DRAFT

HOUSTON AREA HIV SERVICES
RYAN WHITE PLANNING COUNCIL

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We envision an educated community where the needs of all HIV/AIDS infected and/or affected individuals are met by accessible, effective, and culturally sensitive health and psychosocial services that are part of a fully coordinated system. The community will continue to intervene responsibly until the end of the epidemic.

The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources

AGENDA

12 noon, Thursday, April 14, 2016
Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

I. Call to Order — Steven Vargas, Chair
- A. Welcoming Remarks and Moment of Reflection — RW Planning Council
- B. Adoption of the Agenda
- C. Approval of the Minutes
- D. Training: Update on Retention in Care — Ann Dills, Texas Dept. of State Health Services

II. Public Comments and Announcements — Carol Suazo, Secretary

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to the Council Secretary who would be happy to read the comments on behalf of the individual at this point in the meeting. The Chair of the Council has the authority to limit public comment to 1 minute per person. All information from the public must be provided in this portion of the meeting. Council members please remember that this is a time to hear from the community. It is not a time for dialogue. Council members and staff are asked to refrain from asking questions of the person giving public comment.)

III. Reports from Committees

A. Comprehensive HIV Planning Committee — Nancy Miertschin and John Lazo, Co-Chairs

Item: Update on the 2016 Needs Assessment
Recommended Action: FYI: An updated Sampling Summary will be distributed at the meeting.

Item: April Committee Meeting
Recommended Action: FYI: The April Comprehensive HIV Planning Committee meeting has been cancelled to allow member participation in the Comprehensive Plan Workgroups, NAG, and *How to Best Meet the Need*.

B. Affected Community Committee — Gene Ethridge and Tana Pradia, Co-Chairs

Item: Committee Training
Recommended Action: FYI: Tori Williams provided an overview of the *How To Best Meet the Need* process after which, members signed up to participate in the different workgroups.

Item: 2016 Greeters
Recommended Action: FYI: See the attached list of 2016 volunteer greeters for monthly Council meetings.

Item: 2016 Community Events
Recommended Action: FYI: See the attached list of 2016 events at which there will be a Council presence. Please contact Eric Moreno if you signed up to assist with the Pride Festival and you have not been assigned to a shift.

C. Quality Improvement Committee — Robert Noble and Cecilia Ross, Co-Chairs

Item: Justification for the FY 2017 Service Categories
Recommended Action: Motion: Motion: Approve the attached criteria for determining the FY 2017 Ryan White service categories.

Item: Report from the Administrative Agency: Part A
Recommended Action: FYI: See the attached reports:

- FY14 Chart Reviews for :
  - Primary Care, dated 11/15
  - Vision Care, dated 11/15
  - Oral Health – Rural, dated 12/15
- Clinical Quality Management Committee Report, dated 02/03/16
- 2016 Client Satisfaction Survey Update
- FY15 RW Part A and MAI Procurement Report, dated 03/08/16

Item: Report from the Administrative Agency: Part B
Recommended Action: FYI: See the attached reports:

- 2015/16 RW Part B Procurement, dated 03/17/16
- 2015/16 RW Part B Service Utilization, dated 03/17/16
- 2015/16 DSHS State Services Procurement, dated 03/17/16
- 2015/16 DSHS State Services Service Utilization, dated 03/17/16
- Health Insurance Service Utilization, revised 03/16/16
- 2015 Chart Reviews:
  - Home & Community Based Services
  - Hospice Services
  - Oral Health Care Services

Item: FY 2017 How To Best Meet the Need (HTBMN) Workgroup Schedule
Recommended Action: FYI: See attached FY 2017 HTBMN workgroup meeting schedule. All are encouraged to attend at least one workgroup and to sign up with Eric Moreno if you wish to receive a meeting reminder. Workgroup packets will be available at the April 14, 2016 training or through the Office of Support after April 14th.

Item: Wait List Workgroup
Recommended Action: Motion: Approve the following definition of Wait Time: The calculation of time from the first appointment given until the actual receipt of service. See the attached for detailed information and examples of wait time and wait lists.

D. Priority and Allocations Committee — Peta-gay Ledbetter and Bruce Turner, Co-Chairs
No report.

E. Operations Committee — Ruth Atkinson and Curtis Bellard, Co-Chairs
Item: 2016 Texas Open Meetings Act Training
Recommended Action: FYI: Please note the revised list of Council members who need to turn in a certificate to the Office of Support verifying their participation in the 60 minute Texas Open Meetings Act training. Also, please note that the link to the video training has changed. The new link is provided on the attached flyer. All Council and external committee members are required to participate in the training once in a lifetime.

