

# Performance Improvement Advisory Team Meeting Minutes March 16, 2018



## Attendees

Name	Organization	BSR Staff Present
Nelson Maldonado	AHF	Petra Brock
Rhonda Wright	Borinquen	Susy Martinez
James Lecounte	Care Resource	Robert Ladner
George Barroso	Care Resource	Sandra Sergi
Stephen Williams	CHI	
Sacha Fiol	Empower U	
Carla Valle-Schwenk	MDC Ryan White Program	
Naeem Tenant	SFAN	
Samantha Ross	U of M	
Karen Hilton	U of M	
Debra Jeffrey	Village South	

Call To Order	George Barroso called the meeting to order at 9:41a.m.
Minute Review	Attendees reviewed minutes, no changes were made.

## Standing Business

Topic	Discussion	Follow-up
<b>Ryan White Program Update</b>	<ul style="list-style-type: none"> <li>▪ Carla Valle-Schwenk provided the update.</li> <li>▪ The Recipient is in the process of completing subrecipient continuation contracts for FY 2018-19.</li> <li>▪ Subrecipient site visit reports will be disseminated within the next couple of weeks. Next round of subrecipient site visits will begin in the next couple of months.</li> <li>▪ The Partnership will be acting on the following motions at the next Partnership meeting: the RW Prescription drug formulary; revisions to the Allowable Medications Conditions List; and Primary Medical Care Standards.</li> <li>▪ The ADAP expansion of their prescription drug formulary was effective on March 1, 2018. The Recipient will allow RWP clients to access the RW Formulary during the ADAP Phase II expansion period through July 2018.</li> <li>▪ Because of the ADAP formulary expansion, ADAP ACA clients (clients whose insurance</li> </ul>	<ul style="list-style-type: none"> <li>✓ Removal of the CD4 lab results from the Missing RSR Data Report to be revisited at next meeting/placed on hold.</li> </ul>

premiums are paid for by ADAP) would have their medication co payments paid by ADAP. RWP non-ADAP ACA-insured clients would have the RW program pay their medication co-payments. Historical RWP medications will stay on the RW formulary with a notation that prescriptions are to be filled by ADAP . General Revenue funds will continue to be available for short-term or emergency basis only.

- The last count of ACA clients enrolled under RW Part A was 531, and over 1,200 ACA clients enrolled and being assisted with premiums under ADAP. ADAP has agreed to pay premiums for the 531 Part A ACA clients for this year.
- Service Delivery Guidelines for FY 2018-19 (including Service Definitions) should be available soon.
- Medicaid clients currently receiving Medical Case Management services through the RWP must be dis-enrolled from the Part A MCM services. With few exceptions, all Medicaid clients have access to MMA plan coordinators. Medicare clients with Preferred Health care plans also have a care coordinator, making it inappropriate for them to receive MCM services through the RWP, which is the payer of last resort. Medicaid and Medicare service recipients may continue to access RWP services that Medicaid or Medicare does not cover. They would access RWP through the Out of Network (OON) protocols; clarification of the process is pending, as a revised OON referral and checklist are pending. The Recipient may provide an additional extension through the end of April 2018 for OON referrals currently in place while a definitive process is pending.
- A clear “how to” on how to use the GAP card will be disseminated. Ms. Valle-Schwenk reiterated that coverage for the GAP card must be HIV related in order for Miami Beach Community Health Center to process payment.
- Susy Martinez will verify if the case closure

	reason “transitioned to Medicaid” has been added as a case closure option in SDIS. Carla agreed that the Medicaid transition discussion of the MCM with the client will be billable as part of the case closure encounter.	✓ Susy Martinez will provide the case closure reasons programmed in SDIS at the next PIAT meeting
<b>Topic</b>	<b>Discussion</b>	<b>Follow-up</b>
<b>Ryan White Outreach Update-Susy Martinez</b>	<ul style="list-style-type: none"> <li>▪ Susy Martinez reviewed agenda items from the last February 2018 outreach training. Donna Sabatino from Janssen presented on Factors Impacting Adherence in HIV Mental Health/Substance Use. David Goldberg from the Florida Department of Health presented on the Test and Treat model. Ms. Martinez led breakout sessions where outreach workers shared solutions to problematic cases.</li> <li>▪ The last Outreach Linkage to Care Team meeting focused on potential changes to the Outreach Service Definition proposed at the Needs Assessment meeting. The proposed changes will go before the Partnership for approval.</li> <li>▪ Robert Ladner explained FLDOH is working closely with the County and BSR to address the integrated plan as it relates to linkage and retention.</li> <li>▪ Ms. Martinez reviewed the Outreach Review (OREV) and Outreach Consultation (OCON) utilization report. Three out of 8 outreach supervisors met the required 10 hours of OREV and 3 out of 8 outreach supervisors met the 10 hour minimum of OCON for Quarter IV. Ms. Martinez explained the Outreach supervisors will no longer be required to bill a minimum of 10 OREV and 10 OCON codes per quarter; however, they should continue using the codes as per the revised outreach service definitions for fiscal year 28. Ms. Valle-Schwenk explained if performance begins to decline, the Recipient may revisit making the outreach supervisory codes a requirement.</li> <li>▪ Ms. Martinez explained the agency name on the Outreach Performance Outcomes report was unblinded by mistake for Quarter III. In</li> </ul>	N/A

