90.19%**
Legal Services				
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. **Indicator 1.2:** 80% of clients whose cases are accepted for representation at a Social Security Administrative Law Judge hearing will win approval of case benefits and/or medical benefits thus improving their financial stability.	**0/0** **12/12**	**-** **100%**	**1/1** **26/26**	**100%** **100%**
Mental Health				
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis. **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	**80/105** **315/368**	**76.19%** **85.60%**	**91/110** **297/334**	**82.73%** **88.92%**
Non-Medical Case Management				
Outcome 1: Continuity of oral health care. **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.	**1,498/1,706** **1,547/1,907**	**87.81%** **81.12%**	**1,405/1,535** **2,012/2,424**	**91.53%** **83.00%**
Oral Health				

Outcome 1: Continuity of oral health care. **Indicator 1.1:** 75% of clients have a dental visit at least 2 times within the past 12 months.	**2,040/2,145**	**95.10%**	**2,020/2,129**	**94.88%**
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.	**1,397/1,400**	**99.79%**	**1,436/1,437**	**99.93%**
Substance Abuse - Outpatient				
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.	**67/89**	**75.28%**	**40/40**	**100.00%**
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1**: 85% of clients are retained in Primary Medical Care.	**71/96**	**73.96%**	**35/45**	**77.78%**
MAI				
Mental Health				
Outcome 1: Improvement in client's symptoms and/or behaviors associated with primary mental health diagnosis. **Indicator 1.1:** 85% of clients achieve treatment plan goals by designated target date.	**17/23**	**73.91%**	**26/29**	**89.66%**
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in primary medical care.	**29/42**	**69.05%**	**37/49**	**75.51%**
Non-Medical Case Management				
Outcome 1: Increased access, retention, and adherence to primary medical care. **Indicator 1.1:** 85% of clients achieve one (1) or more action plan goals by the target resolution date.	**150/179**	**83.80%**	**179/197**	**90.86%**
Indicator 1.2: 85% of clients are retained in primary medical care.	**152/191**	**79.58%**	**204/227**	**89.87%**
Substance Abuse - Outpatient				
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.	**48/67**	**71.64%**	**31/31**	**100.00%**
Outcome 2: Increased access, retention, and adherence to primary medical care. **Indicator 2.1:** 85% of clients are retained in primary medical care.	**49/95**	**51.58%**	**27/39**	**69.23%**

CLIENT DEMOGRAPHICS

Analyzing client demographic data can help improve the quality of care for all clients. Through this analysis, the Broward Ryan White Part A program can identify and address differences in care for specific populations, distinguish which populations do not achieve desired health outcomes, and advise the development of additional patient-centered services. All client demographic data is entered into the Provide Enterprise data platform when provided during the client intake and eligibility determination process or during temporary eligibility through rapid engagement in care.

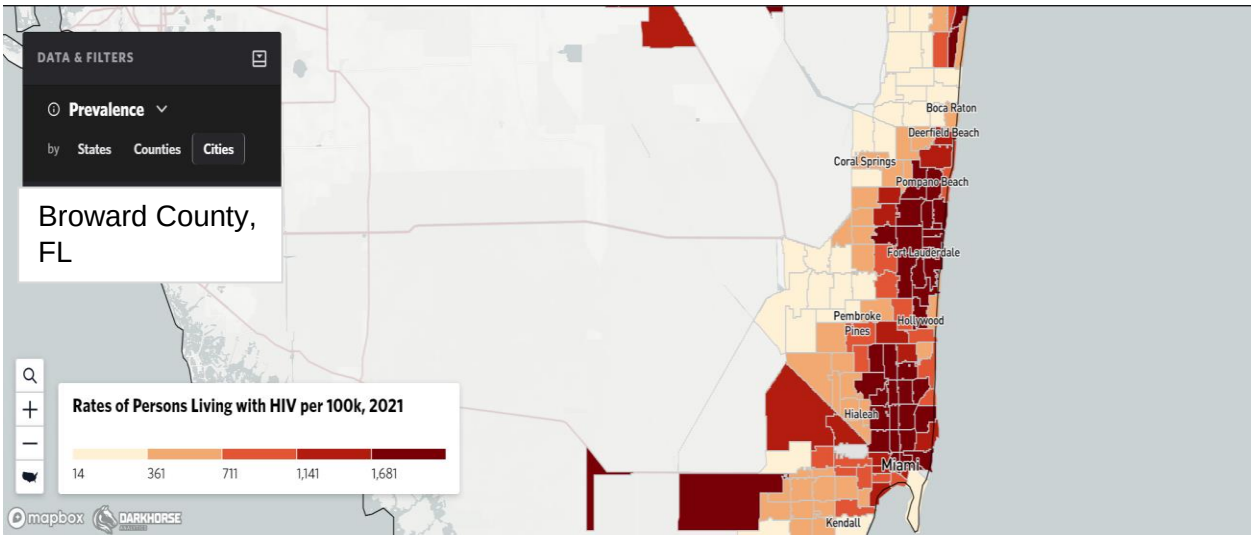


Figure 14. ***AIDSVu Geospatial Distribution of HIV/AIDS Epidemic - Broward County 2021***

Figure 14 shows 20,868 people living with HIV in Fort Lauderdale (Broward County) in 2021. In 2021, the rate of people living with HIV was 1,415 per 100,000 population. Additionally, there were 530 people newly diagnosed with HIV. The rate of new HIV diagnoses was 36 per 100,000 population.