Item: 2016 Council Orientation
Recommended Action: FYI: See the attached results of the evaluation of the 2016 Council Orientation.

Item: Ryan White Conflict of Interest Policy
Recommended Action: Motion: Approve the attached list which indicates when conflict of interest applies to a particular Ryan White work product and conflicted members are asked to abstain from voting.

IV. Report from the Office of Support — Tori Williams, Manager

V. Report from Ryan White Grant Administration — Carin Martin, Manager

VI. Report from The Resource Group — S. Johnson-Fairley, Health Planner

VII. Medical Updates — Shital Patel, MD, Baylor College of Medicine

VIII. New Business (30 seconds/report)

A. Ryan White Part C Urban and Part D — Nancy Miertschin
B. Community Development Advisory Council (CDAC) — Tracy Gorden
C. HOPWA — Melody Barr
D. Community Prevention Group (CPG) — Herman Finley
E. Update from Task Forces:
- African American — S. Johnson-Fairley
- Latino — Steven Vargas
- MSM — Ted Artiaga
- Transgender
- Youth — John Lazo
- Hepatitis C — Steven Vargas
- Sexually Transmitted Infections (STI) — Herman Finley
- Urban AIDS Ministry — Amber David
- Heterosexual HIV Awareness — Ruth Atkinson

F. Positive Women's Network — Tana Pradia
G. HIV and Aging — Bruce Turner
H. Texas HIV Medication Advisory Committee — Bruce or Nancy
I. Legislative Updates
J. Texas HIV/AIDS Coalition — Bruce Turner
K. SPNS Grant: HIV and the Homeless Program — Nancy Miertschin

IX. Announcements

X. Adjournment

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The Houston Eligible Metropolitan Area (EMA) Ryan White Planning Council will improve the quality of life and advocate for those infected and/or affected with HIV/AIDS by taking a leadership role in the planning and assessment of HIV resources.

MINUTES

12 noon, Thursday, March 10, 2016
2223 W. Loop South, Room 532; Houston, Texas 77027

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Steven Vargas, Chair	Shital Patel	Scott Brooks, Janssen Pharmaceuticals
Tracy Gorden, Vice-Chair	Tana Pradia	Mikel Marshall, ViiV Healthcare
Carol Suazo, Secretary	Teresa Pruitt	Denis Kelly
Curtis Bellard	Cecilia Ross	
David Benson	Gloria Sierra	**STAFF PRESENT**
Skeet Boyle	Isis Torrente	*Ryan White Grant Administration*
Ella Collins-Nelson	C. Bruce Turner	Carin Martin
Amber David	David Watson	Heather Keizman
Gene Ethridge	Larry Woods	Tasha Traylor
Herman Finley		
Paul Grunenwald	**MEMBERS ABSENT**	*The Resource Group*
Steven Harris	Ted Artiaga, excused	Sha'Terra Johnson-Fairley
Angela F. Hawkins	Ruth Atkinson, excused	
Arlene Johnson	Rodriga Avila, excused	*Office of Support*
J. Hoxi Jones	Connie Barnes, excused	Tori Williams
John Lazo	Melody Barr, excused	Amber Alvarez
Peta-gay Ledbetter	Bianca Burley	Diane Beck
Nancy Miertschin	Denny Delgado	
Rodney Mills	Evelio Salinas Escamilla, excused	
Allen Murray	Leslie Raneri	
Robert Noble	Steven Stellenwerf, excused	

Call to Order: Steven Vargas, Chair, called the meeting to order at 12:05 p.m.

During the welcoming remarks, Vargas said that Judge Emmett has appointed two new Council members: Rodriga Avila and Rodney Mills, both are Project LEAP graduates. Please note that the Office of Support is still looking for some good Project LEAP students. The Jeopardy Game will have to be postponed because Connie Barnes is unable to join us today.

Adoption of the Agenda: ***Motion #1:*** *it was moved and seconded (Pruitt, Ethridge) to adopt the agenda with two changes: correct the date and move the Ryan White Grant Administration report so that it is before the committee reports.* **Motion carried unanimously.**

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Harris, Escamilla) to approve the February 11, 2016 minutes.* **Motion carried.** Abstentions: Johnson, Mills, Pradia, Ross.

Training: The How to Best Meet the Need Process: Cecilia Ross and Robert Noble, co-chairs of the Quality Improvement Committee, presented the attached PowerPoint.

