Ryan White EMA Planning Council

New Haven and Fairfield Counties



Brian Kuerze & Ken Teel, Co-Chairs

Quality Improvement Meeting Minutes

| Meeting Date: | Friday, October 7, 2011 |
|------------------|--|
| Start Time: | 12:00 p.m. |
| End Time: | 2:00 p.m. |
| Location: | Burroughs Community Center, Bridgeport, CT |
| Presiding Chair: | Brian Kuerze |
| Recorder: | Tracy Kulik |

Summary of Committee Business Votes

Motion to approve August 5th Quality Improvement Committee minutes made by Chris Romanik and seconded by Charlotte Burch. Passed with 3 for, none against and 4 abstaining (Brian Kuerze). **Council Member Assignments** – To discuss the preliminary findings of the 2011 focused Site Visits with emphasis on the Newly Diagnosed and impact to Early Identification of Individuals with HIV/AIDS that are Unaware.

Staff Member Assignments – To take minutes and provide insight into the findings of the 2011 site visits and any detail about the National HIV/AIDS Strategy.

| | Council Member | 1/7 | 2/4 | 3/4 | 4/8 | 5/6 | 6/3 | 7/8 | 8/5 | 9/2 | 10/7 | 11/4 | 12/2 |
|-----|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|
| 1. | Brian Datcher | | | | | | | | | | | | |
| 2. | Ric Browne | | | | | | | | | | | | |
| 3. | Charlotte Burch | | | | | | | | | | | | |
| 4. | Ken Cousar | | | | | | | | | | | | |
| 5. | Adaline DeMarrais | | | | | | | | | | | | |
| 6. | Heidi Jenkins | | | | | | | | | | | | |
| 7. | Tom Kidder | | | | | | | | | | | | |
| 8. | Brian Kuerze Co-Chair | | | | | | | | | | | | |
| 9. | Beverly Leach PC Co- Chair | | | | | | | | | | | | |
| 10. | Ronald Lee | | | | | | | | | | | | |
| 11. | Leif Mitchell PC Co- Chair | | | | | | | | | | | | |
| 12. | Caesar Moffett, Jr. | | | | | | | | | | | | |
| 13. | Ken Teel, Co-Chair | | | | | | | | | | | | |
| 14. | Kenneth McCoy | | | | | | | | | | | | |
| 15. | Krystle Moore | | | | | | | | | | | | |
| 16. | Joanne Montgomery | | | | | | | | | | | | |
| 17. | Clara Ramos | | | | | | | | | | | | |
| 18. | Christine Romanik | | | | | | | | | | | | |
| 19. | Gabrielle Rosa | | | | | | | | | | | | |
| 20. | Robert Sideleau | | | | | | | | | | | | |
| 21. | Roberta Stewart | | | | | | | | | | | | |
| 22. | Dennis Torres | | | | | | | | | | | | |
| | Ryan White Office | | | | | | | | | | | | |
| | Planning Council Staff | | | | | | | | | | | | |
| | Others (10/7/11): L.Tierney | | | | | | | | | | | | |
| | % of Council present: | 32% | 50% | 41% | 36% | 27% | 36% | 32% | 36% | | 55% | | |

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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.

(3.0) Co-Chair Announcements

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

(4.0) Approval of August 5, 2011 Meeting Summary

MOTION 1: A motion to approve the minutes of the August 5, 2011 QI Committee was made by Chris Romanik and seconded by Ric Browne.
For: 5 (Christine Romanik, Charlotte Burch, Brian Kuerze, Ric Browne, Ronald Lee) Against: 0
Abstain: 4 (Robert Sideleau, Tom Kidder, Clara Ramos, Brian Datcher)

(5.0) New Business/Old Business

a. Review PCAT

Focus is on reviewing the final findings of the 2011 Quality Site Visits. This year the visits focused on the four (4) services specifically mentioned in the National HIV/AIDS Strategy (NHAS) – Ambulatory/ Outpatient Medical Care, Medical Case Management, Early Intervention Services and Housing. Discussion occurred in August of the EIS findings and the Newly Diagnosed determined during the visits. This month will focus on the Standard of Care compliance and ability to determine if National HIV/AIDS Strategy goals are being met.

