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, February 14, 2022 - 12:30 PM
Meeting via WebEx Videoconference
Chair: Bisola Fortune-Evans • Vice Chair: David Shamer

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 February 14, 2022
5. **ACTION:** Approval of Minutes from January 24, 2022
6. Standard Committee Items
   a. CQM Work Plan Progress Review (Handout A-1) - Review QMC's FY2021 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.
   b. Quality Network Quality Improvement Project Progress
      Work Plan Activity 4.2: Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.
7. Unfinished Business
   None.
8. New Business

   Action Item:

   a. Overview of 2021 Provider Appreciation Week
      Work Plan Activity 3.5: Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency

accomplishments.

b. FY2022-2023 CQM Quality Improvement Project Presentation: Overview of Purpose and Scope of Project
c. Review and Approval of FY2022-2023 CQM Work Plan (Handout A-2)
Work Plan Activity 4.2 Review CQM Program performance measures for efficacy and relevance and make changes as needed.
d. Ending the HIV Epidemic (EHE) Status Update

9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
    a. Next Meeting Date: March 21, 2022, at 12:30 p.m. via WebEx Videoconference
12. Announcements
13. Adjournment

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

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

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

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

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, January 24, 2022

12:30 – 2:30 PM

By WebEx Videoconference

M I N U T E S

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

Ryan White Part A Recipient Staff Present: T. Thompson

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

Guests Present: B. Mester, J. Rodriguez

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

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

Agenda Item #3: Public Comment

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

Agenda Item #4: Approval of Agenda

The approval for the agenda of the January 24, 2022, Quality Management Committee meeting was proposed by D. Shamer, seconded by *R. Jimenez*, and passed unanimously. The approval for the minutes of the October 18, 2021, meeting was proposed by D*. Shamer*, seconded by N*. Markman,* and approved with no further corrections.

Mr. Shamer, on behalf of QMC, made a motion to approve the January 24, 2022, Quality Management Committee agenda as presented. The motion was adopted unanimously.

Mr. Shamer, on behalf of QMC, made a motion to approve the October 18, 2021, 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 completing the FY2021 CQM Annual Work Plan (Handout A on file). B. Miller shared that CQM Support Staff provided data presentations to the committees and networks. The QMC Chair asked about deliverables that were still in progress and if CQM Support Staff predicts it will be completed by the end of the fiscal year. The Work Plan will be updated for the next Quality Management Committee meeting, so that members can see projects completed thus far. In addition, CQM Support Staff conducted technical assistance with agencies working through the Quality Improvement Toolkit. With the close of the fiscal year, all agencies part of the Quality network are wrapping up their Quality Improvement Project. At the next Quality Network meeting on February 23, 2022, all agencies will present the final poster of their project. The QMC Chair asked for a brief overview of the QIP process, to which B. Miller gave her a quick synopsis of the projects taking place. Overall, CQM Work Plan progress remains on schedule.

Agenda Item #7: Unfinished Business

There was no unfinished business for committee members to discuss.

Agenda Item #8: Meeting Activities/New Business

CQM Support Staff presented the Broward EMA RW Part A Program FY 2021-2022 Q3 Update. The data showcased the care continuum, focusing on race/ethnicity, gender, and age subpopulations. Committee members were interested to know why there was such a significant drop in the total number of clients between the previous fiscal years and last quarter. B. Miller explained that this drop can be due to several reasons, including but not limited to clients obtaining private health insurance, being incarcerated, passing away, and/or not renewing their Ryan White eligibility. Following this, J. Rohoman presented on the Broward Outcomes and Indicators that show how each service category performs and whether they meet the goals set in place. B. Miller then opened the floor to clarify previous data requests. D. Shamer suggested that B. Mester might have made the data request, to which B. Mester stated they did not. B. Miller recalled that D. Shamer had asked for a further drill-down of the data that shows when a client leaves the Ryan White Part A program due to obtaining private insurance. B. Miller and the QMC chair stated that there was no way for the CQM team to obtain data from private insurances, as the team can only access data from Provide Enterprise. N. Markman stated that the CIED team contacts clients lost to care to verify if they have left due to obtaining private insurance.