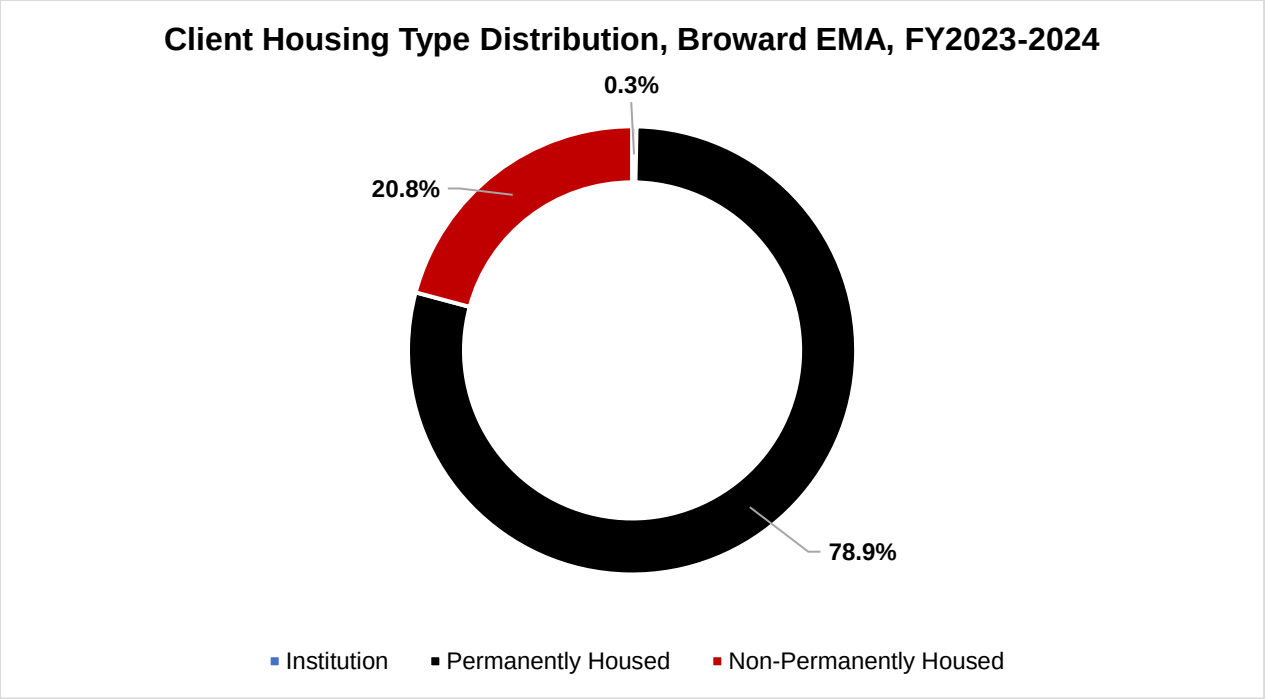
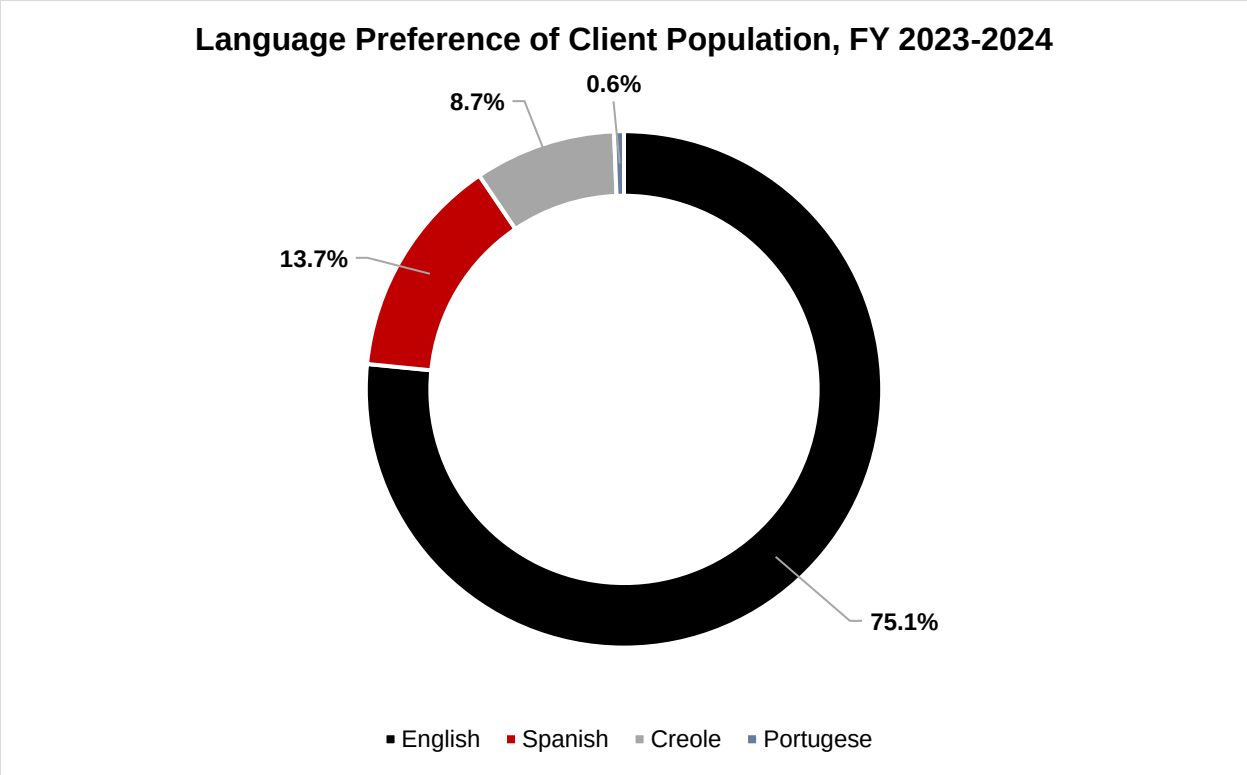