A PowerPoint presentation reviewed the high risk groups as cited by NHAS as being HIV positive but unaware of their status. *The focus was on four (4) groups at high risk of being unaware*: (1) Gav and bisexual men

(2) Black men and women

- (3) Latinos and Latinas
- (4) Substance users

Of the three goals in the National HIV/AIDS strategy, there are five (5) desired results by the year 2015. These three goals were reviewed, as was aggregate (not agency-specific) success in reaching the five (5) results. The effort in the 2011 QI Site Visits was to establish a baseline for the EMA, then set agency-specific and regional goals to meet or exceed desired NHAS results.

Three (3) National HIV/AIDS Strategy goals:

- (1) Reduce number of people who become infected with HIV
- (2) Increase access to care and optimize health outcomes for people living with HIV
- (3) Reduce HIV-related health disparities

Five (5) Anticipated Results by 2015 (established by NHAS):

(1) **Lower the annual number of new infections by 25%** - from 2008-2009 to 2009-2010, the annual number of new AIDS infections declined by 11.9% and new HIV infections by 39.8% in the New Haven-Fairfield Counties EMA (*Source: Connecticut Department of Public Health as of 12/31/10*).

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(2) Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% - the Percent of Newly Diagnosed patients in the New Haven-Fairfield Counties EMA (170) tracked during the 2011 Site Visits that were in care for over 6 months was 89% (152/170); of these 152 in care; 83% or 126 entered HIV medical care within the first three months of their diagnosis (although 7% had had a prior non-confirmed HIV diagnosis). *(Source: 2011 site visits)*

(3) Increase the proportion of Ryan White HIV/AIDS program clients who are in continuous care from 73% to 80% - From 2009 to 2010, the percentage of clients in 'continuous care' increased from 89.1% to 91.9% (Source: 2010 and 2011 chart review – on 2009 and 2010 data, respectively). (*Source: 2011 site visits*)

(4) Increase the percentage of Ryan White HIV/AIDS program clients with permanent housing from 82% to 86% - Of 'In Care, In System' RW Part A clients, 89% are permanently housed. The 11% non-permanently housed are in programs searching for permanent housing. (Source: 2011 site visits)

(5) Increase the proportion of HIV diagnosed gay and bisexual men, Blacks and Latinos with undetectable viral load by 20%. – *High percentages of undetectable viral load already exist in the EMA.* EMA-wide from 2006 to 2008, the percentage of clients with undetectable viral loads decreased b7y 18.6%. For MSM, this decrease was 8%, for Blacks (22%) and for Latino/a, it was 21%. (Source: 2007 through 2011 site visits on 2006 through 2010 data)

Discussion occurred about the early warning signs of Sexually Transmitted Infections and Substance Use, not IDU with emphasis on crack cocaine and PCP (angel dust).

Plan-Do-Study-Act Inventory: An inventory of 27 PDSAs occurring within Regions or by individual agencies was reviewed by the Quality Improvement Committee.

Technical Assistance: EMA-wide focus is on data entry for CAREWare specific to the integrity of the HRSA: HIV/AIDS Bureau (HRSA: HAB) performance measures. Agency –specific TA is being conducted in the last two months of 2011 for unduplicated client counts (RW Part A and C provider), for a new MCM regarding quality improvement duties and Standards of Care, and documentation in charts for one AOMC provider.

b. Announcements

(1) Upcoming Quality Summit in November sponsored by the Cross-Part Quality Collaborative

(2) Clara Ramos announced that with grant funding, Southwest Community Health Center will be offering free blood work for uninsured patients. Contact her if any questions.

(6.0) Adjournment

The meeting adjourned at 1:45 p.m.