

2022-2026 Integrated Plan Community Engagement Survey

The 2022-2026 Integrated HIV Prevention and Care Plan is a Countywide plan to guide HIV services throughout the next five years.

Your experience and expertise are vital in developing the Plan! Please take a few moments to share your ideas on how we can provide the best services to people with HIV in Miami-Dade County.

At the end of this brief survey, you will have the opportunity to connect with us for future participation. We hope you will stay connected and continue to lend your voice as we work toward ending the HIV epidemic in Miami-Dade County.

Click the Survey Link or Scan the QR Code!

<https://www.surveymonkey.com/r/KZB6L7S>





Clinical Quality Management (CQM) Committee

Friday, February 18, 2022

ZOOM Meeting, 9:30 a.m. – 11:30 a.m.

AGENDA

9:30am-9:32am	Call to Order	Jose Ortega, CQM Committee Chair
9:32am-9:35am	Roll Call	Susy Martinez, CQM Coordinator
9:35am-9:40am	Review of Agenda and Meeting Minutes	Jose Ortega, CQM Committee Chair
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- *Next meeting will be held on, Friday, March 18, 2022 via Zoom.*

For more information regarding the Clinical Quality Management Committee please contact Susy Martinez at 305-448-3327 or smartinez@behavioralscience.com



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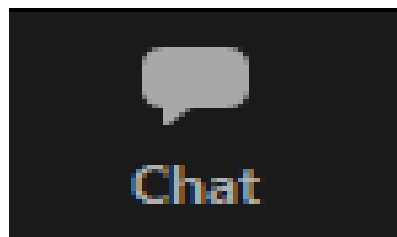


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Please **CHAT** your name to be included in today's meeting attendance list.



Contact staff after the meeting if you are not able to chat.



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**Clinical Quality Management (CQM) Committee
Zoom Virtual Meeting
January 21, 2022**

Members	Agency
Kepler Verduga	AIDS Healthcare Foundation (AHF)
Sandra Najuna	AHF
Silvana Erbstein	AHF
Brad Mester	AHF
Diego Schmuels	Borinquen Medical Centers (BMC)
Rhonda Wright	BMC
Rosemonde Francis	BMC
Timothy Emanzi	CAN Community Health (CAN)
Nataliya Johnson	CAN
Hardeep Singh	CAN
Kerry Campbell	Care 4 U
Monte Brown	Care 4 U
Vanessa Mills	Care 4 U
Alicia Lee Clark	Care Resource Community Health Center (CRCHC)
Douglas Steele	CRCHC
Edgar Mojica	CRCHC
Manny Pico	CRCHC
Rafael Jimenez	CRCHC
Robert Chavez	CRCHC
Emma Munoz	Citrus Health Network (CHN)
Tabitha Hunter	Community Health of South Florida (CHI)
Nilda Gonzalez	CHI

Members	Agency
Franklin Monjarrez	Jessie Trice Community Health Systems (JTCHS)
Teresa Watts	JTCHS
Richard Ortiz	Latinos Salud
Jose Ortega	Miami Beach Community Health Center (MBCHC)
Guillermo Fernandez	MBCHC
Vince Hodge	Midway Specialty Care Center
Carlos Fonseca	Midway Specialty Care Center
Amariss Hess	New Hope Corp
Ana Nieto	Miami-Dade County Office of Management and Budget
Carla Valle-Schwenk	MDC-OMB-GC
Nelly Rodriguez	MDC-OMB-GC
Theresa Smith	MDC-OMB-GC
Patricia Medina	MDC-OMB GC
Naeem Tenant	Public Health Trust (PHT)
Takisha Nelson	PHT
Jasmin O'Neale	University of Miami
Sonya Boyne	University of Miami
Karen Hilton	University of Miami
Gabriel Jones	University of Miami
Andrea Labbee	Guest
Behavioral Science Research (BSR) Staff	

Kirk Palmer	Empower U Community Health Center (EUCHC)
Rose Marcial	EUCHC
David Goldberg	Florida Department of Health-Miami Dade County (FDOH)
Javier Romero	FDOH
Karen Poblete	FDOH

Barbara Kubilus	
Jimmy Hernandez	
Robert Ladner	
Sandra Sergi	
Susy Martinez	

Note that documents referenced in these minutes are accessible to members and the public prior to (and during) the meeting, at <http://aidsnet.org/cqm-documents/>

I. Call to Order/Roll Call

Jasmin O’Neale, CQM Committee Vice Chair, called the meeting to order at 9:32 a.m. She requested a moment of silence.

