

**Ryan White EMA Planning Council**  
 New Haven and Fairfield Counties



Brian Kuerze, Co-Chair

**Quality Improvement  
 Meeting Minutes**

**Meeting Date:** Friday, June 3, 2011  
**Start Time:** 12:00 p.m.  
**End Time:** 2:00 p.m.  
**Location:** Burroughs Community Center, Bridgeport  
**Presiding Chair:** Brian Kuerze  
**Recorder:** Tracy Kulik

**Summary of Committee Business Votes**

Motion to approve May 6<sup>th</sup> Quality Improvement Committee minutes made by Ric Browne, seconded by Chris Romanik. Passed with 5 for, none against and 2 abstaining (Brian Kuerze, Ken Teel).

**Council Member Assignments** – To review the findings of the 2010 Mental Health pod, and to discuss the HIV: HCV co-infection pod that will commence in July

**Staff Member Assignments** – To take minutes and explain the findings of the 2010 Mental Health pod.

	<b>Council Member</b>	<b>1/7</b>	<b>2/4</b>	<b>3/4</b>	<b>4/8</b>	<b>5/6</b>	<b>6/3</b>	<b>7/8</b>	<b>8/5</b>	<b>9/2</b>	<b>10/7</b>	<b>11/4</b>	<b>12/2</b>
1.	Brian Datcher												
2.	Ric Browne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3.	Charlotte Burch		<input type="checkbox"/>	<input type="checkbox"/>									
4.	Adaline DeMarrais	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.	Heidi Jenkins												
6.	Tom Kidder												
7.	<b>Brian Kuerze Co-Chair</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
8.	<i>Beverly Leach PC Co-Chair</i>												
9.	Ronald Lee												
10.	Jennifer Loschiavo		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						
11.	<i>Leif Mitchell PC Co-Chair</i>	<input type="checkbox"/>											
12.	Caesar Moffett, Jr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						
13.	Ken Teel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						
14.	Kenneth McCoy			<input type="checkbox"/>									
15.	Krystle Moore												
16.	Joanne Montgomery		<input type="checkbox"/>										
17.	Clara Ramos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18.	Christine Romanik		<input type="checkbox"/>										
19.	Gabrielle Rosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
20.	Robert Sideleau			<input type="checkbox"/>									
21.	Roberta Stewart		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
22.	Dennis Torres												
	Ryan White Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Planning Council Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	Others (6/3/11): L.Tierney, T. Tian, A. Lombard												
	% of Council present:	33%	67%	61%	50%	32%	37%						



Brian Kuerze, Co-Chair

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**(1.0) Moment of Silence**

Brian Kuerze called the meeting to order at 12:00 p.m. A moment of silence was observed in recognition of all who have been affected by HIV/AIDS.

**(2.0) Welcome and Introduction**

All participants introduced themselves, including introduction of Terry Tian, an intern with CIRA by Leif Mitchell and Andrea Lombard, the Connecticut Department of Public Health expert for Hepatitis C infections, today's invited speaker.

**(3.0) Co-Chair Announcements**

Brian reviewed the two nominees (Ken McCoy and Ken Teel) with review of the process for nomination and determination made by Brian with input from Leif Mitchell.

Brian Kuerze reviewed today's agenda and the PCAT with the committee.

**(4.0) Approval of May 6, 2011 Meeting Summary**

**MOTION 1: A motion to approve the minutes of the May 6<sup>th</sup> QI Committee was made by Ric Browne and seconded by Christine Romanik.**

**For: 5**

**Against: 0**

**Abstain: 2 (B. Kuerze, K. Teel)**

**(5.0) New Business/Old Business**

**a. Review PCAT for Quality Improvement Committee**

Two items are on the June PCAT (Planning Council Activity Timeline) for the Quality Improvement Committee: 1) Review Mental Health pod findings (c.) and Commission HIV: HCV co-infection protocol pod (d.)

**b. Coordinate Data Provision to SPA.**

Brian related success in incorporating Standard of Care compliance scores into the Priority Setting process of the Strategic Planning & Assessment (SPA) committee. Leif Mitchell informed the group that the importance of this measure was elevated to a '3' (on a 5-point scale).

