Greater Hampton Roads HIV Health Services Planning Council

Quality Improvement & Strategic Planning Committee Meeting

Norfolk Department of Human Services, 741 Monticello Avenue

Thursday, November 17, 2016– 2:00 p.m.

Call to Order: The meeting was called to order at 2:04 p.m.

Moment of Silent Reflection: A moment of silent reflection was observed for those affected and infected by HIV and AIDS. A special moment of silence was held for Anthony Ruffin who passed away on Monday, November 4, 2016. Anthony, who served on, and was a Chair and Vice-Chair of the Planning Council before rotating off, reapplied and was a dedicated member of the Council for the past two years.

Welcome/Introductions/Roll Call: Attendance was called as follows:

Present:

Gwendolyn Ellis-Wilson
Rachael Artise
Robert Bailey
Doris McNeill
Todd England
Jerome Cuffee

Members Excused:

Catherine Derber
Ashley Veal
Marsha Butler
Ashley Veal
Tanya Kearney

Members Absent:
None

Staff:
Jacquelyne Wiggins-Grantee Staff,
Thomas Schucker-P.C. Support
Teresa-P.C. Support Staff

Visitors:
Deryk Jackson-ACCESSAIDS.
Michael Singleton-a Planning Council member

The chair welcomed Deryk to the meeting. Deryk was interested in joining one of the Planning Council Sub-Committees and was, therefore, a guest at the meeting to try and have an understanding of the committee's responsibilities. She also welcomed Michael who is a new Planning Council member and joined the meeting to participate in the review of the service standard under discussion.

Review of Minutes:
The committee reviewed minutes from the last meeting. A motion was moved by Robert and properly seconded by Rachael to approve the minutes as written. The motion passed.

Old Business:

Refine Standards of Care: The committee was meeting to review the Outpatient/Ambulatory Health Services (OAHS) Standard. The committee's goal is to keep the standard basic so that the committee will only monitor the HRSA regulated Standards; the HRSA-HAB measures. The Standards will be in place by March 1, 2017. It will, therefore, take about a year and a half to get baseline data. In order for the committee to have a good understanding of their work in this regard, Thomas explained the HRSA-HAB requirements as follows:

- *Medical Visits*:
  Patient should have one medical visit in each six month period of a twenty-four (24) month measurement period within a minimum of sixty (60) days apart. The exclusion here is:
  - Patients who have passed away in any time within the twenty-four (24) month period or have moved.
- *Anti-Retroviral Therapy*:
  Patient was prescribed HIV anti-retroviral therapy during the measurement year. There is no exclusion.
- *HIV Resistance Testing*:
  The resistance testing was performed before initiation of the HIV Anti-Retroviral Therapy during the measurement year: GENO/PHENO Type screening. There is no exclusion.
- *HIV Viral Load Suppression*:
  Two or more tests every four to six months during the measurement year. There is no exclusion.
- *PCP Prophylaxis*:
  Patients prescribed PCP Prophylaxis within three months of a CD4 Count below 200. Exclusions to this are:
  - Patient did not receive PCP Prophylaxis because the CD4 count was above 200 during the three months prior to the CD4 count below 200.
  - Patient did not receive PCP Prophylaxis because the CD4 count was above 500 during the three months after a CD4 count below 500.
- *Influenza*:
  This has to be given every year and only counts between October 1st and March 31st. It does not count outside this period. Exclusions to this are:
  - Documentation for medical reasons
  - Documentation of a patient reasons
  - Documentation of system reasons
- *Lipid Screening*:
  Patient prescribed anti-retroviral therapy and had a fasting Lipid panel during the measurement year.
- *TB Screening*:
  A patient was screened for TB, at least, once since the HIV diagnosis. Exclusion for this is:
- Documentation of medical reason for not performing a TB screening test (for example, patient with a history of positive PPD or treatment for TB).
- *Cervical Cancer Screening*:
  Female patients with a diagnosis of HIV who were screened for cervical cancer in the last three years. Exclusion for this is:
  - Patient who had a history of hysterectomy for non-dysplasia/non-malignant indications.