II. Roll Call

Members noted their presence by indicating "Here" or "Present" in the chat box.

III. Review Agenda & Minutes

The committee reviewed today’s agenda and the meeting minutes from December 17, 2021. No changes were made, both items were approved. Next steps from the last meeting minutes were reviewed.

IV. Icebreaker activity

Barbara Kubilus

Barbara Kubilus engaged the CQM Committee members in an icebreaker activity. The members engaged in a “How are you feeling today” activity (copy on file) in which members were asked to select their responses from a scale of 1-could be better, 2-OK, 3- neither here nor there, 4-good, and 5 excellent.

V. Recap of Quality Improvement Planning Timeline

Susy Martinez

Susy Martinez presented a *Recap of Quality Improvement Planning Timeline* (copy on file). Ms. Martinez reviewed the highlights of the work that the CQM Committee has achieved in the last six months (August 2021-January 2022). The previous six months focused on preparing for the upcoming quality improvement projects. Ms. Martinez suggested maintaining the use of the timeline to include the continual progress of the CQM Committee activities throughout 2022.

VI. Data Request

Jimmy Hernandez

Jimmy Hernandez reviewed with the CQM Committee members the data resources that have been provided to the Ryan White Program Subrecipients. He explained that he will add the following data to the next iteration of the *Suppressed Viral loads Among MCM/OAHS 2 Six-month Cohort table*:

- Persistently unsuppressed and persistently suppressed
- Suppressed to unsuppressed
- Bar graphs of the data

CQM Committee members were encouraged to request data necessary to support their QI projects.

VII. Quality Improvement Feedback Hour

AIDS Healthcare Foundation

Sandra Najuna

Sandra Najuna presented AIDS Healthcare Foundation's QI project planning responses (copy on file). Ms. Najuna indicated that they have identified Black African American (BAA) heterosexual males and MMSC as their priority populations. They have narrowed the site of the intervention to AHF Jackson North. Ms. Najuna shared an image of the fishbone diagram that their QI team constructed during their root cause analysis. AHF determined that their focus will be on MCM clients who are not retained. They will continue working with BSR CQM staff to continue drilling down on their data and initiate their QI project.

CAN Community Health Center

Timothy Emanzi

Timothy Emanzi presented CAN Community Health Center's QI project planning responses. Mr. Emanzi shared that during the drilling down on the data process, CAN's QI team discovered that there were only 3 clients who did not meet the performance measure of viral suppression. Due to the low number of clients who would be impacted by a QI project on viral load suppression, CAN chose to focus on retention in care since the number of clients not meeting the measure is higher. Mr. Emanzi has requested more data from BSR to begin working with the new cohort of clients who are not retained.

David Goldberg and Carla Valle-Schwenk asked CAN what they do to achieve a high success rate of **91%** viral suppression among their clients. Hardeep Singh, shared that the high viral suppression rates may be attributed to the following: the MCM providing a warm handoff when clients enter care, the MCM speaking the client's language, and the PCP not having a time restrictions during the medical visit.

VIII. Next Steps

- ✓ CQM Committee members participating in quality improvement projects will complete the QI project planning questions sent by BSR and have responses available by January 2022.
- ✓ BSR CQM staff will continue scheduling TA visits throughout the months of January and February by assisting with analyzing data, looking at possible priority populations of focus, and providing guidance on next steps.

IX. Announcements

- Ms. Martinez reviewed the flyers for the upcoming Community Coalition Roundtable luncheons and the Get on Board meetings. All members were invited to attend as well as encouraged to share with their clients to promote consumer participation.
- Ms. Martinez discussed that the position of Chair and Vice-Chair for the CQM Committee will be available in March 2022. She requested that interested members email their interest to be included on the ballot.

X. Evaluation/Poll

Ms. Martinez polled CQM Committee members on the following questions:

Poll Results

- 1) The meeting was useful for my work-(68%) strongly agree, (24%) agree, (8%) disagree.
- 2) How satisfied were you with the meeting-very satisfied (78%) Satisfied (22%)

XI. Next Meeting

The next meeting is scheduled for Friday, February 18, 2021, via Zoom.