**c. Review of Findings of Mental Health Pod**

A presentation was delivered by Tracy Kulik on findings of the four (4) session Mental Health pod convened in Spring of 2010, with focused chart review related to this refined Standard of Care. The 'break-through' determination was to focus on the Qualitative Standard with emphasis on STRUCTURE explaining Program Design, Target Population and Evidence-Based Intervention, Chart reviewer determination tracked the consistency of PROCESS and OUTCOMES to STRUCTURE. This compares to a focus for other services on PROCESS & OUTCOME measures. Mental Health Standard of Care scores responded to this approach, with an upward swing to 96% compliance (vs. 88%-2009, 82%-2008, 86%-2007, 81%-2006 and 78%-2005).

**d. Commission formation of an HIV: HCV (Hepatitis C Virus) Co-Infection Pod**

In 2009, the QIC commissioned creation of an AOMC and MCM pod following teleconference conduct of an AOMC pod in late 2007 and 2008 (see 1-page abstract on page 4 of Minutes). The issue of mandating data elements for a HIV: HCV co-infection protocol or establishing a formal protocol was unresolved. The pod left the issue with determination to mandate *existence of an HIV: HCV co-infection protocol only*. Andrea Lombard, CT DPH's expert on Hepatitis, was included as part of the 2009 pod, and requested revisiting this decision.



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Andrea Lombard with the Connecticut Department of Public Health reviewed the importance of tracking Hepatitis C screening and treatment to the State and their funding sources. Hepatitis C is often a precursor to HIV with ability to prevent migration to HIV if HCV positive individuals are properly identified and treated. The disease is curable, especially with newly released antiretroviral medications (boceprivir and telaprivir) recently (May 13, 2011) approved by the Federal Drug Administration (FDA) for use in concert with the historic PR treatment (pegylated interferon and ribavarin). National incidence of HCV is five times that of HIV with two distinct risk groups—Injection Drug Users, especially aged 45 to 65; and most troubling, the emerging group of Youth. While aggressive efforts including syringe exchange services are moving HCV to flat incidence nationally, the rate of infection among teenagers and young adults (ages 15 to 24) nearly doubled between 2002 and 2009.

A report in January 2010 by the Institute of Medicine mandates a HIV: HCV co-infection protocol, with minimum data elements of: 1) Two HIV/AIDS Bureau performance measures (a. HCV screening and b. HBV vaccination); 2) Alcohol counseling for HCV positive PLWHA and 3) for HIV: HCV positive individuals, documented linkage to care for HCV treatment.

In January 2011, a National Hepatitis Strategic Plan was jointly issued by Health & Human Services (HHS) and the Centers for Disease Control & Prevention (CDC).

**MOTION 2: A motion was made to form an HIV: HCV co-infection pod consisting of providers from AOMC (Ambulatory/Outpatient Medical Care), MCM (Medical Case Management), Substance Abuse Treatment and EIS (Early Intervention Services).**

**Motion made by Ken Teel and seconded by Charlotte Burch.**

**For: 6**

**Against: 0**

**Abstain: 1 (Brian Kuerze)**

**(6.0) Announcements**

None

**(7.0) Adjournment**

The meeting adjourned at 2:00 p.m.



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**Topic:** Ambulatory/Outpatient Medical Care (AOMC)/ Medical Case Management (MCM) pod

**Relevance:** Priority services for Entry and Retention into HIV Medical Care

**Past Work:**

- 2003-2004: Developed Standards of Care consistent with United States Public Health Services (US PHS) guidelines
- 2005-2006: Refined and Distilled Narrative Standards into Chart Audit Tools that can be used to self-assess charts
- 2007-2008: AOMC pod (teleconference) that examined:
  - **Potential HIV: HCV (Hepatitis C) co-infection treatment protocol**
  - Entry into Care (reviewed analysis of delays by Region, Special Population)
  - Retention in Care (same analysis as above with detail of ‘triggers’ to warn providers of ‘Erratic in Care’ warning signs
    - Consecutive missed appointments (3 or more)
    - Issues with taking HIV medications
    - Declared or suspected resumption of substance use
    - Problems with transportation to appointments
    - Changes in health insurance
  - **Unresolved: Mandate a HIV: HCV Co-infection protocol (decision to incorporate existence, but no detail on data elements or mandate of ‘pod’ protocol)**
- 2009-2010: Joint meeting with Medical Case Management to discuss areas that can assist both disciplines with better tracking adherence
  - Development of Acuity Scale
  - Development of Universal Screen

**2010 Focus:**

- Updates to AOMC Standard of Care given recent (July 2010 and December 2010) updates to United States Public Health Services guidelines
    - CD4 levels recommended to start ART (from CD4 equal to or less than 350 to 500)
    - **HIV: HCV co-infection protocol**
- Revisit of Health Maintenance Indicators ‘delegated’ to Medical Case Managers to track