

Ryan White EMA Planning Council

New Haven and Fairfield Counties



Brian Kuerze & Ken Teel, Co-Chairs

Quality Improvement Meeting Minutes

Meeting Date: Friday, February 3, 2012
Start Time: 12:04 p.m.
End Time: 1:47 p.m.
Location: Burroughs Community Center, Bridgeport, CT
Presiding Chair: Brian Kuerze
Recorder: Tracy Kulik

Summary of Committee Business Votes

A motion to approve the January 6, 2012 Quality Improvement Committee minutes was made by Leif Mitchell and seconded by Brian Kuerze. This passed with 4 for, 0 against and 2 abstaining - detail in Minutes.

Council Member Assignments – Finalize the HIV: Hepatitis C Co-Infection Protocol, Finalize the 2012 QI Committee PCAT.

Staff Member Assignments – To take minutes, revise and document the discussion.

Attendance Record – 2012

	Council Member	1/6	2/3	3/2	4/13	5/4	6/8	7/6	8/3	9/7	10/5	11/2	12/7
1.	Ric Browne	Y	Y										
2.	Kenneth Cousar												
3.	Michael Contreras												
4.	Brian Datcher	Y	Y										
5.	Adaline DeMarrais												
6.	Heidi Jenkins												
7.	Tom Kidder	Y	Y										
8.	Brian Kuerze Co-Chair		Y										
9.	<i>Beverly Leach PC Co-Chair</i>	Y	Y										
10.	Andrew Lyons												
11.	<i>Leif Mitchell PC Co-Chair</i>	Y	Y										
12.	Caesar Moffett, Jr.												
13.	Ken Teel Co-Chair	Y	Y										
14.	Joanne Montgomery	Y											
15.	Cedric Reid												
16.	Christine Romanik		Exc										
17.	Gabrielle Rosa												
18.	Robert Sideleau												
19.	Roberta Stewart												
20.	Dennis Torres												
	Ryan White Office	Y	Y										
	Planning Council Staff	Y	Y										
	% of Council present:	35%	40%										

Region 2: L. Sapio-Longo (WHIC); Region 3+: Kathy Fowles, Karen Reekie, Jennifer Loschiavo

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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 January 6, 2012 Meeting Summary

MOTION 1: A motion to approve the minutes of the January 6, 2012 QI Committee was made by Leif Mitchell and seconded by Brian Kuerze.

For: 4 (Ric Browne, Brian Datcher, Tom Kidder, Beverly Leach, Leif Mitchell)

Against: 0

Abstain: 2 (Brian Kuerze, Ken Teel)

a. New Business/Old Business

b. Review PCAT

Focus is on reviewing the 2011 Quality Improvement Accomplishments, Approving the final HIV: Hepatitis C Co-Infection Protocol and establishing the 2012 Planning Council Activity Timeline (PCAT) for the Quality Improvement Committee.

The 2011 PCAT for the QI Committee was intense, with a Summary of Accomplishments listed:

