



Ryan White Program Performance Improvement Advisory Team
Minutes of November 18, 2009
Behavioral Science Research
2121 Ponce de Leon Blvd., Suite 250
Coral Gables, FL 33134

Approved January 15, 2010

#	Members	Organization	BSR Staff
1	Carla Valle-Schwenk	OGC	Ariela Eshel Bernstein
	Jocelyne Coles	Helen B. Bentley	Christina Bontempo
2	Elizabeth Davis	Jessie Trice	Beth Hayden
3	Hude Desrameaux	Care Resource	Susy Martinez
4	Karen Hilton	University of Miami	Sandra Sergi
5	Sergio Lindarte	SFAN	Kim Tardalo
6	Tania Lopez	Care Resource	
7	Justina Mendy	AIDS Healthcare Foundation	
8	Kathy Mercogliano	University of Miami	
9	Winifred Moore	SFAN	
10	Cesar Nunez	SFAN	
11	Jasmin O'Neale Lewis	University of Miami	
12	Tom Pietrogallo	Care Resource	
13	Marie Presmy	Mercy Hospital	
14	Johnny Rogers	Empower "U"	
15	Samantha Ross	University of Miami	
16	Stephen Williams	Helen B. Bentley	
17	Rokecia Wright	CHI	

1. **Announcement** – While waiting for members to arrive Beth Hayden announced that there have been several changes to the Ryan White HIV/AIDS Treatment Extension Act of 2009. One significant change is that up to one third of supplemental funds may be based on the number of people unaware of their HIV status who were tested and connected to care by the Ryan White Program. This would substantially change the current focus of outreach services on clients lost to care or at risk of becoming lost to care. The Health Resources and Services Administration (HRSA) will likely request a descriptive action plan to accompany the already submitted 2010-2011 grant application. Karen Hilton suggested that all entities in Miami-Dade County serving the HIV/AIDS community collaborate to form a plan. Beth suggested a half or full day retreat where all parties can work together.
2. The meeting was called to order and introductions were given.
3. PIAT members reviewed the October 16, 2009 minutes. No changes were made.
4. **Standing Business**
 - Medical Case Management Updates
 - *Technical Assistance (TA) Visits* – The focus continues to be the first three sections of the Comprehensive Health Assessment.

- *Monthly Medical Case Management (MCM) Training* – The November training focused on development of care plan exercises with the MCMs. More care plan training is necessary as it appears that MCMs over document the wrong information. The goal of the trainings will be to teach MCMs how to write less but provide more relevant information. Jocelyne Coles suggested demonstrating care plan development on SDIS during the trainings. Sandra Sergi responded that Automated Case Management Systems (ACMS) staff has agreed to attend a training to make this possible.
- *MCM Supervisor Training* – MCM Supervisors will review blinded copies of the care plan exercise that the MCMs completed during the monthly training. In addition, Dr. Jeffrey Beal from the Florida/ Caribbean AIDS Education and Training Center (AETC) will give a presentation on ARV adherence and resistance.
- *MCM Appreciation Luncheon* – Planning for the luncheon is underway; the tentative date is Thursday December 17th. An email requesting RSVPs will be sent once details are confirmed.
- Record Reviews – Update
 - *Prescription Drugs* – Three reviews have been completed and three more are pending. Thus far the results are good with the exception of some minor issues. Once all reports are disseminated, aggregate results will be presented to PIAT.
 - *Oral Health Care* – The oral health care follow up record reviews are scheduled to begin in January 2010.

5. **New Business**

- *Outreach Services*
 - *Overview of Training Topics* – Training topics discussed at the last meeting included:
 - Referral process
 - Confidentiality in the referral process
 - Documenting/billing codes for time and effort
 - ACMS training on reports
 - CPR
 - Safety
 - Cultural competency
 - MCM system training
 - Trust building
 - Disengaging from clients
 - *Required Trainings* –Continuous Quality Improvement (CQI) staff will provide a two day basic training for all outreach workers. An additional 16 hours of trainings will be provided over the course of the next year. Topics for additional trainings will include:
 - HIV/AIDS service system
 - Motivational interviewing
 - Education on substance abuse
 - Sexual health and risk
 - Gender competency
 - Consents, including confidentiality and HIPAA requirements
 - Mental health
 - Domestic violence

- Sexually transmitted diseases
 - Partner notification
 - Nutrition
- *Best Practices* – The following best practices were reviewed:
- Utilize Outreach Performance Outcomes report from SDIS
 - Include outreach workers in the intake process
 - Initiate Services Across Sites Report in SDIS following receipt of a referral
 - Follow up on referrals within 24 hours of receipt
 - Establish coordination between outreach workers and MCMs to review reasons for referral and client information, including picture ID
 - Obtain client signatures at time of Face to Face encounters
 - Hold routine team meetings at which outreach workers can compare experiences, discuss successful and unsuccessful processes, review documentation samples and conduct peer reviews
 - Develop program-specific Outreach Protocols and QM Outreach Record Reviews

In addition to the training topics, discussion of additional materials for outreach workers included:

- Elements of an outreach progress note for an “initial contact” and “follow up contact”
- Outreach service outcomes, indicators, targets and data sources table
- List of outreach encounter codes
- Outreach activity log

Sergio Lindarte asked if outreach referrals could be used for clients newly released from prison who miss their initial appointment with a jail linkage coordinator, case manager or medical provider. Carla suggested changing the language in the service description to include these scenarios as triggers for an outreach referral. BSR volunteered to assist in developing a protocol for County approval.

It was noted that not all physicians are aware that they can make a direct referral to outreach by writing a prescription for it after three failed attempts to contact the client as long as the MCM has a consent form on file.

- *Review/Revise Outreach Service Description* – Beth explained that major revisions to the service description should wait until HRSA releases its revised guidelines. For now, a few minor changes will be made. An SDIS announcement will be sent notifying providers of the changes.
- “Missed prescription pickup” and “missed appointment with jail linkage coordinator” will be added to examples of clients considered lost to care or at risk of being lost to care.
 - “Follow up with MCM to confirm that clients have returned to care” will be added to outreach activities.

6. **Next Meeting** –Friday, December 18th, 2009