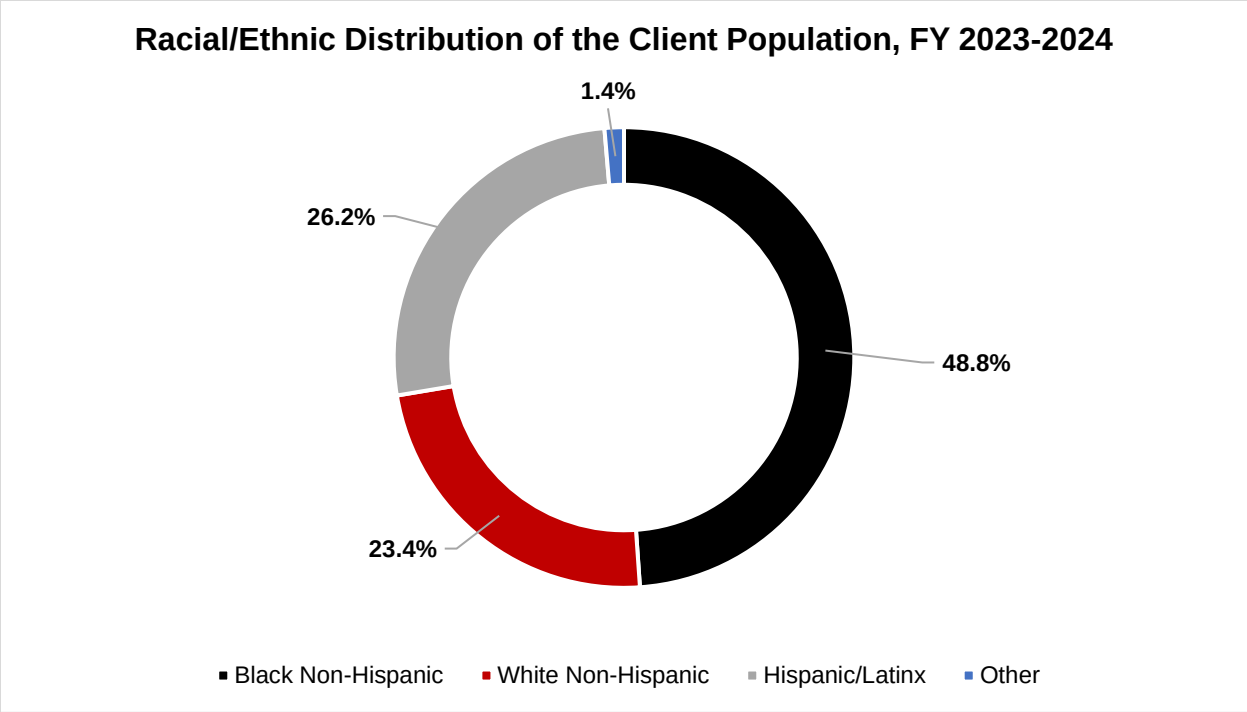
Figure 15. Client Housing Type Distribution, Broward EMA, FY2023-2024

Figure 15 shows the distribution of housing types within the client population during FY2023-2024. A majority (78.9%) of Broward RWHAP clients are permanently housed. About one-fifth (20.9%) of clients are non-permanently housed whereas less than one percent of clients (0.3%) reside in an institution.



Figures 16. Language Preference of Client Population, FY 2023-2024

Figure 16 displays the Language Preference of the Client Population in FY2023-2024. English is the preferred language of 75.1% of clients while 13.7% and 8.7% of clients prefer Spanish and Creole, respectively. Less than one percent of clients (0.6%) preferred Portuguese.



Figures 17. Racial/Ethnic Distribution of Client Population, FY2023-2024

Figure 17 displays the Racial/Ethnic Distribution of the Client Population in FY2023-2024. Most clients (48.8%) were non-Hispanic Black/African Americans. White non-Hispanic (23.4%) and Hispanic/Latinx (26.2%) clients each represented a quarter of the total client population. Other races (Asian, Native American, and Pacific Islanders) each represented less than two percent of the total client population (1.4%).

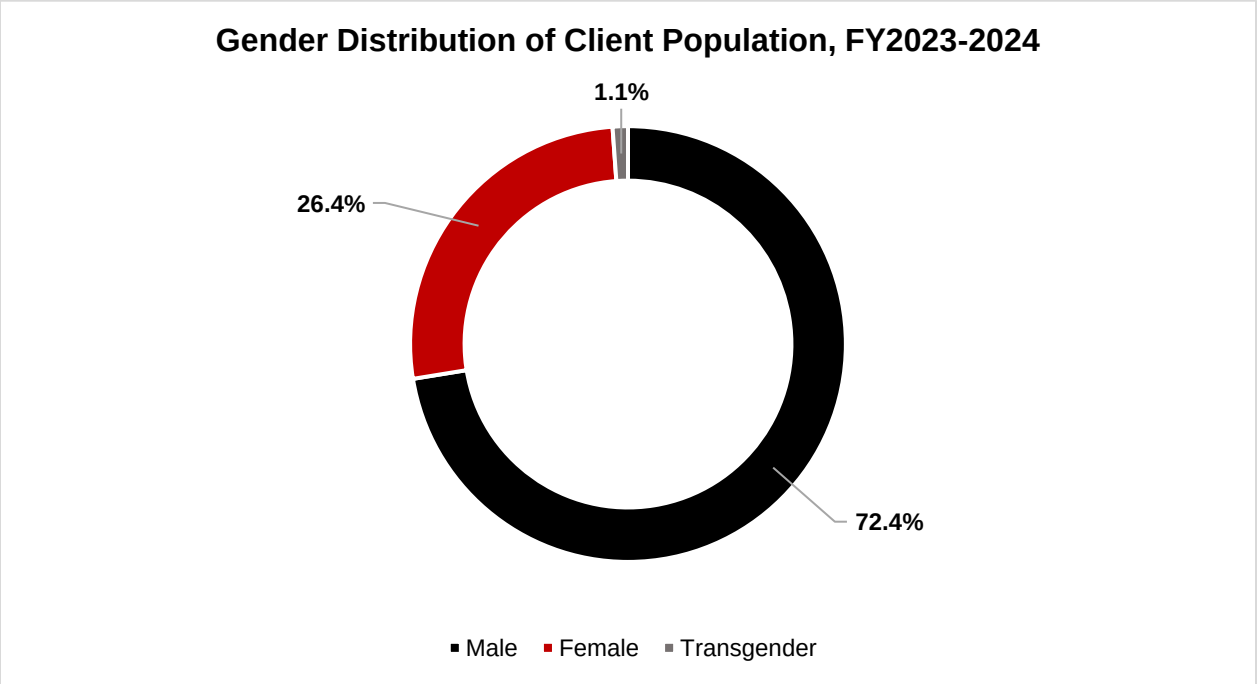


Figure 18. Gender Distribution of Client Population, FY2023-2024

Figure 18 shows the Gender Distribution of the Client Population for FY2023-2024. Most clients in the care continuum are Male (72.4%), while the Female population made up about one-quarter (26.4%), and the Transgender male to female made up less than two percent (1.1%).

