

Ryan White EMA Planning Council

New Haven and Fairfield Counties



Brian Kuerze & Ken Teel, Co-Chairs

Quality Improvement Meeting Minutes

Meeting Date: Friday, September 7, 2012
Start Time: 12:02 p.m.
End Time: 1:54 p.m.
Location: Greek Olive Restaurant, New Haven, CT
Presiding Chair: Ken Teel
Recorder: Tracy Kulik

Summary of Committee Business Votes

A motion to approve the August 3, 2012 Quality Improvement Committee minutes was made by Ric Browne and seconded by Tom Kidder. This passed with 4 for, 0 against and 1 abstention - detail in Minutes.

Council Member Assignments – Review the preliminary results of the 2012 Site Visits with focus on EIS.

Staff Member Assignments – To take minutes and provide insight into the 2012 Site Visits

Attendance Record – 2012

	Planning Council Member	1/6	2/3	3/2	4/12	5/4	7/13	8/3	9/7	10/5	11/2
1.	Ric Browne	Y	Y	Y		Y	Y	Y	Y		
2.	Kenneth Cousar										
3.	Brian Datcher	Y	Y	Y							
4.	Heidi Jenkins				Y						
5.	Tom Kidder	Y	Y	Y	Y	Y	Y	Y	Y		
6.	Brian Kuerze Co-Chair		Y		Y	Y		Y			
7.	<i>Beverly Leach PC Co-Chair</i>	Y	Y	Y	Y	Y					
8.	Ronald Lee				Y						
9.	Andrew Lyons				Y				Y		
10.	<i>Leif Mitchell PC Co-Chair</i>	Y	Y	Y					Y		
11.	Caesar Moffett, Jr.										
12.	Joanne Montgomery	Y		Y							
13.	Alex Ortiz										
14.	Christine Romanik		Exc	Y	Y	Y	Y	Y			
15.	Ray Ruiz, Jr.										
16.	Robert Sideleau					Y		Y	Y		
17.	John Sousa								Y		
18.	Roberta Stewart					Y					
19.	Ken Teel Co-Chair	Y	Y	Y	Y	Y	Y		Y		
20.	Dennis Torres					Y					
	Ryan White Office	Y	Y		Y	Y	Y	Y	Y		
	Planning Council Staff	Y	Y	Y	Y	Y	Y	Y	Y		
	% of Council present:	35%	40%	40%	35%	38%	24%	29%	35%		
	Guests: Lauren Tierney, DeShuan Graham										

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(1.0) Moment of Silence

Brian Kuerze called the meeting to order at 12:02 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

Ken Teel reviewed today's agenda and the PCAT with the committee. The Quality Improvement Committee is on pace with its Timeline.

(4.0) Approval of September 7, 2012 QI Meeting Summary

MOTION 1: A motion to approve the minutes of the September 7, 2012 QI Committee was made by Ric Browne and seconded by Tom Kidder.

For: 4 (Ric Browne, Tom Kidder, Bob Sideleau and Leif Mitchell)

Against: 0

Abstain: 1 (Ken Teel)

(5.0) New Business/Old Business

a. Review PCAT

The only item on the PCAT for September is an update of preliminary results from the 2012 Site Visits with focused discussion on the status of Early Intervention Services (EIS).
The QI Committee is on track with the PCAT.

b. 2012 Site Visits with focus on Early Intervention Services (EIS)

Tracy Kulik reviewed the status of the 2012 site visits with focus on EIS. She reminded the Committee that this year integrated the Program Monitoring Standards, so the customary high scores will be deflated. Actionable results from this visit and related discussion are summarized below:

SERVICE CATEGORY	FINDINGS
Substance Abuse	Delete time-sensitive indicators that are irrelevant for service
Mental Health	Ensure that start and proposed end date of therapy relate to diagnosis and selected intervention (assessment & reassessment) and not just to funder's timelines
Support Services	Revisit Medical Transportation SoC (whole portions not applicable as providers use vouchers, not own vans)
Medical Case Management	Revisit clinical indicators duplicated b/w AOMC & MCM and default these to AOMC with data sharing to MCM
Early Intervention Services	Focus of Discussion

Individual provider reports are due to be disseminated to the Lead Agency and providers the first week of October, with a 2-week window for comment, clarification or dispute of findings.

In the October QI meeting, recommended Technical Assistance (topical) will be discussed with the Committee, as will an update on tracking HIV/AIDS Bureau performance measures.



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Early Intervention Services discussion:

The majority of focus by EIS staff in linking clients to HIV medical care is 30%-50% health literacy. Many PLWH/A lack the confidence or education to discuss their health or HIV disease in a comfortable way with their doctor. Peer discussions on what the virus is, medications and substance use and mental health are the focus of talks with current EIS staff.

EIS provides all four components of EIS:

(1) Universal HIV testing and counseling in a variety of venues, (2) Referral for services whether the tested individual is HIV positive or negative, (3) Health literacy and education regarding risk behaviors and (4) Access/linkage to medical care. The structure of EIS is to 'house' EIS staff in each of the five strategic planning regions in the EMA. This individual reports directly to the Lead Agency that administers the planning, service delivery and quality improvement for that region. The role of the EIS staff is to collaborate with all providers, regardless of funding source, that are involved with identifying, informing, referring and linking Unaware and HIV positive to HIV medical care. Since the Connecticut Department of Public Health funds the majority of HIV testing using CDC funds, EIS staff partner with their counseling counter-parts. This ensures a collaborative effort with no supplanting of funds.

