

Minutes for Miracle of Love Inc. Quality Management Committee

Call to Order

A regular meeting of the Miracle of Love Inc. (MOL) Quality Management Committee (QM Committee) was held on December 16, 2019 at Heart of Florida United Way – Universal Room. It began at 1:07 PM and was presided over by Vanessa Rivera, with Wyatt Haro as Recorder.

Attendees

Voting members in attendance included Angus Bradshaw, Vanessa Rivera, Wyatt Haro, Julian Vega, Alicyn Mulder, LaDawn Pierre, Maylen Peguero, Miluan Williams, Richard Figueroa, and Alicya Walker. Guests in attendance included Alelia Munroe (Orange County Health Services)

Members not in attendance included Nikia LaFontant

Approval of Agenda

A motion to approve the agenda of the current meeting was made by Angus Bradshaw and seconded by Vanessa Rivera. Agenda approved as read.

Approval of Minutes

A motion to approve the minutes of the previous November 4, 2019 meeting was made by Angus Bradshaw and seconded by Wyatt Haro. Minutes approved with changes: Appendix A, B, and C removed from official minutes and added to draft plan.

Officers' Reports

Ryan White HIV/AIDS Program Service Report (RSR) was presented by Vanessa Rivera. HAB HIV Performance Measure Report Review was presented by Vanessa Rivera.

Other Reports

QM Committee Binders was presented by Wyatt Haro.

QM Committee Client Search was presented by Angus Bradshaw. The following resolution was adopted: Two clients to be selected to volunteer on QM Committee and must attend Central Florida Training of Consumers on Quality. Clients must be selected ASAP and are required to be a part of QM Committee.

Main Motions

Motion: No motions were made during this meeting.


Announcements

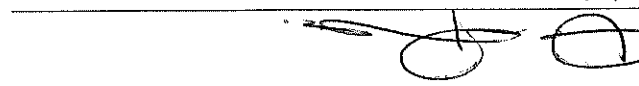
Committee will be using "Robert's Rules of Order"—Training on proper meeting adherence will be held at January committee meeting.

Next regular Quality Management Committee meeting will be on January 13, 2020 at 1:00 PM in the Doctor Phillips Conference Room at Heart of Florida United Way in Orlando—meeting moved from third Monday due to Martin Luther King Jr. day.

Adjournment

Angus Bradshaw moved that the meeting be adjourned, and this was agreed upon at 2:23 PM.


Recorder/Secretary
Miracle of Love Inc. Quality Management Committee


Chairperson
Miracle of Love Inc. Quality Management Committee

12/30/2020
Prepared Date

01/13/2020
Approval Date

Summary of Reports/Presentations

Quality Management Committee Binders – Wyatt Haro

- All documentation provided at November meeting has been provided in QM binder
- Tab 1 – Agendas and Minutes
- Tab 2 – QM Plan Draft
- PDSA worksheet added to end of QM Plan Draft
 - Tab 3 – Current Year RSR
 - Will be a year behind (current year is 2018, submitted 2019)
- Tab 4 – Previous Year RSR
- Tab 5 – HAB Reports
 - Pulled by Vanessa Rivera to review errors that need to be fixed before RSR report can be pulled
- Tab 6 – QM Committee Contact List
- Tab 7 – Definitions and Resources
- Tab 8 – Miscellaneous
 - Each committee member is free to use this section to store resources or information for their assigned role or notes
 - Currently included in this tab is the Crosstabulation Report of Part A Client Satisfaction Surveys as of October 10, 2019 and Orlando EMA Ryan White HIV/AIDS Program Part A Performance at a Glance CY 2019, covering January 1, 2019 – June 30, 2019
- Additional tabs can be added if necessary in the future
- Ryan White HIV/AIDS Program Service Report – Vanessa Rivera
 - Unable to run the 2019 RSR due to technical issues with Provide CM—a support ticket has been submitted—will be reviewing the 2018 RSR
 - This report is found in the RSR Current Year tab within QM Binder
 - Report Breakdown
 - Total number of clients served by Ryan White program for the service year
 - In 2018, 1,567 clients were served by Ryan White program at MOL
 - Demographic breakdown
 - HIV Status
 - 100 percent of clients must be HIV positive