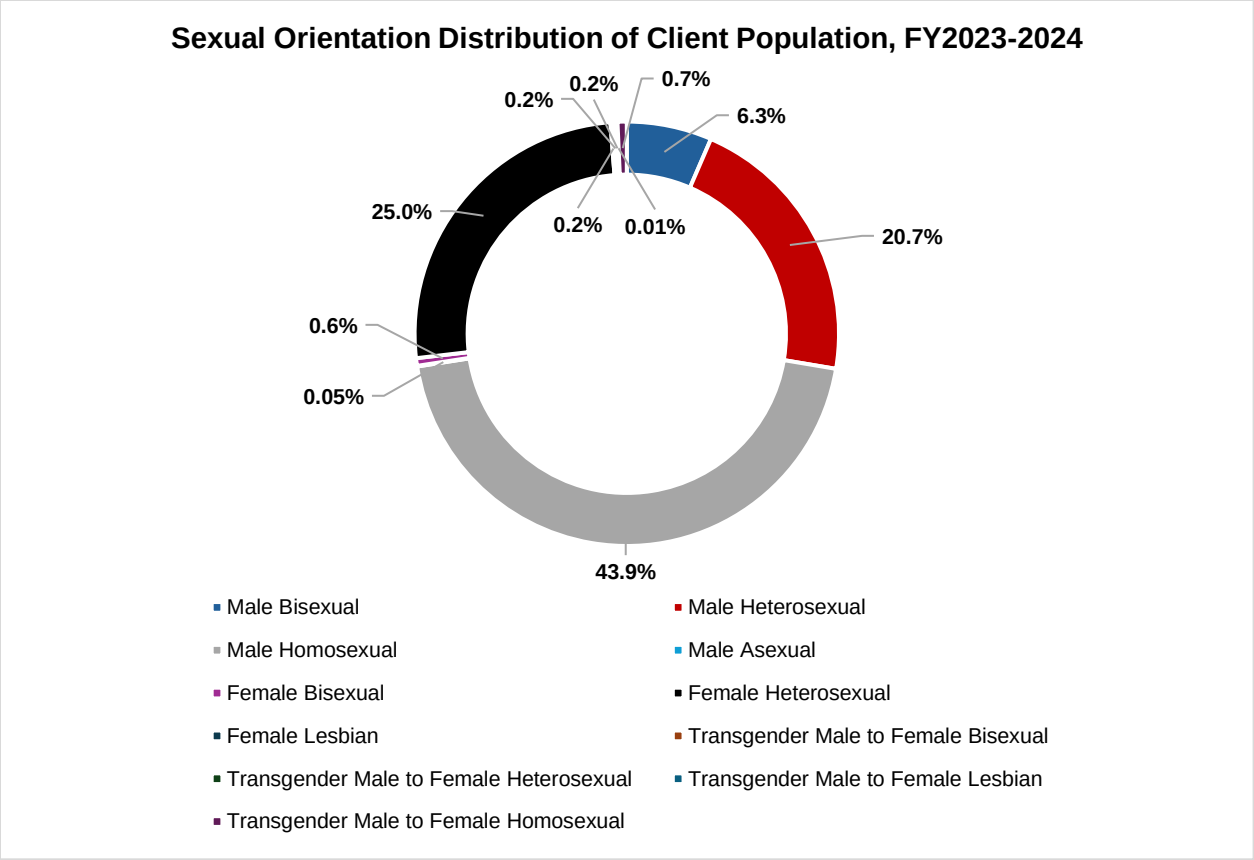


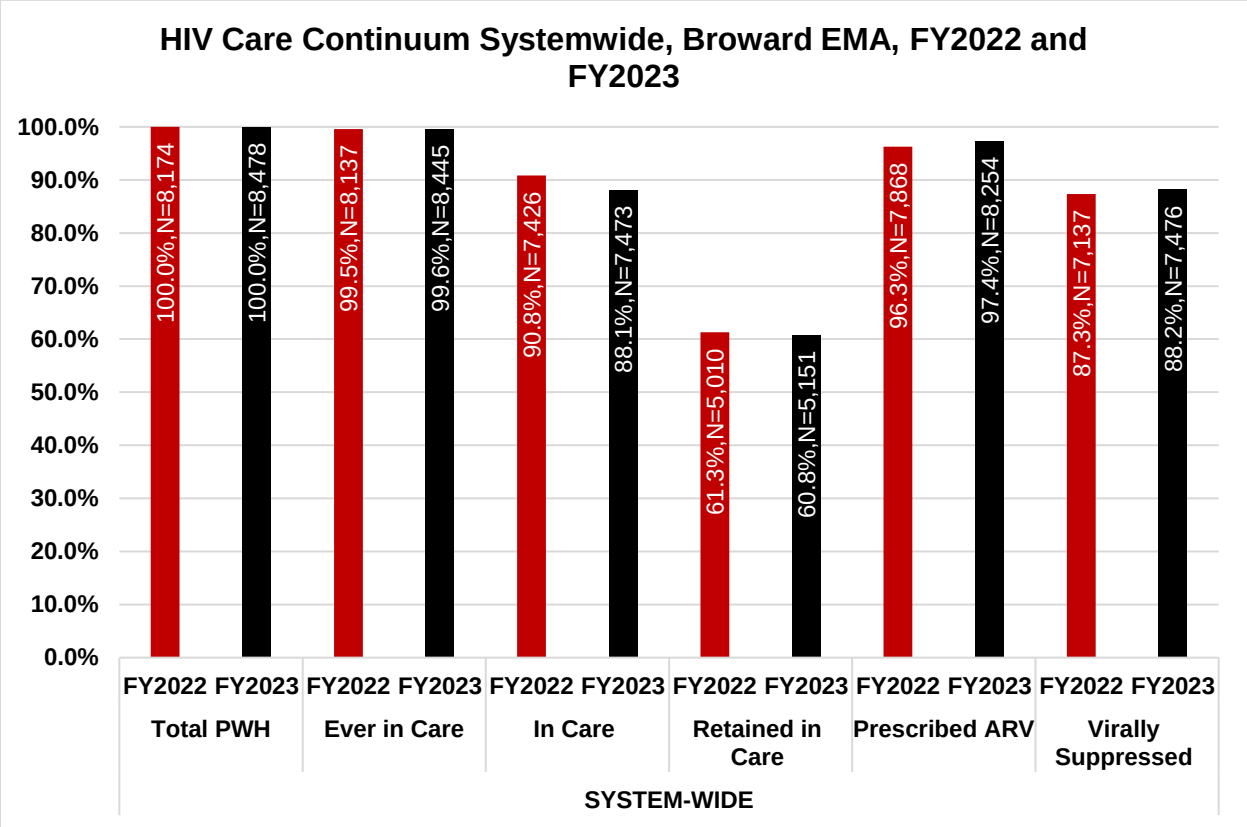
Figure 19. Sexual Orientation Distribution of Client Population, FY2023-2024

Figure 19 shows the Sexual Orientation Distribution of the Client Population for FY2023-2024. Most clients (43.9%) identified as male who are homosexual. Approximately one-quarter (25.0%) of clients identified as female who are heterosexual whereas approximately one-fifth (20.7%) of clients identified as male who are heterosexual. Approximately five percent of clients (6.3%) identified as male who are bisexual. The following subpopulations each represented less than one percent of the client population in fiscal year 2023-2024: Transgender Male to Female Homosexual (0.7%), Female Bisexual (0.6%), Female Lesbian (0.2%), Transgender Male to Female Heterosexual (0.2%), Transgender Male to Female Bisexual (0.2%), and Transgender Male to Female Lesbian (0.01%).

Special Population Measures

Continuum of Care Analysis

The Broward EMA utilizes the HIV Continuum of Care to address drop-offs along the HIV care continuum and increase the proportion of individuals in each stage. **Figures 21-24** compare the HIV Care Continuum for all Broward County Part A Clients for the FY 2022-2023 and FY 2023-2024.



**Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024*

Figure 21. FY2022 and FY2023, HIV Care Continuum Systemwide, Broward EMA

Figure 21 compares the systemwide HIV Care Continuum of FY2022 and FY2023. As the Broward EMA continues to recover from the impact of COVID-19, there were notable improvements systemwide as the Ryan White Part A program made strives to improve the system. This change is noted by the 8.4% retention rate increase between FY2020 and FY2021. However, with the data discrepancy issues that took place within the 2023-2024 fiscal year, this negatively impacted how data was captured in Provide Enterprise. In turn, this severely affected the systemwide retention rate for the Broward EMA. In addition to the reported data issues, there are human errors such as data entry errors, missing lab documents, and improper scheduling which all contribute to retention in care. The CQM team helped facilitate a Provide Enterprise (PE) training that helped address barriers that providers face when utilizing PE for this fiscal year. There is more work that

needs to be done to resolve the issues for the annual FY2023 data reporting and beyond. Provide Enterprise will continue to be monitored to resolve any discrepancies in future reporting.