B. Miller moved on to provide an update on the status of Provider Appreciation Week, scheduled to take place on January 31, 2022, through February 4, 2022, on Zoom Conference. The event flyers were shown to the committee, stating it will be a weeklong event consisting of different workshops, including Ryan White Part Updates, Reaching Populations of Focus, Building Resilience, Peer Power Panel, and Mental Health for Providers. B. Miller also stated that the client satisfaction survey has been completed and will be distributed to clients beginning in March of this year. The handout was shown to the committee and will soon be printed out by the Recipient office for distribution to the different agencies in the Ryan White Part A program. N. Markman questioned if this client satisfaction survey would replace the surveys done by their office, to which T. Thompson responded that this was a separate survey meant to help Recipient staff collect data. No further questions were asked.

Agenda Item #9: Recipient Report

The Recipient's Office provided no official report.

Agenda Item #10: 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 #9: Agenda Items/Tasks for Next Meeting

The next QMC meeting will be held on February 14, 2022, at 12:30 p.m. via WebEx Videoconference. The date change is due to President's Day holiday, February 21, 2022.

Agenda Item #10: Announcements

There were no announcements.

Agenda Item #10: Adjournment

There being no further business, the meeting was adjourned at 1:52 p.m.

QMC Attendance for CY 2022

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

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

Handout A-1

Broward EMA CQM Annual Work Plan FY 2021-2022

Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party
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			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			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		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 QIP and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.	X	X		X	X							X	CQM Staff, QMC, Networks
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.											X		CQM Staff, QMC
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X	X		X	X		X			X			CQM Staff, QMC
4. Ensure the development, implementation, and evaluation of at least one quality improvement project per agency during the fiscal year.	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		X			X		CQM Staff
6. Provide technical assistance to providers as needed.	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			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			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		X	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		X	X				X	CQM Staff, QMC
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.		X											CQM Staff, QMC, Networks
3. Conduct surveys of all meetings and make suggested improvements.			X			X	X	X	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									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.													CQM Staff
2. Research best practices in obtaining consumer feedback about patient experience.		X	X	X	X								CQM Staff
3. Plan, initiate, and implement a client satisfaction/client experience plan and provide training as indicated.				X	X								CQM Staff

X = goal for objective completion

= in progress

= completed

= planned

FY 2022-2023

CQM Quality Improvement Project

FEBRUARY 14, 2022

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

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

BROWARD COUNTY FLORIDA
Broward Regional Health Planning Council

BRHPC
HEALTH & HUMAN SERVICE INNOVATIONS

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PRESENTATION OVERVIEW

TODAY'S DISCUSSION

Defining the Problem
Purpose of the Project
Project Objectives
Data Collection
Project Evaluation

DEFINING THE PROBLEM

IDENTIFYING BARRIERS

The rates of retention in care across the system-wide HIV care continuum show a significant decrease over the previous fiscal years. The most affected subpopulations include clients who identify as Black/African American, Hispanic/Latinx, women, transgender, and age categories 18-28.