Public Comment and Announcements: None.

Report from Ryan White Grant Administration: Carin Martin, Manager, summarized the attached report.

Reports from Committees:
Comprehensive HIV Planning Committee: John Lazo, Co-Chair, reported on the following:
The Chamber of Commerce Workgroup has been renamed the Speaker's Bureau Workgroup, and will begin meeting in April, August and December. As of February, 11th, there were six speakers recruited to present on a variety of topics, with the goal of adding two alternate speakers in 2016. Six presentations were given in 2015, and three have been scheduled for 2016. The workgroup will be meeting on May 12th, please contact the Office of Support if you wish to participate.

Update on the 2016 Needs Assessment: The Committee reviewed the 2016 Needs Assessment Sampling Summary through February 11, 2016, see attached. Harbolt said that we now have 116 completed surveys and several large sites scheduled in March.

Update on the 2017 Comprehensive Plan process: The Committee reviewed the 2017 Comprehensive Plan Mission and Vision statements, Guiding Principles, Goals and Objectives documents. See attached. Please contact the Office of Support if you are interested in participating on one or more of the Comprehensive Plan Workgroups.

March and April meetings: The March and April Comprehensive HIV Planning Committee meetings have been cancelled to allow member participation on the Comprehensive Plan Workgroups, NAG, and the How to Best Meet the Need process.

Affected Community Committee: Tana Pradia, Co-Chair, reported on the following:
Committee Training: See the attached items re committee training on the purpose of the Council and the role of the committee at public hearings and health fairs. Also questions for role playing at health fairs.

2016 Greeters: See the attached list of 2016 volunteer greeters at monthly Council meetings.

Council Co-Sponsorship: ***Motion #3:*** *It is recommended that the Houston Ryan White Planning Council be a co-sponsor for the HIV and Aging Symposium as outlined in the attached request provided the Council be allowed to have a Ryan White booth at the event.* **Motion carried.**

2016 Community Events: See the attached list of 2016 events at which there will be a Council presence. Suazo and Ledbetter volunteered for Miss Utopia. Ethridge said that the committee will

have a booth at the Pride Parade this year and they need volunteers. Ledbetter, Vargas, Gorden, Suazo and Lazo volunteered.

Quality Improvement Committee: Cecilia Ross, Co-Chair, reported on the following:
2016 Reports from Administrative Agent – Part B/SS: See the attached 2016 report schedule.

FY 2017 How to Best Meet the Need Workgroup Schedule: See the attached schedule. There will be two additional workgroups dedicated to retention in care and serving young MSMs of color. Meeting details to be announced.

Wait List Workgroup: The motion to approve the definition of Wait Time - the calculation of time from the first appointment given after a request for service until the actual receipt of service – failed in the Steering Committee. Hence, it will go back to the Quality Improvement committee for review and revision. If you have any suggestions please send them to the Office of Support.

Priority and Allocations Committee: Peta-gay Ledbetter, Co-Chair, reported on the following:
FY 2017 Guiding Principles and Criteria: ***Motion #4:*** *Approve the attached FY 2017 Guiding Principles and Decision Making Criteria.* **Motion carried unanimously.**

FY 2017 Priority Setting Process: ***Motion #5:*** *Approve the attached FY 2017 Priority Setting Process.* **Motion carried.** Abstention: Boyle

FY 2016 Policy for Addressing Unobligated and Carryover Funds: ***Motion #6:*** *Approve the attached FY 2016 Policy for Addressing Unobligated and Carryover Funds.* **Motion carried unanimously.**

FY 2016 Increase Funding Request Form: See the attached, revised Increase Funding Request form. Changes were made to the form in response to information provided in the minutes of the Wait List Workgroup, see attached.

FY 2016 Unspent Funds: ***Motion #7:*** *Send a request for proposal (RFP) for the Legal Assistance service category since the agency receiving Ryan White Part A funds has declined the contract renewal option in the amount of approximately $293,406.* **Motion carried unanimously.**

Operations Committee: Curtis Bellard, Co-Chair, reported on the following:
2016 Texas Open Meetings Act Training: If you have never viewed the 60 minute Texas Open Meetings Act video, please see the enclosed flyer. All Council and external committee members are required to view it once in a lifetime and provide the Office of Support with the certificate that proves you took the training. If you have never seen it, or wish to see it again, the Office of Support will be showing it after Council adjourns today in room 240. Popcorn and soda will be served.