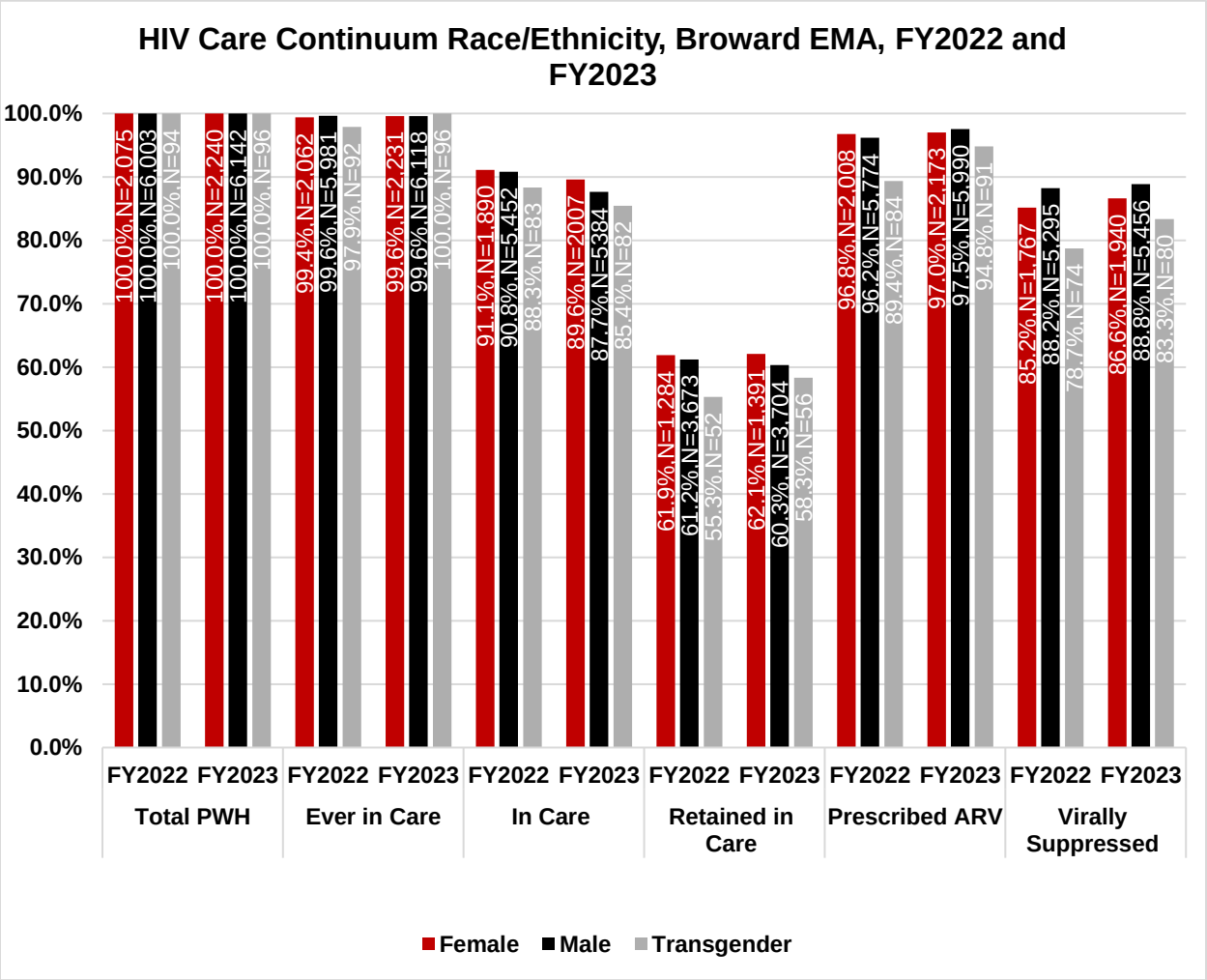


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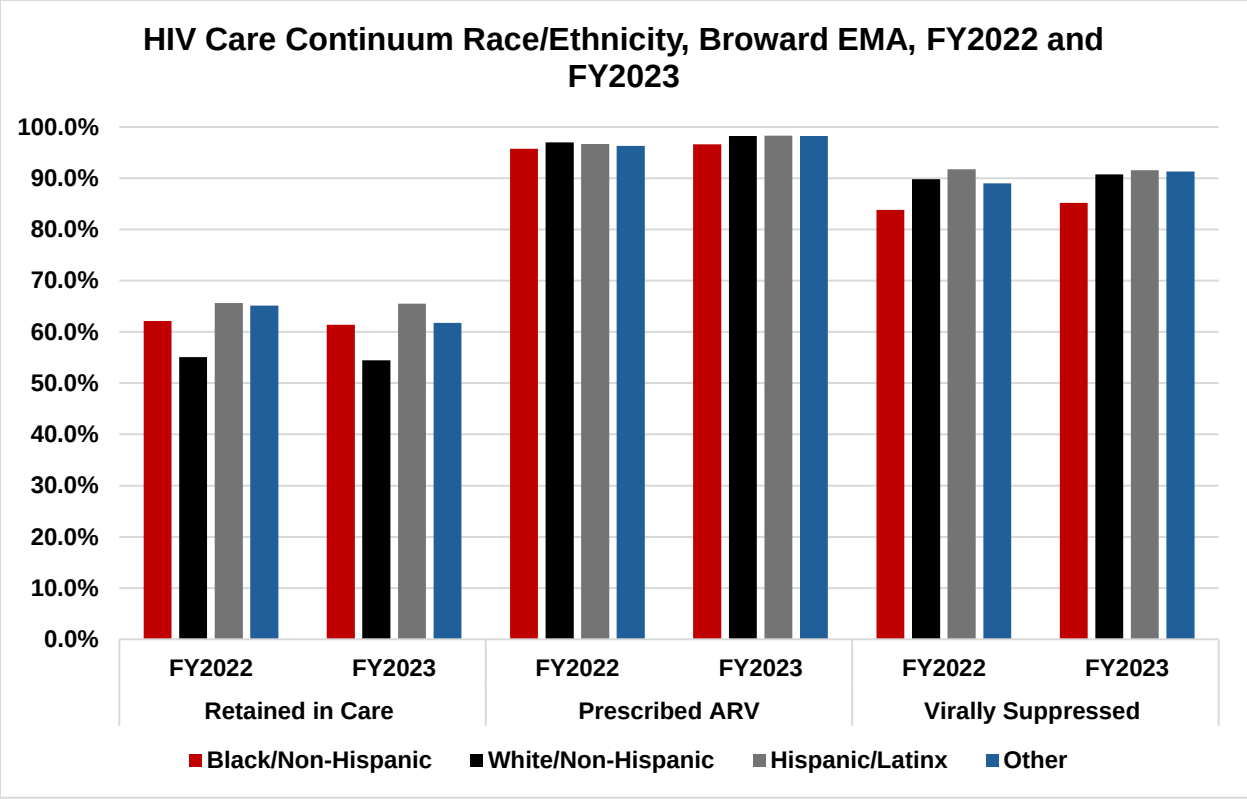
Figure 22. FY2022 and FY2023, HIV Care Continuum by Gender, Broward EMA

Figures 22 compares the three genders represented in the HIV Care Continuum for FY2023 and FY2023. Both reporting periods had the retained in care service category in the 55th to 65th percentile. There were no remarkable changes for the prescribed ARV and Viral Suppression service categories.



Continuum of Care Report 03/1/2022 – 02/28/2023, 03/1/2023 - 02/29/2024; Other includes Alaskan Native, American Indian, Asian, Native Hawaiian, and Pacific Islander

Figure 23. FY2022 and FY2023, HIV Care Continuum by Race/Ethnicity, Broward EMA

Figures 23 compares all races and ethnicities represented in the HIV Care Continuum for FY2022 and FY2023. Both reporting periods had the retained in care service category in the 55th to 65th percentile. There were no notable changes for the prescribed ARV service category. The Viral Suppression service category had an overall increase across all subpopulations between the reporting periods.