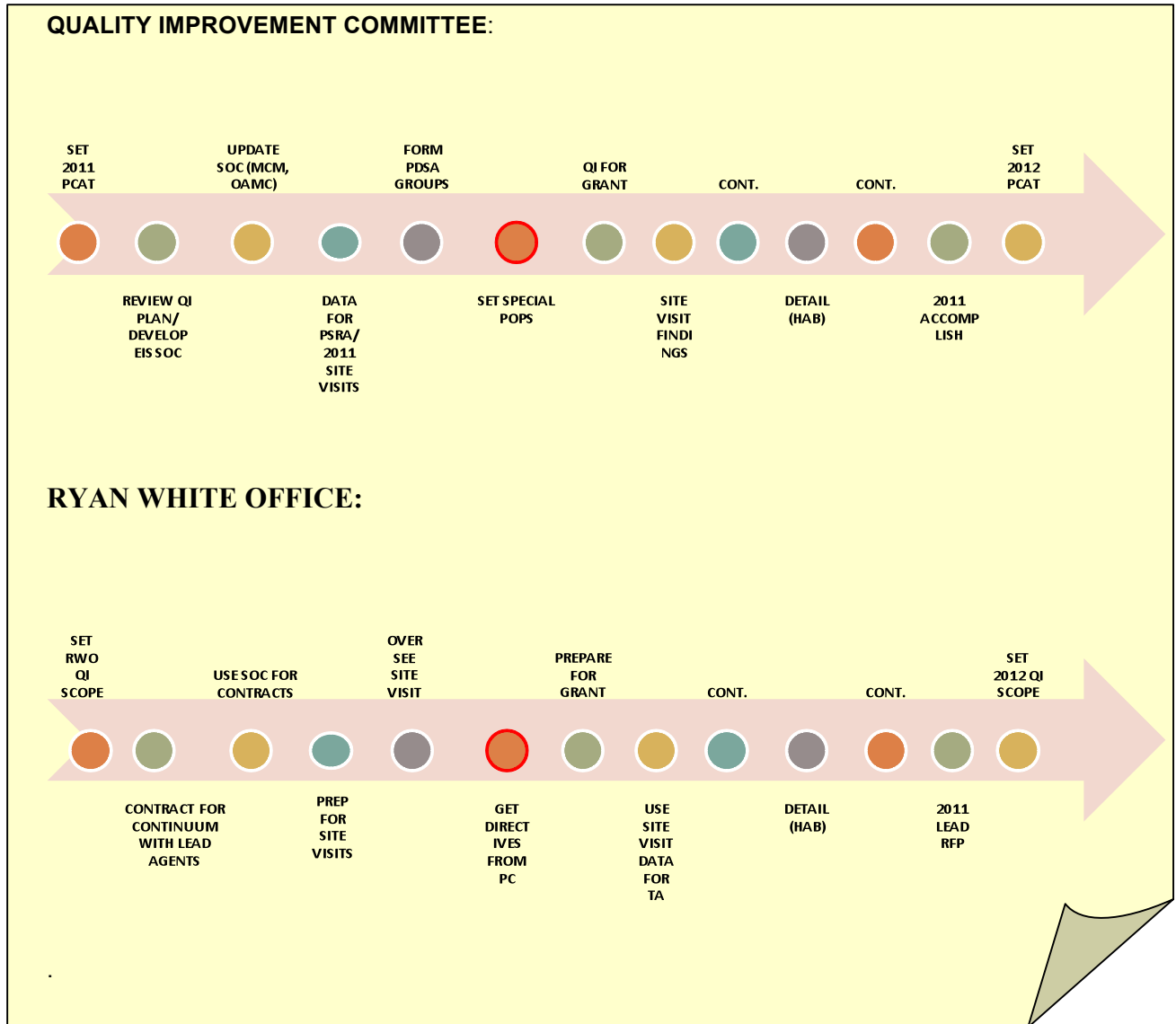
1. Inaugural (first quantitative) provision of data to the Strategic Planning & Assessment Committee for use in the Priority Setting & Resource Allocation (PSRA) process
2. Review and Update of the QI Plan with development of a draft Early Intervention Services (EIS) Standard of Care and related Indicators/Chart Audit Tools for pilot use
3. Review of the National HIV/AIDS Strategy (NHAS)
4. Focused Site Visits to determine a baseline with the NHAS and also to determine the status of Early Intervention Services using Newly Diagnosed as the best measure of those at high risk of being HIV positive but not aware
5. A more comprehensive approach to determining the six (6) special populations for the FY 2012 Ryan White Part A Formula/Supplemental grant application using the data from the above steps
6. Detailed review of the EIS data by Region and by High Risk Group with presentation of this information to the Planning Council
7. Review of compliance (both 2011 and trended since 2007) with the HIV/AIDS Bureau performance measures
8. Development of a HIV: Hepatitis C Co-Infection Protocol using a Plan-Do-Study-Act (PDSA) process with HIV medical, Substance Abuse, Mental Health and Medical Case Managers.