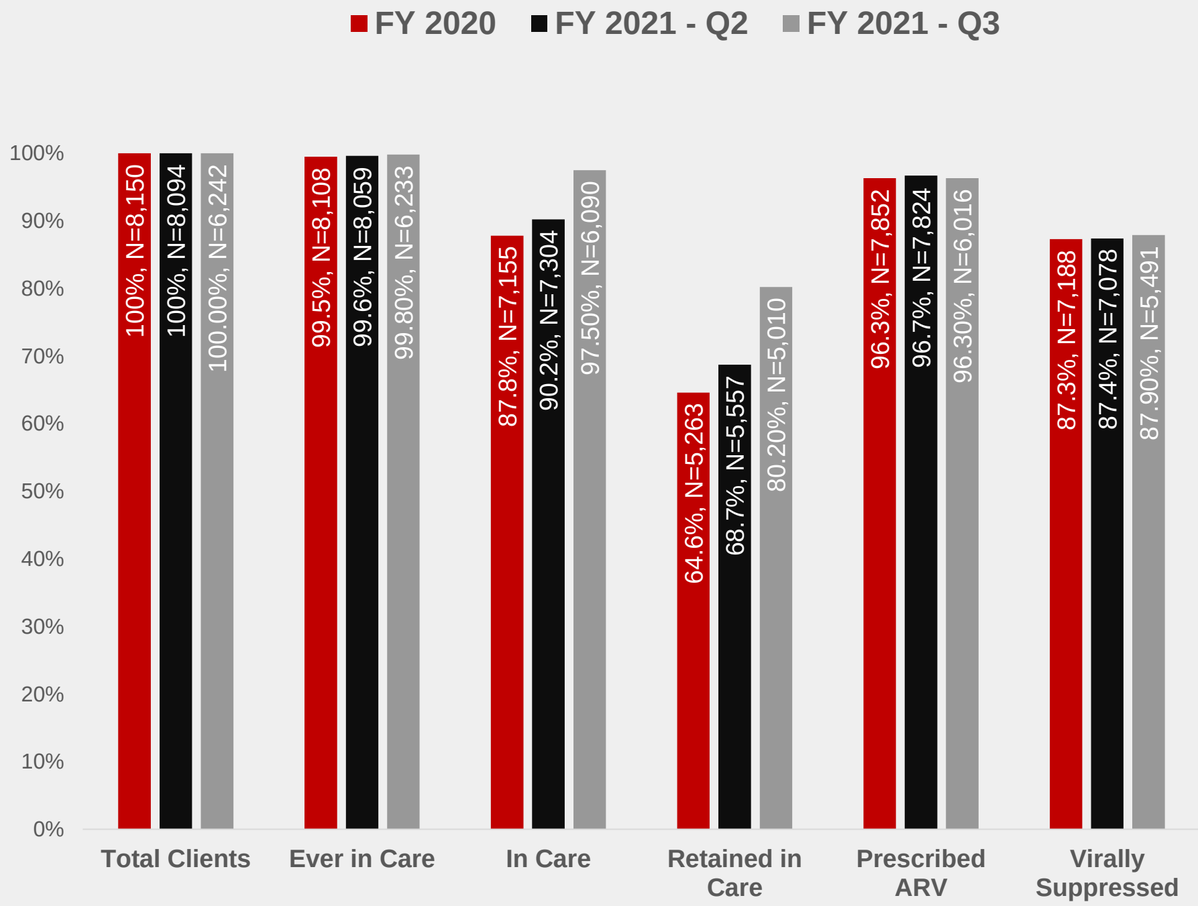
For the FY 2020-2021, the retention rate was 64.6% for the HIV Care Continuum. For the FY 2021-2022, the following retention rates are quarter one (67.6%), quarter two (68.7%), and quarter three (80.2%). The average retention rate for these three quarters is 72.1%.

DEFINING THE PROBLEM

IDENTIFYING BARRIERS

For the FY 2020-2021, the retention rate was 64.6% in the HIV Care Continuum. Currently, our average retention rate is higher than the previous fiscal year, however, this service category still needs improvement if we want to see a steady increase of the retention rate for the Broward EMA.

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



PURPOSE OF THE PROJECT

OUR PLAN

The Quality team will perform a data analysis into the systematic issues that each agency experiences in the Broward Ryan White Part A EMA related to retention in care.

AIM Statement: We aim to increase the systemwide retention in care (RIC) category in the HIV Care Continuum by 2% by the end of the 2022-2023 fiscal year.

This project aims to:

1) Identify barriers that agencies face in connecting with and retaining these subpopulations (Black/African-American, Hispanic/Latinx, Transgender, Women, 18-28)
2) Help each agency formulate a Quality Improvement project tailored to influence retention rates
3) Increase retention in care rates in each agency while indirectly increasing ARV prescriptions and viral suppression rates.

PROJECT OBJECTIVES

OUR PLAN

The Quality team will tailor the theme of the Quality Network's Quality Improvement Project (QIP) to meet our goal of increasing the systemwide rate of retention. Because each agency will have to submit their AIM statement for approval, we will tailor their QIP to directly/indirectly affect the CQM QIP's goal. Every agency in the Quality Network will follow the QIP RIC theme and develop a tailored QIP to address the service category. They will routinely receive specific technical assistance related to their retention rate.

Similarly, we will use the other networks to drive the conversation about identifying barriers about increasing retention among marginalized populations (Black [Non-Hispanic], Female, Transgender clients, etc.). Additionally, training for all the networks will be scheduled throughout the fiscal year to encourage the agencies to develop innovative ways to address discrepancies within their network.

