

Ryan White Program
Performance Improvement Advisory Team
Minutes of April 17, 2009
Behavioral Science Research
2121 Ponce de Leon Blvd., Suite 250
Coral Gables, FL 33134

#	Members	Organization	BSR Staff
1	Carla Valle-Schwenk	OGC	Beth Hayden
2	Jocelyne Coles	Helen Bentley Family Health Center	Christina Bontempo
3	Frederick Downs, Jr.	Partnership Member	Susy Martinez
4	Edwin Torres	Committee Member	Sandra Sergi
5	Jasmin O'Neale-Lewis	University of Miami	Ariela Eshel Bernstein
6	Karen Hilton	University of Miami	Kim Tardalo
7	Karelia Godinez	Citrus Health Network	
8	Ruth Weber	Empower U	
9	Tom Pietrogallo	Care Resource	
10	Iris Chamagua	Mercy Hospital	
11	Jackie Taylor	Jessie Trice Community Health Center	
12	Ed McGowan	Concept House	
13	Sergio Lindarte	SFAN	

1. PIAT members reviewed the March 20, 2009 minutes. No changes were made.

2. Standing Business

- Medical Case Management (MCM) Updates
 - *Technical Assistance (TA) Visits*
 - Ariela Bernstein informed the PIAT that during the March TA visits, all pending action items will be reviewed for completion. Beginning in April 2009, in addition to the review of the Financial Assessment (FA), Quality Management (QM) staff will begin reviewing FA progress notes and Comprehensive Assessments. In preparation for the new focus of the TA visits, QM staff reviewed the Comprehensive Assessment and made revisions to the review tool; additional changes may be made as a result of the TA visits.
 - *Medical Case Management Proficiency Exam*
 - Sandra Sergi updated the PIAT on the status of the proficiency exam results:
 - Background - The topics covered on the exam were discussed during the monthly MCM trainings and included elements from the MCM Standards, service descriptions, the financial assessment, and basic HIV/AIDS knowledge. In January 2009, the MCM training was devoted to a thorough review of the exam questions and their correct answers. QM staff also provided a study guide and a list of resources to assist the

MCM's in preparing for the exam. In February 2009, sixty-one MCM's took the exam.

- Performance Threshold – In 2008, following the analysis of the exam results, the performance threshold was raised from 80% to 85%. A preliminary review of the 2009 exam results indicates that there is a big difference between the number of MCM's who scored above 80% and the number who scored above 85%, which may impact the system in a way that has not been thoroughly considered. Carla Valle-Schwenk noted that given the training and resources provided to the MCM's one would have expected higher scores. Beth Hayden noted that there are several factors that may affect the results such as language, difficulty taking tests, etc. Sandra noted that in addition to analyzing exam scores, QM staff has reviewed the attendance records - among the MCM's who took the exam, half attended more than the twenty required hours; others attended between 3-18 hours during the last year. Ruth Weber noted that the measure of MCMs' performance should include performance in record reviews and TA visits. Beth replied that BSR will correlate the exam scores with these measures as well as attendance. The PIAT agreed that the performance threshold should remain at 85% as was decided in 2008.
- Repercussions - Tom Pietrogallo stated that PIAT should consider methods to improve the knowledge of MCM's and added that there should be repercussions for not having basic MCM and HIV/AIDS knowledge. Iris Chamagua suggested MCM's take an exam during the first three months of employment. Carla stated that the exam results raise questions about the quality of services provided. Sandra stated that the TA visits have revealed that supervisors are not as savvy as one would expect and do not generally play an active role in new MCM training or support. Instead, new MCM's tend to learn by shadowing experienced MCM's and are then asked to see clients. Ed McGowan noted that in last year's Comprehensive Plan forums clients often commented on the lack of MCMs' knowledge of the services available to them. He noted that each agency has a responsibility to adequately train their MCM's. Iris agreed that supervisors must be held accountable as well since they are responsible for training and mentoring the MCM's. Jackie Taylor added that while supervisors try to train the MCM's before they receive SDIS access, the agency's administration pressures supervisors and MCM's to bill. She added that linking lack of performance to tangible consequences such as withholding payment or removing SDIS access might be the most effective method of emphasizing the need for performance improvement. Frederick Downs commented that MCM's should be educated, not penalized. Carla concluded that additional analysis of the results will assist the PIAT in deciding on repercussions.
- Dissemination of Results – The PIAT agreed to disseminate the results. Those who scored below 85% on either or both sections of the exam will be expected to retest. BSR will provide the agencies with feedback

regarding their MCMs' areas of strength and weakness; agencies will be allowed three months to address these issues in preparation for the retest. The PIAT will make a final decision regarding the timeframe for retesting and the repercussions for not achieving the performance threshold at the May meeting after additional analysis of the results.

4. New Business

- Updates –
 - *Community Forums for the Annual Needs Assessment*
Community Forums have been held in order to provide Ryan White Program clients an opportunity to express concerns and identify needs not currently addressed by the program. All but one forum have been completed; the last will take place on April 29. Forums were held in English, Spanish, and Creole. The findings will be reported at the Needs Assessment in June 2009.
 - *Client Satisfaction Surveys*
BSR staff has completed over 100 interviews thus far. Interviews will be completed at four additional sites by April 24. The response from the first providers has been excellent.
 - *Quarterly Record Reviews*
Prior to the March 2009 deadline for submission of quarterly reviews, the County sent each agency a letter emphasizing the Quality Assurance (QA) function of the reviews and the importance of complying with this requirement. As a result, all agencies submitted their internal reviews for the last quarter of Year 18. Ariela informed the PIAT that QM staff will select submitted charts for review during the TA visits as an additional QA measure.
 - *Activity Code Pilot Study*
The pilot study was designed to provide additional information to the discussion of MCM caseloads. Five MCM's were trained by QM staff to document encounter and activity codes on a daily basis over the course of ten days in order to provide clarification on the type of activities performed. QM staff has been reviewing the daily logs to ensure that MCM's were documenting the codes correctly. Once the study is complete the data will be analyzed and presented to PIAT. Carla noted that the code 'DOC' was approved for billing for additional documentation resulting from participation in the study. Encounters should continue to be coded and billed accurately in SDIS.
 - *QM Work Plan*
The Comprehensive Plan includes a number of activities that are the responsibility of the PIAT. Additional QM activities identified by the Strategic Planning Committee will be included in the QM Work Plan as needed and presented to the PIAT for review.
 - *Oral Health Care Record Reviews*
Ariela presented a preliminary aggregate report summarizing the findings of the Oral Health Care Record Review conducted between November 2008 and March 2009. A total of 176 records were reviewed at eight agencies. The review period encompassed services provided during November 2006 and December 2008. A formal performance threshold has yet to be formally established but the agreed upon threshold for most service categories is 80%. Based on this threshold, all agencies were required to submit a corrective action plan as none achieved a score of 80% or

higher. Ariela provided a review of the overall agency scores, agency scores per review section, and general strengths, weaknesses, and recommendations.

5. Next Meeting – Friday, May 15, 2009