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b. Discuss 2011 QI Accomplishments and Establish 2012 PCAT

The Committee reviewed both the 2011 PCAT and the February, 2011 Overview of the Calendar for that year with comparison of the QI Committee and the Ryan White Office Scope of Work



The group concluded that all items in the 2011 PCAT had been accomplished, with detailed discussion of the inaugural provision of data to the Strategic Planning & Assessment (SPA) committee for use in their Priority Setting & Resource Allocation (PSRA) process. The data used for the first time in a quantitative fashion was the Standard of Care compliance scores by Service Category. It was determined that this information, in addition to Pathways to Care updates, would be of value to further augment QI data forwarded to SPA for 2012.

Discussion of the proposed 2012 PCAT resulted in the following calendar:

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New Haven and Fairfield Counties



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Quality Improvement											
Review 2011 QI Accomplishments specific to PSRA											
1. SOC Compliance with HAB Measure Outcomes 2. Care Status with Pathways to Care	X										
Develop QM Plan for 2012	X										
Update all Standards of Care to PHS Standards including detail of Service Category definitions from SPA		X	X								
Review HRSA: HIV/AIDS Bureau (HRSA:HAB) Performance Measures		X-Core	X-Support								
Review variance between CAREWare performance measures for HIV: AIDS Bureau (HA) and Chart Derived and narrow distance		X	X					X	X		
Finalize Data Provision on Outcomes to SPA for PSRA Process		X	X								
Determine Focus of Standard of Care/ Performance Measure Site Visits			X								
Establish Special Populations for Formula/Supplemental Grant Application				X							
Review QI portion of Grant Guidance				X	X						
Convene Pods or Plan-Do-Study-Act						X	X				
Review Site Visit Findings and determine Technical Assistance								X	X	X	X
Quality Improvement Meeting Total	1	1	1	1	1	1	1	1	1	1	1

This will be forwarded to the Planning Council for final approval.

c. HIV: Hepatitis C co-infection protocol – finalized

Discussion occurred about the draft HIV: Hepatitis C Co-Infection protocol. Linda Sapio-Longo suggested that the items currently displayed as #1) HIV: HCV Protocol with listed Service Category Roles & Responsibilities be presented as #2; and #2) Hepatitis Algorithm, be displayed first. This is shown on the next page.

In addition, she recommended that the Substance Abuse portion of the Hepatitis Algorithm shift to a line equivalent to the Hepatitis treatment items, and that query of Mental Health issues also be added. This is significant, in that if clients undergoing treatment for Hepatitis C are experiencing significant mental health issues, the treatment protocol itself may exacerbate these. If mental health issues are present, the recommended protocol is to first refer them to a psychiatrist and ensure that the psychiatrist both conducts a comprehensive assessment and also ensures that they are on required psychotropic medications.