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Citrus Health Network

Ryan White Program: 5 QI Questions



Priority Population

- Which priority population(s) has your QI team identified?
Hispanic MMSC

Ethnicity/Gender	First 6 months 11/22/20 – 5/22/21		Second 6 Months 5/23/21 – 11/22/21	
	1	2	3	4
	Total Active OAHS clients	% Clients with Suppressed VL*	Total Active OAHS clients	% Clients with Suppressed VL*
BAA Female	3	100%		
BAA Male Hetero				
BAA MMSC				
Haitian Female				
Haitian Male				
Hispanic Female	2	100%	2	100%
Hispanic Male Hetero	8	100%	4	100%
Hispanic MMSC	15	80%	12	67%
White Female				
White Male	1	100%	1	100%
TOTAL	29	90%	19	79%

Location! Location! Location!

2. Is this priority population specific to a location?

Yes, Citrus Health only offers services at one location.



RCA Tool

3. Which Root Cause Analysis (RCA) tool did you use to identify the contributing factors that may have caused non-viral load suppression?



The 5 whys



5 Whys



Why 1). Why did this problem occur?

Nonadherence with treatment regimen.

There might be several possible causes as to why a client is not cooperating with their treatment, one of them being the stigma that surrounds HIV. Although research on HIV and AIDS has come a long way, there is still that fear of rejection and isolation that comes with the diagnoses. Being diagnosed with HIV/AIDS in the 80's meant a death sentence and although we have made many strides with research and technology; changing the mindset of people takes a little bit longer.

Why 2). Why would a patient decide not to comply/cooperate with his medical responsibilities?

Patient might decide not to comply with treatment because they might be experiencing denial, anger, depression. They might also not fully understand their diagnoses, lack of education. After analyzing the data, more than half of the unsuppressed clients have fulltime jobs which can present a barrier to complying with treatment.

5 Whys



Why 3). Why did this problem occur?

The pandemic did create some instability in the workforce, and we can attribute clients missed appointments during this time to the pandemic, lack of acceptance with regards to their HIV diagnosis. In addition, managing the stress of the pandemic adds another layer of complexity.

Why 4). Why is the lack of acceptance about HIV and AIDS causing this population problems with medical responsibilities and health commitments?

- There is a significant amount of stigma surrounding the Hispanic Male population, especially when it comes to the MMSC population.
- Having to transition health care procedures from face-to-face contact to calls or ZOOM appointments in environments where their information (diagnosis) could be disclosed involuntarily, may have also played a role in clients missing their medical encounters, particularly for those new to care.

5 Whys



Why 5). Why missing medical appointments caused an increase in viral loads present in clients?

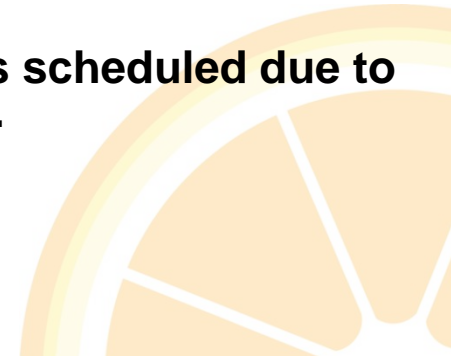
RW clients have access to medication, even if they have missed a couple of appointments, they might have an available refill prescription or they call the clinic the doctor may extend the prescription. The concern does not lie on having the medication but on how the medication is taken. There are medication interactions that should be avoided and the only way to identify the interaction is by monitoring through their PCP encounters. For the Hispanic MMSC population, these encounters are not met regularly affecting their viral load.



Possible Causes

4. List the possible causes (from the RCA) that contribute to clients not being virally suppressed.
 - **Clients who are new to the program who have not had PCP contact for a long time or at all.**
 - **Clients who do not follow up with PCP appointments as scheduled due to personal issues, including Covid pandemic challenges**
 - **Clients who do not adhere to medication regime**
 - **Clients who do not understand the medication regime**
5. Think about a cause/barrier your QI team would like to prioritize; this will be the focus of the TA session.

Clients who do not follow up with PCP appointments as scheduled due to personal issues, including Covid pandemic challenges.





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