- Includes Gender (Female, Male, Transgender)
- Age groups (13-24, 25-44, 46-64, 65+)
- Race, Ethnicity
- Household poverty level breakdown
- Clients that are at 100 percent and higher, and receive ADAP, can be selected to enroll in Florida Blue Insurance
- Clients that are at 400 percent and higher, do not qualify to receive Ryan White Part A services
- Housing/Living Arrangement (Stable/permanent, Temporary, Unstable)
- Housing Status (Non-permanently housed, Stable/permanent, Temporary, Unstable)
- Medical Insurance breakdown (Medicaid, CHIP, other public, Medicare, No insurance/uninsured, Private-employer, Private-individual, VA, Tricare and other military)
- Enrollment Status (Active, Deceased, Incarcerated, Invalid, Referred to another program or services or discharged, Relocated, Removed from treatment due to a violation of rules)
- Service Visits Breakdown
 - Service Visits by Service Category (Medical Case Management (including treatment adherence), Medical Nutrition Therapy, Oral Health Care)
 - Services Delivered by Service Category (Case Management (non-medical), Food Bank Home Delivered Meals, Medical Transportation Services, Referral for Health Care Supportive Services)
- Report is submitted annually to Health Resources & Services Administration (HRSA)—Funding agency for Ryan White program
- Point of Information by Angus Bradshaw: Why does the total number of Clients by Medical Insurance not match the total number of clients in all other sections?
 - A client that dual eligible (i.e., they may be enrolled in Medicaid and Medicare) will be counted in each category, therefore being counted multiple times.
 - A client that changed enrollment status (i.e., had Private-Employer insurance, lost job, and enrolled in Medicaid) will be counted in each category
- 2017 RSR Report shows less consumers than 2018—indicating a trend of increasing case load for Ryan White services at MOL
 - This RSR Report is located in the RSR Previous Year tab of the QM Committee Binder

- HAB Report will be used by the Grantee's office to determine funding beginning FY2020
- HAB Report is the method used to measure deliverables for the Ryan White Program
- Medical Case Managers and Referral Specialists must input and maintain client data (i.e., recent labs, doctor appointments) – Peer Navigator and Housing Case Managers are able to enter this information as well
- Clients that see EMA participating providers will have information added to system automatically
- Clients that see non-EMA participating providers must submit the information or MCM/Referral Specialist must request information from medical practice
- **Point of Information by Angus Bradshaw: What should the percentages be on the HAB HIV Performance Measures Report categories?**
 - HIV Viral Load Suppression target is 90 percent
 - Prescription of HIV Antiretroviral Therapy (ART) target is 98 percent
 - HIV Medical Visit Frequency target is 85 percent
 - PCP Prophylaxis NCF #405 is clinical and does not apply to MOL Ryan White Services
 - Annual Retention in Care—newly added measure by HRSA
- **Supplemental Information by Alelia Munroe:**
 - HRSA will use HIV Viral Load Suppression and Annual Retention in Care measures to determine funding
 - Grantee's office will not be using same target numbers for these measures to determine agency funding—the specific target has not been determined to date
 - **Point of Information by Angus Bradshaw: Is there a timeline on the determination and release of the target guidelines by Grantee's office?**
 - Targets should be released by start of 2020 calendar year
 - The HIV Viral Load Suppression percentage is reported by number of clients that maintain >200 copies/mL as set by HRSA—based on previous lab and viral load technology
 - The goal is for client to be "undetectable," which is defined by the specific lab being utilized (i.e., State of Florida labs <50, some labs <40, <20, and <10)
 - Prescription of HIV Antiretroviral Therapy target was initially set at 100 percent
 - There are currently some clients that do not use ART and remain virally suppressed
 - Community Quality Management Committee reduced the target percentage to 98
 - HIV Medical Visit Frequency reviews medical appointment data for clients over a two-year period

- Standard is two medical appointments in a year, at least six-months apart
 - Annual Retention in Care reviews current client base for two visits with MCM and/or Referral Specialist in the current measurement year, at least 90-days apart
 - Gap in HIV Medical Visits reviews the number of clients that kept a medical appointment in the first six months of the year that have not had a second appointment
 - Target is 10 percent
 - Clients that do not go to second appointment due to financial hardship issues (i.e., high co-pay, high out of pocket costs) should be noted by MCM/Referral Specialist to Vanessa Rivera so it can be reported in monthly narrative
 - Planning Council is working to modify certain language in the Ryan White Part A funding regulations that will allow for additional funding to cover high out of pocket expenses for clients
 - Point of information by Richard Figueroa: How can client financial hardships be documented in Provide CM?
 - The notation should be made in progress/case notes
 - Important for client to see doctor twice-a-year to prevent co-morbid illnesses as well as maintain treatment for HIV
 - QM Committee is responsible for identifying QM procedures that can be put in place to bring a client that is currently not virally suppressed to virally suppressed by the end of February
 - Through reports, clients that are not virally suppressed can be identified, enrollment in Project Zero can be verified
 - QM Committee must propose a plan to target clients not enrolled in Project Zero to achieve and maintain undetectable status by end of February
 - Currently 134 clients not virally suppressed that are not enrolled in Project Zero
 - Viral suppression can typically be achieved within 30 days when adherent to ART
- Project Zero is pilot program that uses intensive case management with selected clients
 - Clients enrolled in Project Zero were selected by Grantee's office
 - Not enrolling new clients
 - Twenty-two clients at MOL enrolled—13 virally suppressed
 - Additional information by Angus Bradshaw:
 - Project Zero is focused on intensive case management, and being in contact with the client more often
 - One method being tested in our EMA to determine what works to ensure clients are achieving undetectable status