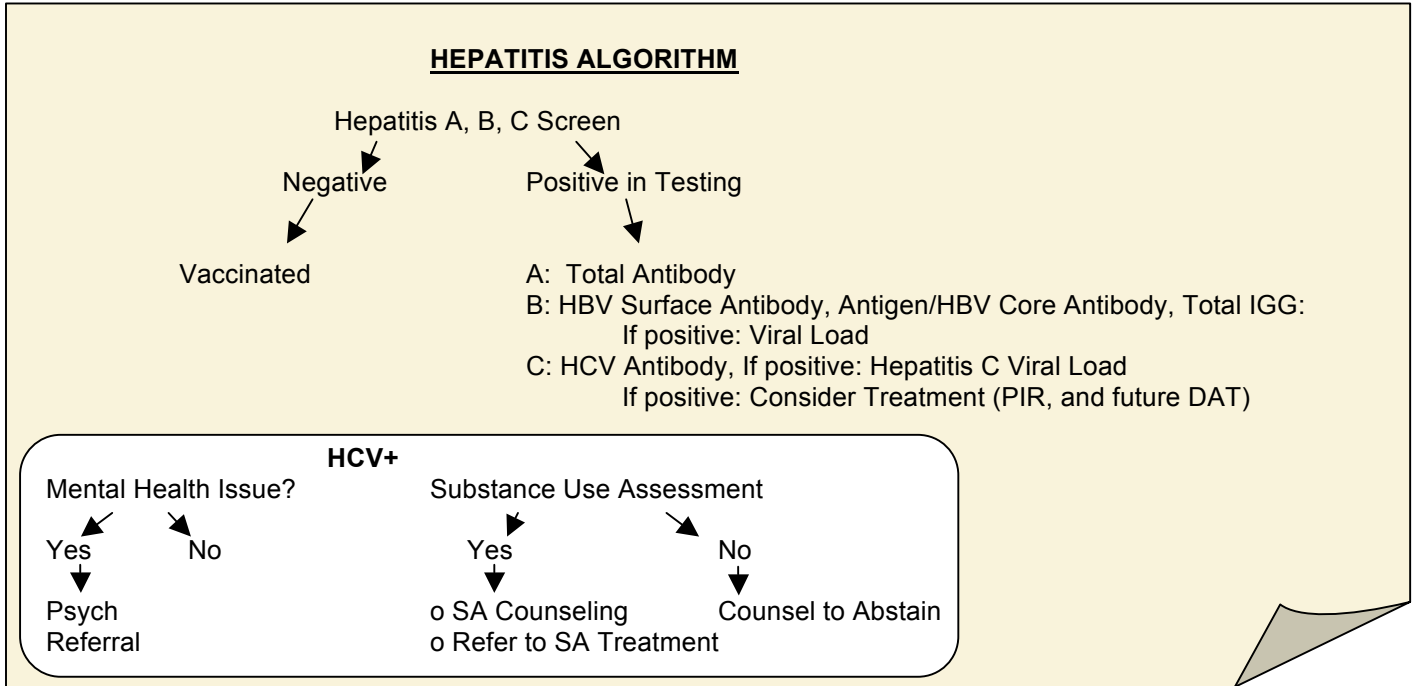
Only after the psychiatrist has affirmed the client's ability to tolerate the aggressive and rigorous Hepatitis C treatment protocol, is the client able to proceed with this regimen.

Based on these revisions, and given review by Linda Sapio-Longo (Waterbury Hospital Infectious disease Clinic), Kathy Fowles (RNP) and Dorene Gambardella (Haelen Center); the HIV: HCV Co-Infection Protocol will be incorporated into the Standards of Care for HIV Medical (AOMC), Substance Abuse, Mental Health, and Medical Case Management. Incorporation will correlate to the #2 visual below.

Review of All Standards of Care for compliance with United States Public Health Services standards and integration of required protocols including HRSA: HIV/AIDS Bureau Performance Measures will be discussed at the April 13th Quality Improvement Committee meeting.



1) Hepatitis Treatment Algorithm including Substance Use Assessment, Counsel, Treatment



2) HIV: Hepatitis C Co-Infection Protocol

HIV: HEPATITIS C CO-INFECTION PROTOCOL/ ROLES & RESPONSIBILITIES

<u>ROLE</u>	<u>RESPONSIBILITY</u>
1) HAB Screen	AOMC
2) HCV Screen	AOMC, track by MCM
3) Refer to HCV Care, if Positive	AOMC
4) HA/B Vaccine	AOMC
5) Liver Function Test (Liver Wellness) > caveat that could be normal for some HCV+	AOMC
6) Substance Abuse Assessment	AOMC/SA/MCM/EIS
7) Substance Abuse Counseling	AOMC/SA
8) Substance Abuse Treatment	SA
9) Referral by AOMC for Follow-up SA Care	AOMC

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(6.0) Announcements - None

(7.0) Adjournment

The meeting adjourned at 1:47 p.m.

The next Quality Improvement Committee meeting will occur on Friday, March 1st. This meeting will focus on developing the 2012 Quality Improvement Plan.