PROJECT OBJECTIVES

EXAMPLE: RETENTION RATE INCREASE PROJECTION

FY 21-22 (Q3 Data)		
Agency	**Retained in Care**	**Viral Suppression**
Agency 1	80.43%	87.05%
Agency 2	76.96%	85.67%
Agency 3	86.63%	88.45%
Agency 4	70.33%	87.91%
Agency 5	80.11%	87.18%
Agency 6	83.33%	95.83%
Agency 7	79.83%	89.92%
Agency 8	74.70%	85.54%
Agency 9	88.84%	86.65%
Agency 10	87.50%	95.16%
Agency 11	84.34%	92.17%
Agency 12	89.42%	91.27%
Average	**81.87%**	**89.40%**

FY 22-23 (RIC Increase by 2% per agency)		
Agency	**Retained in Care**	**Viral Suppression**
Agency 1	82%	87.05%
Agency 2	79%	85.67%
Agency 3	89%	88.45%
Agency 4	72%	87.91%
Agency 5	82%	87.18%
Agency 6	85%	95.83%
Agency 7	82%	89.92%
Agency 8	76.7%	85.54%
Agency 9	91%	86.65%
Agency 10	90%	95.16%
Agency 11	86%	92.17%
Agency 12	91%	91.27%
Average	**84.51%**	**89.40%**

Ex. If each individual agency has a retention increase by at least 2%, the average RIC of the whole EMA would increase to 84.5%.

PROJECT OBJECTIVES

PROJECT TIMELINE

PDSA Cycle 1: Quarter 1 (3/1/22 - 5/30/22)

Pull Data the week of June 20, 2022

PDSA Cycle 2: Quarter 2 (6/1/22 - 8/31/22)

Pull data the week of September 20, 2022

PDSA Cycle 3: Quarter 3 (9/1/22 - 11/30/22)

Pull data the week of December 20, 2022

PDSA Cycle 4: Quarter 4 (12/1/22 - 2/28/23)

Pull data the week March 20, 2023

Final Report/Submission April 2023

DATA COLLECTION PLAN

This project will utilize Provide Enterprise as a data collection tool and the data submitted by each agency to compare the progress of their projects. The Quality team will use the quarterly performance measurement report to assess retention improvements within the EMA.

Data from the annual performance report will be used to examine if there was a 2% increase in the systemwide retention rate by the end of the 2022-2023 fiscal year. The findings of this project will be presented and utilized to inform quality improvement efforts within the EMA.

Information and project updates will be shared with the Recipient staff, the Quality Management, and System of Care Committees.

PROJECT EVALUATION

PROCESS EVALUATION

At the end of each quarter, the Quality team will analyze the data from the HIV Care Continuum to assess the success of the CQM QIP. Using process evaluation, we will determine whether our CQM QIP is being implemented as intended.

Specifically, we will assess how well the program is working, the extent to which the program is being implemented as designed, and whether the project can be adopted for the next fiscal year. Lastly, we will review our progress and routinely report findings on the CQM QIP to Recipient staff to review agency retention rates.

PROJECT EVALUATION

IMPACT EVALUATION

At the end of the fiscal year, we will conduct a data analysis of the entire systemwide HIV Care Continuum to assess if any improvements were made. Specifically, the Quality team will conduct data analysis to examine how much the retention rate increased for each agency. Afterward, we will determine if this increase has impacted the systemwide retention rate of the HIV Care Continuum.

The impact evaluation will be used to examine if the CQM QIP goal was met. This will be a guide to determine whether we will adopt or adapt the CQM QIP for the next fiscal year.

NEXT STEPS

The CQM Support Staff will give a presentation introducing each agency in the Quality Network to this FY22-23 systemwide QIP theme focused on improving retention in care within the subpopulations of focus. We will drill down the data by agency to determine which organization needs additional assistance in achieving its target goals.

To guide the annual QIP, the QI Toolkit was updated to reflect new due dates for each checkpoint and cross-referenced to ensure the COVID-19 pandemic did not derail established objectives. The QI Toolkit also reflects more technical assistance meetings with each agency to ensure that all projects remain on track in time progression and remain on task with the original goal.

THANK YOU!

ANY QUESTIONS?

Handout A-2

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
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		X	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.													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.													CQM Staff
2. Research best practices in obtaining consumer feedback about patient experience.		X	X	X	X								CQM Staff
3. Plan, initiate, and implement a client satisfaction/client experience plan and provide training as indicated.				X	X								CQM 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