- Some challenges that prevent clients from remaining adherent to ART include: forgetting to take medications regularly, financial hardships, mental health, substance abuse (in these cases a new Acuity assessment can be completed which could add a Medical Case Manager to the client—if less than six months from last Acuity Assessment, notify Vanessa Rivera to override and allow for assessment to be completed)
- **Point of Information by Alicyn Mulder:** Do we know if the clients that are not virally suppressed are facing any of these challenges or specific challenges?
 - Information is not available today, but can be presented at January meeting
- **Additional Information by Angus Bradshaw:**
 - Report can be ran to determine which clients are not virally suppressed
 - Determination of client's housing status, mental health referrals, substance abuse treatment, etc. can be determined from Provide CM
- **Additional Information by Alelia Munroe:**
 - Orange County Detention Center offers HIV testing
 - Orange County Detention Center is working to administer ART to inmates in custody
- **Additional Information by Mulan Williams:**
 - HIV testing is required in Florida State Prisons at the start of incarceration and prior to release from incarceration
- Q/M Committee Client Search – Angus Bradshaw
 - Client should reside in Orange County
 - Transportation to and from committee meetings can be provided
- **Additional Information by Vanessa Rivera:**
 - May be beneficial to select clients that are using EMA participating providers to get full input on all services being offered in the EMA
- Central Florida Training of Consumers on Quality was rescheduled—January 7 and 8, 2020 at Hope & Help
 - **Additional Information by Alelia Munroe:**
 - Clients should be virally suppressed
 - Maintaining medical appointments
 - Adherent with ART
 - Looking for clients that are compliant with Ryan White program requirements
 - Lunch and transportation is provided to the clients at training

- members of the QM Committee to be selected, or can a client receiving service from a non-QM committee case manager participate?
 - Anyone interested is welcome to attend training
 - Any client can be recommended for QM Committee – as long as they are receiving Ryan White services at MOL
 - **Additional Information by Vanessa Rivera:**
 - Clients assigned to Medical Case Managers are typically not virally suppressed, suffering from challenges to ART adherence, need more attention—this client type would most likely not be suited to participate on the QM Committee
- **Point of Information by Alycia Walker:** Do the clients need to be receiving services from the members of the QM Committee to be selected, or can a client receiving service from a non-QM committee case manager participate?
 - Participation on QM Committee is done on a voluntary basis
 - **Point of Information by Julian Vega:** What are we going to tell the client if asked about compensation?
 - **Additional Information by Alelia Munroe:**
 - HRSA does permit transportation and child care incentives to be covered through Ryan White funding
 - No other compensation can be paid for with Ryan White funding
 - Not able to pay clients for service on QM Committee
 - Food/meal may be served at meetings
 - Other incentives can be looked at when reviewing potential clients for QM Committee (if necessary)
- **Point of Information by Richard Figueroa:** Are we doing anything to keep clients active with Ryan White services, other than calling regularly, such as a way to remind clients about appointments?
 - **Information by Vanessa Rivera:**
 - Best practice is to note the next appointment date on the client's notice of eligibility when meeting with client for eligibility
 - Best practice is to also notify clients via a phone call the day before to remind about appointment
 - **Additional Information by Alelia Munroe:**
 - Planning Council defunded Non-Medical Case Management and funded Referral Specialists
 - Referral Specialists, theoretically, should only be doing eligibility

- Medical Case Managers should be doing all other tasks, including food vouchers, bus passes, etc.
- Information on the need for all three services (Medical, Non-Medical, and Referral) is not making it to Grantee's office
- Clients that need more attention than two appointments annually with a Referral Specialist, but do not need to be contacted every two weeks by a Medical Case Manager, would be served best by a Non-Medical Case Manager
- Reports of this need should be made to Grantee's office by Planning Council and Service Providers
- Planning Council can allocate funding for Non-Medical Case Management to resume
 - Must be done through standard processes
 - Grantee Office would be required to collect RFPs
 - **Additional Information** by Angus Bradshaw:
 - MOL is funded for three years—the earliest funding for Non-Medical Case Management could be allocated to MOL is FY2022
 - **Point of Information** by Alicyn Mulder: Is there something that can be done internally to fix the issue?
- An immediate, short-term, internal fix, could be a grant that would fund Non-Medical Case Management (i.e., pharmaceutical grant)
- For long-term, overall change, funding must be reallocated by Planning Council to the Non-Medical Case Management position