Table 6: HIV Care Continuum by Race/Ethnicity, Broward EMA, FY2022 and FY2023

Race/Ethnicity	FY2022 People Living With HIV	FY2022 Ever in Care	FY2022 In Care	FY2022 Retained in Care	FY2022 Prescribed ARV	FY2022 Virally Suppressed
Black (Non-Hispanic) (N)	3,953	3,940	3,587	2,457	3,785	3,314
Black (Non-Hispanic) %	100%	99.7%	90.7%	62.2%	95.8%	83.8%
White (Non-Hispanic) (N)	2,009	2,001	2,001	1,107	1,949	1,804
White (Non-Hispanic) %	100%	99.6%	99.6%	55.1%	97%	89.8%
Hispanic/Latinx (N)	2,094	2,082	1,934	1,374	2,024	1,921
Hispanic/Latinx %	100%	99.4%	92.4%	65.6%	96.7%	91.7%
Other (N)	109	109	101	71	105	97
Other %	100%	100%	92.7%	65.1%	96.3%	89%
Race/Ethnicity	**FY2023 People Living With HIV**	**FY2023 Ever in Care**	**FY2023 In Care**	**FY2023 Retained in Care**	**FY2023 Prescribed ARV**	**FY2023 Virally Suppressed**
Black (Non-Hispanic) (N)	4,138	4,124	3,664	2,539	3,997	3,524
Black (Non-Hispanic) %	100.0%	99.7%	88.5%	61.4%	96.6%	85.2%
White (Non-Hispanic) (N)	1,986	1,975	1,706	1,081	1,951	1,802
White (Non-Hispanic) %	100.0%	99.4%	85.9%	54.4%	98.2%	90.7%
Hispanic/Latinx (N)	2,224	2,218	1,991	1,457	2,186	2,036
Hispanic/Latinx %	100.0%	99.7%	89.5%	65.5%	98.3%	91.5%
Other (N)	115	115	101	71	113	105
Other %	100.0%	100.0%	87.8%	61.7%	98.3%	91.3%

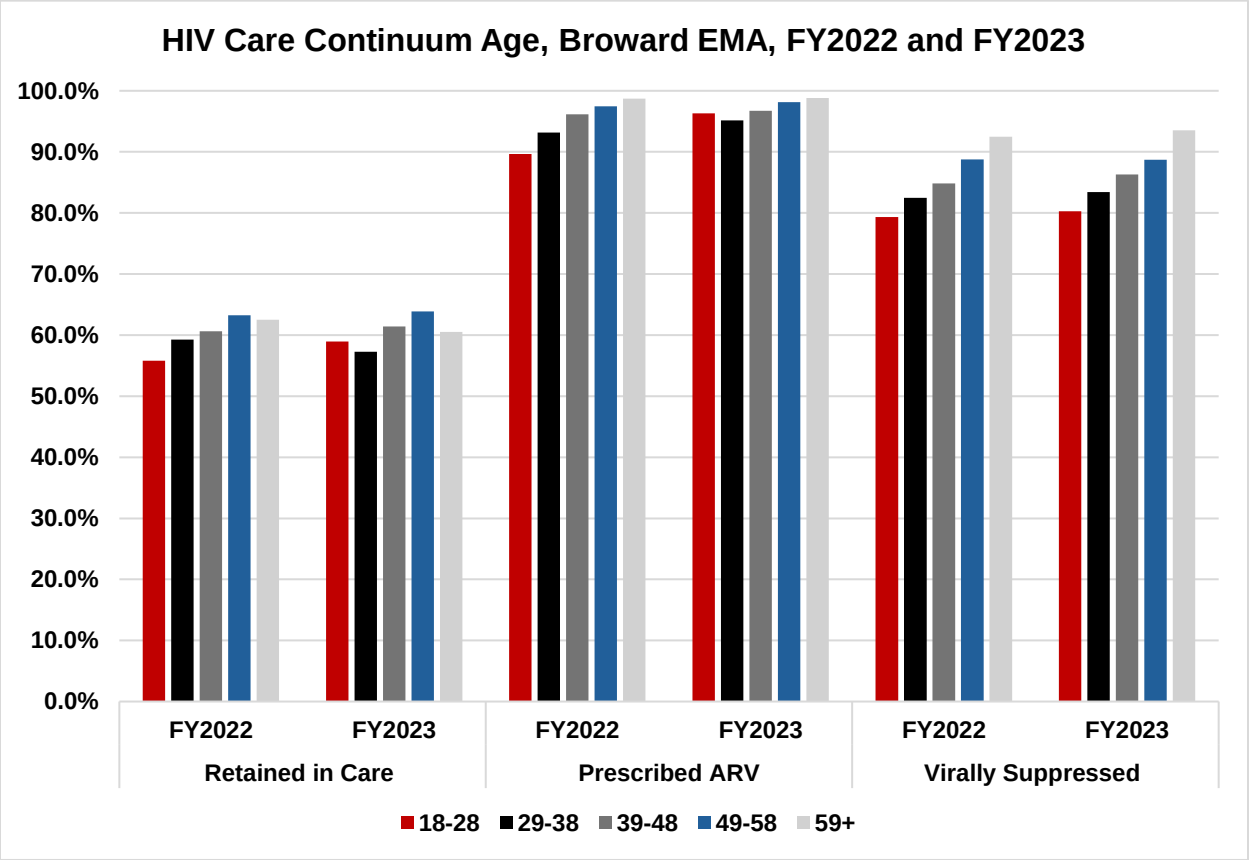


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Figure 24. FY2022 and FY2023, HIV Care Continuum by Age, Broward EMA

Figures 24 compares all ages represented in the HIV Care Continuum for FY2022 and FY2023. Both reporting periods had the retained in care service category in the 55th to 65th percentile. Both the Prescribed ARV and Viral Suppression service categories had an overall increase across all subpopulations between the reporting periods.