Newly diagnosed discuss the basics of HIV infection disease and how it may present in their bodies, review current risk behaviors to reduce secondary transmission and are prepared for starting antiretroviral therapy and maintaining strict adherence to their treatment regimen. PLWH/A returning to care discuss the reasons they left care, resolve those issues or start their resolution (active substance use, discomfort with their MCM or HIV doctor, life subsistence issues); and work to re-enter their care regimens with similar attention to adherence to their treatment regimen.

Many are co-infected with Hepatitis C and that disease affects their health more than HIV. They request referrals to substance abuse rehabilitation but rarely admit to any mental health issues. Stigma remains associated with accepting a mental health issue.

A high percentage (40%) is or has been homeless, with co-occurring disorders. They live in survival mode with episodes of stability in which they seek care, but multiple triggers can occur to destabilize them.

A summary of the efforts specific to outreach to Private Physicians is provided below:

Region 1. (New Haven): Several consortia members suggested individual providers in the New Haven area to contact, as well as some outside of New Haven (e.g, Stratford, Fairfield, Shelton). Michael Virata suggested using the list of providers that is being compiled through the EIS meetings which includes some in the CT Medical Society. Another idea was to look at prescribing patterns, however this may capture some PrEP (post-exposure prophylaxis). Pediatric HIV clients seen at Yale New Haven Hospital are not in CAREWare unless also seen by Child Study Center.

Region 2. (Waterbury): Dr. Aronin, Medical Director of the Lead Agency, spoke to the Connecticut State Medical Society at their annual meeting on September 14th regarding EIS. Almost 200 (155) physicians attended two sessions about HIV and EIS. No private physicians in the Waterbury region receive HIV referrals upon public health confirmation of HIV positive diagnosis. Some Private non-HIV practitioners have HIV-infected patients and link these

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patients to HIV infectious disease physicians through resources at the Waterbury Hospital Infectious disease Clinic and the local Federally Qualified Health Center, Staywell Health Care. Educational efforts to make private providers aware of HIV resources include noon conferences and grand rounds. Dr. Aronin is touring the State with Karina Danvers to give 5-hour Continuing Medical Education licensure lectures on HIV updates. Finally, educational sessions with Waterbury Hospital emergency medical staff are occurring to ensure awareness of linkage to Infectious Disease (primary medical care, early intervention services) upon confirmation of an HIV positive diagnosis.

Region 3. (Bridgeport): A key component in the implementation of Early Intervention Services has been informational meetings held with key stakeholders in the community. This initiative began on February 15, 2012, when a session was conducted with the local HIV Care Continuum Case Managers and related staff from local AIDS Service Organizations. Since then, a series of meetings have been held with the major community providers of HIV/AIDS care in the Bridgeport region. The meetings have been most helpful in making the providers aware of EIS services, specifically the availability of the EIS Specialists to assist in tracking down patients who have fallen out of care. These efforts have focused on providers who are recipients of Ryan White funding, specifically Optimus Health Care, Southwest Community Health Center and Bridgeport Hospital. However, in a September EIS meeting with the staff of the Bridgeport Hospital Infectious Disease Clinic, we asked the clinic attending (Dr. Michael Smith) for advice on how best to reach out to private physicians in the community to advise them of EIS services potentially available to their patients. Dr. Smith invited our EIS staff to attend the next monthly Attending Physician Business Meeting sponsored by Bridgeport Hospital on October 4, 2012. Nancy Kingwood will present our EIS services at the meeting, and we hope to connect with some of the major private physicians who are providing care to patients living with HIV/AIDS in the Bridgeport region, including Dr. Zane Saul.

Region 4. (Stamford-Norwalk) There are two private practices our clients use; Stamford Infectious Diseases, LLC, and Circle Medical (Dr. Blick). Once proper releases are signed, both practices work with the MCM's, coordinating care and following up on missed appointments. Sometimes, it takes a little more effort to get proper lab and medication documentation, but for the most part this collaboration runs smoothly. There are a couple of other doctors our clients see. Even with releases we have difficulty getting information as they are not familiar with the needs of Ryan White documentation. MCM's work to reach out to these doctors, explaining the program and needs of their patients. In these cases, we work harder at empowering our clients to get the information and forms signed as needed when they attend their appointments.

Region 5. (Danbury): The HIV coordinator attends weekly case conferences to update information on clients seen through the ID department doctors as well as the HIV clinic. The case managers maintain regular phone and mail contact with the few private doctors who see our patients to get necessary documentation for biannual updates. A local internist, Lana Tikomirova that sees the most HIV patients outside of the clinic system (and volunteers every Thursday at the Seifert and Ford clinic) is on the APGD Board of Directors and maintains open communication with medical case managers and the Regional Lead.

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(6.0) Announcements

The next meeting is on Friday, October 5, 2012 at the Burroughs Community Center from Noon to 2 p.m.

(7.0) Adjournment

The meeting adjourned at 1:55 p.m.