- *Chlamydia Screening*:
  Patients with a diagnosis of HIV at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year. The exclusion for this is:
    - Patients who are less than 18 years of age and denied a history of sexual activity. There are no exceptions for adults.
- *Hepatitis B Screening*:
  Patients for whom Hepatitis B screening was performed, at least, once since the diagnosis of HIV/AIDS or for whom there is documented infection or immunity. There are no exclusions for this.
- *Hepatitis B Vaccination*:
  Patients with a diagnosis of HIV who completed the vaccination series for Hepatitis B. Exclusions are:
    - Patients newly enrolled in care during the measurement year
    - Patients with evidence of current HBV infection
    - Patients with evidence of past HBV infection with immunity

The committee agreed to leave out Hepatitis A screening. However, the committee will ask the Grantee to monitor the standard to see if there are providers in the area who screen for Hepatitis A.

- *Hepatitis C Screening*:
  Patients for whom Hepatitis C screening was performed, at least, once since HIV diagnosis. There are no exclusions for this.
- *HIV Risk Counseling*:
  Patients with a diagnosis of HIV who receive HIV Risk Counseling in the measurement year. There are no exclusions.
- *Oral Exam*:
  Patients with a diagnosis of HIV who received an oral exam by a dentist, at least, once in a measurement year. There are no exclusions.
- *Screening for Clinical Depression*:
  Patients to be screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool. If positive a follow up plan is documented on the date the positive screening was done. Exclusions include:
    - Documented patient reasons
    - Documented medical reasons
    - Documented situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools.
- *Tobacco Use: Screening and Cessation Intervention*:
  Patients screened for tobacco use one or more times within twenty-four (24) months period and who received cessation counseling intervention if identified as a tobacco user. Patient exclusion is:
    - There should be documentation of medical reasons for not screening for tobacco use.
- *Substance Abuse Screening*:
  Patients with a diagnosis of HIV who have been screened for substance use in the measurement year. There are no exclusions for this.

The committee reviewed and discussed the San Antonio Ambulatory/Outpatient Medical Care and made revisions in line with the Norfolk TGA Part A standards. Ambulatory/Outpatient Medical Care has changed to Outpatient/Ambulatory Health

Services (OAHS). The committee adopted the OAHS definition from the Policy Clarification (PC) 1602. This definition goes into effect on March 1.

With regard to the OAHS service category, the committee recommended changes to

- Personnel: Staff Qualifications.
- Quality Management:
    - Program Outcome: the committee recommended the following measurements:
        - 90% of clients are retained in care
        - 100% of clients are on Anti-Retroviral Therapy.
        - 90% of clients are virally suppressed, and
- Indicators will be:
    - The number of clients with viral load of less than 200
    - The number of clients who are retained in care
    - The number of clients who are on Anti-Retroviral Therapy.
- The Service Unit (s) will be
    - One office visit in CAREWare.

This marches the National HIV/AIDS Strategy of 90-90-90% by 20/20.

The committee reviewed the OAHS Service Standard, the Data Source and Goal/Benchmark. The committee recommended necessary changes and recommended to move the benchmark up to 90% and 100%. Data Source will be CAREWare or Client Charts. After review a motion was moved and the committee accepted the recommended changes to the OAHS Service Standards as presented. The revised Outpatient/Ambulatory Health Services Standards will be presented to the Planning Council for final approval. The committee will, at the December meeting, review the Oral Health Service Standards. Thomas who will not be at the meeting, will participate via teleconference.

Any Other Business:
There was no other business to discuss.

Date of Next Meeting/Adjournment: The next committee meeting will be on Thursday, December 15th, at 3:00 p.m. With no further business, a motion was moved and was properly seconded to adjourn the meeting. The motion passed.

Respectfully submitted:

Doris McNeill-Committee Chair