Table 7: HIV Care Continuum by Age, Broward EMA, FY2022 and FY2023

Age Group	FY2022 People Living With HIV	FY2022 Ever in Care	FY2022 In Care	FY2022 Retained in Care	FY2022 Prescribed ARV	FY2022 Virally Suppressed
18-28 (N)	488	493	442	275	442	391
18-28 %	100%	99%	89.7%	55.8%	89.7%	79.3%
29-38 (N)	1,564	1,558	1,416	927	1,457	1,290
29-38 %	100%	99.6%	90.5%	59.3%	93.2%	82.5%
39-48 (N)	1,557	1,549	1,401	944	1,497	1,321
39-48 %	100%	99.5%	90%	60.6%	96.1%	84.8%
49-58 (N)	2,137	2,131	1,964	1,351	2,083	2,383
49-58 %	100%	99.7%	91.9%	63.2%	97.5%	88.8%
59+ (N)	2,414	2,403	2,196	1,509	2,383	2,232
59+ %	100%	99.5%	91%	62.5%	98.7%	92.5%
Age Group	**FY2023 People Living With HIV**	**FY2023 Ever in Care**	**FY2023 In Care**	**FY2023 Retained in Care**	**FY2023 Prescribed ARV**	**FY2023 Virally Suppressed**
18-28 (N)	487	484	428	287	469	391
18-28 %	100.00%	99.38%	87.89%	58.93%	96.30%	80.29%
29-38 (N)	1,672	1,666	1,446	958	1,591	1,395
29-38 %	100.00%	99.64%	86.48%	57.30%	95.16%	83.43%
39-48 (N)	1,623	1,617	1,417	997	1,570	1,401
39-48 %	100.00%	99.63%	87.31%	61.43%	96.73%	86.32%
49-58 (N)	2,083	2,073	1,867	1,330	2,044	1,848
49-58 %	100.00%	99.52%	89.63%	63.85%	98.13%	88.72%
59+ (N)	2,603	2,595	2,306	1,576	2,572	2,434
59+ %	100.00%	99.69%	88.59%	60.55%	98.81%	93.51%

Recommendations

Continuum of Care

The Black (Non-Hispanic) subpopulation in the HIV Care Continuum of concern. As of FY2023-2024, the Black (Non-Hispanic) subpopulation is 1% less likely to be in care. CQM Support staff further drilled down this age group. Of the 4,138 Black (Non-Hispanic) clients:

- 42.8% identified as female,
- 56.0% identified as male,
- 72.3% identified as heterosexual,
- 26.1% identified as either homosexual, asexual, bisexual, or lesbian
- 70.3% reported education level between 8th and 12th grade,
- 76.3% reported permanent housing,
- 34.8% reported an FPL between 0%-50%,

Black (non-Hispanic) clients make up approximately 48% of the HIV Care Continuum. However, the FY2023-2024 Q4 data showed a decrease in their numbers across two service categories: In Care and Retained in Care. Although this subpopulation makes up almost half of the HIV Care Continuum, its retention rate is 61.4% at the end of FY 2023-2024. Further probes into the logistical barriers and health disparities that Black (non-Hispanic) Ryan White Part A clients' experience is necessary to address the lower retention and viral suppression rates among this subpopulation.

HAB Measures

Further probes into the barriers and social determinants of health may account for the 14% decrease in Influenza Immunization from October to March. This can also be related to the low perceived risk of influenza and vaccine hesitancy due to safety concerns.

Broward Outcomes and Indicators

The notable decreases in Indicator 1.1 for Health Insurance Continuation Program (37.08%) between the reporting periods are likely related to processing issues in Provide Enterprise and data discrepancies that surround retention in care. The Medical Case Management measure increased by 6.54% for Indicator 1.2 which relates to retention in primary medical care. This change could be contributed by the Quality Improvement project this fiscal year that focused on making sure clients were meeting target action plan goals which was tracked by the medical case managers.

Additional Recommendations

The current Ryan White Part A grant application identified three subpopulations of focus – Black non-Hispanic/Latinx cisgender adolescent/adult males and females who acquired HIV infection due to heterosexual contact, Hispanic/Latinx adolescent/adults engaged in male-to-male sexual contact (MMSC), and White non-Hispanic adolescent/adult MMSC – were selected based on FY2020 epidemiologic data received from the Florida Department of Health as well as PE data analyses. Further analysis of these

subpopulations should occur among the Quality Management Committee and the Quality Network.

Appendix A

Analysis of Black (Non-Hispanic) subpopulation, HIV Care Continuum, Broward EMA, FY2023-2024 Drill Down

Gender	N	%	Education	N	%
Male	2,316	56.0%	8th or less	349	8.4%
Female	1,769	42.8%	8th -12th	2,908	70.3%
Transgender	53	1.3%	College	877	21.2%
Total	4,138	100.0%	Total	4,138	100.0%
Exclusions (unknown)	0		Exclusions (unknown)	4	0.1%

Housing	N	%
Permanent	3,158	76.3%
Non-Permanent	968	23.4%
Institution	12	0.3%
Total	4,138	100.0%
Exclusions (unknown)	0	

HIV Stage	N	%
HIV Positive Not AIDS	2,666	64.4%
HIV Positive AIDS Status Unknown	447	10.8%
AIDS	1,025	24.8%
Total	4,138	100.0%

Sexual Identification	N	%	FPL	N	%
			>500%	7	0.2%
Bisexual	297	7.2%	0%-50%	1,440	34.8%
			50%-100%	816	19.7%
Heterosexual	2,993	72.3%	100%-150%	509	12.3%
Homosexual	764	18.5%	150%-200%	417	10.1%
Lesbian	12	0.3%	200%-250%	341	8.2%
Asexual	4	0.1%			
			250%-300%	245	5.9%
Declined	8	0.2%	300%-350%	145	3.5%
Did Not Ask	1	0.00%	350%-400%	115	2.8%
			400%-450%	15	0.4%
			450%-500%	8	0.2%
Total	4,138	100.0%	Total	4,138	100.0%
Exclusions (unknown)	59	1.4%	Exclusions (unknown)	80	1.9%