	<p>future meetings, PIAT members may be presented with unblinded data as members move forward with quality improvement activities. PIAT does not report to the Partnership and data shared during meetings will only be shared at PIAT and not at Partnership meetings.</p> <ul style="list-style-type: none"> <li>▪ The identified barrier by agency and frequency was presented. The barrier most frequently identified for New to Care clients was “no barriers identified” and the barrier most frequently identified in SDIS was “no barriers identified.” Ms. Martinez explained she contacted outreach provider C to delve into reasons why the frequency of "no barriers identified" was so high. The outreach supervisor reported the staff is assessing clients for barriers but will review additional charts and provide staff training. If a client is new or lost to care and was contacted by an outreach worker, they will be included regardless if they were linked or not linked. Clients may have identified more than one barrier at the time of the assessment with the outreach worker.</li> <li>▪ Ms. Martinez briefly shared the Outreach Linkage to Care Team Action Plan as it relates to identified barriers. Ms. Valle-Schwenk suggested that the team should include all providers who may be involved with identifying barriers and not limiting it to outreach.</li> </ul>	
<p><b>MCM Update-Sandra Sergi</b></p>	<ul style="list-style-type: none"> <li>▪ Sandra Sergi provided this report. The last MCM training was scheduled in February, 2018. Presentations included: the new ARV medication Biktarvy, PAC Waiver issues, programmatic updates, and completion of an exercise on the MCM standards. MCMs were notified that the MCM monthly trainings will cease; however, MCM supervisors will continue to be trained on a quarterly basis. This change will be more aligned with the clinical quality management plan.</li> <li>▪ A Basic MCM training was scheduled in March</li> </ul>	<p>N/A</p>

	<p>2018.</p> <ul style="list-style-type: none"> <li>▪ The Review and Consultation codes will no longer be a requirement, however; supervisors will be encouraged to continue the use of the code. The quarterly MCM Record Review submission will no longer be required. MCM supervisors will be encouraged to continue the use of the review tool.</li> </ul>	
<b>Topic</b>	<b>Discussion</b>	<b>Follow-up</b>
<b>New Ryan White Clients Update – Petra Brock</b>	<ul style="list-style-type: none"> <li>▪ Petra Brock reported on New Clients in Ryan White Care for January 2018 (copy on file.) There were a total of 60 clients receiving care for the first time in January. The majority of Ryan White clients presented MSM as the risk factor and the majority of clients are males at 80%. One (1) client identified as transgender. Half of new clients were less than 35 years old. Twenty eight (28) percent of new clients had a suppressed viral load and 34% were not suppressed. Clients included in this report are those entering the Ryan White Program for the first time and may not necessarily be newly diagnosed clients. Ms. Valle-Schwenk inquired about any special initiatives or projects the Prevention Committee is working on to decrease the number of new infections among MSM. George explained Care Resource is using multi media and promoting PreP. Karen Hilton described a presentation she participated in, hosted by Gilead, focusing on engaging the younger population with the use of social media. She stated that Prevention Committee members would benefit from that presentation. Ms. Valle-Schwenk commented that once we begin receiving the data from Test and Treat, we can target specific demographics.</li> </ul>	N/A
<b>Missing Viral load Report Comparative Analysis-Petra Brock</b>	<ul style="list-style-type: none"> <li>▪ Ms. Brock presented the Missing Viral Load Comparative Analysis Report (copy on file). The report is based on the monthly Missing Viral Load Report generated by ACMS. She reported there was an increase in missing viral loads in Cycle X (July 01, 2017 to February 5,</li> </ul>	

	2018). The overall viral load missing rate is at 12.4% rate. George Barroso reported Care Resource continues to have issues with having their labs uploaded from Quest and having to enter viral load labs manually.	
<b>New Business</b>		
<b>Topic</b>	<b>Discussion</b>	<b>Follow-up</b>
<b>Comprehensive Health Assessment and Acuity</b>	This discussion was tabled for the next meeting.	Tabled for next meeting
<b>Announcements</b>	<b>Next meeting is scheduled for April 20, 2018 at the United Way Bldg. Conference Room A.</b>	N/A