Committee Orientation: Per Council policy, members of the Operations Committee signed Statements of Confidentiality forms.

2016 Council Training Topics: See the attached list of 2016 Council training topics.

Council Conflict of Interest Policy and Procedures: Committee members spent several meetings reviewing the current Ryan White Planning Council Conflict of Interest policy, the tools being used to manage conflict of interest and a statement made in 2012 by the Harris County Attorney after reviewing the Council policy and procedures against the HRSA Ryan White Part A manual in 2012.

Based on the Committee's recent review, it is recommended that no changes be made to the current policy or procedures.

Report from Office of Support: Tori Williams, Director, summarized the attached report.

Report from The Resource Group: Sha'Terra Johnson-Fairley summarized the attached report.

Medical Updates: Dr. Patel said that she spoke to Williams about doing a shorter version of the PrEP summit for the Planning Council. In a recent report, the new Tenofovir or TAF shows some bone loss at first but then some is gained and now researchers are looking at giving bone loss medication to those on HAART. There are currently two medications with the new Tenofovir. As for the Zika virus, she said that it is recommended to use a condom if you have sex with someone who visited the region where the virus comes from for at least 21 days after they return.

New Business:
Ryan White Part C Urban and Part D: Miertschin said that the Part D non-compete application was submitted on Monday.

Community Development Advisory Council: Gorden said that the group has not met.

HOPWA: Vargas said that recently there was a HOPWA 101 training for providers where he gave information on the Comprehensive Plan process.

Updates from Task Forces:

- **African American:** Johnson-Fairley said that they are meeting tomorrow at the Fifth Ward Multiservice Center. Today, the Texas Black Women's Coalition and the City of Houston teamed up for National Women and Girls HIV Awareness Day to provide services at a salon on Greenbriar.
- **Latino:** Vargas presented the attached report.
- **MPact:** Vargas said that they have been doing outreach in the Montrose area. This week they will be at Neon Boots.
- **Youth:** Lazo reported that they will have a health fair event on April 8, 2016 at Madison High School from 9:15 am until 12:00 pm. Let him know if you would like to volunteer.
- **Hepatitis C:** Vargas presented the attached report.
- **Sexually Transmitted Infections (STI):** Finley reported that the group recently met at Hiram Clarke Multiservice Center. They are still looking to do some PSAs for airing on Comcast. They have started doing testing in collaboration with Saint Hope Foundation and are averaging 5-6 tests per day. Noble added that they partnered with FLAS, Inc. on a PSA and also sent out letters to providers about diagnosing syphilis.
- **Urban AIDS Ministry:** David reported that March 6 started the National Week of Prayer for the Healing of AIDS and St. John's had a large presence at the AIDS Walk.
- **Heterosexual HIV Awareness:** Atkinson submitted the attached report.

HIV and Aging: Turner said to see the flyer for this month's meeting. He thanked everyone for agreeing to co-sponsor the September event.

SPNS Grant: HIV and the Homeless Program: Miertschin reported that the semi-annual meeting will take place in June in Portland in conjunction with the National Healthcare for the Homeless conference. She will be presenting at the Healthcare for the Homeless conference on attitudes and behaviors of clinic staff toward the homeless. This is year four of the five year project; year five will

begin on September 1st.

Announcements: Johnson-Fairley said that the Pos713 support group is having a presentation this evening for National Women and Girls HIV Awareness Day at the Leonel Castillo Community Center. Vargas thanked everyone who participated in the AIDS Walk. Gorden said he has a couple of places lined up for distribution of Project LEAP materials, if anyone wants to volunteer please let him know.

Adjournment: The meeting was adjourned at 1:27 p.m.

Respectfully submitted,

_____ _____

Victoria Williams, Manager Date

Draft Certified by
Council Chair: _____ Date _____

Final Approval by
Council Chair: _____ Date _____

Council Voting Records for March 10, 2016

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Co-Sponsor HIV & Aging Event **Carried**					**Motion #1** Agenda **Carried**				**Motion #2** Minutes **Carried**				**Motion #3** Co-Sponsor HIV & Aging Event **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Chair				C				C				C	Robert Noble		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Tana Pradia		X				X				X		
Carol Suazo, Secretary		X				X				X			Teresa Pruitt		X						X		X		
Curtis Bellard		X				X				X			Cecilia Ross		X						X		X		
David Benson		X				X				X			Gloria Sierra		X				X				X		
Ardry Skeet Boyle		X				X				X			Isis Torrente		X				X				X		
Ella Collins-Nelson		X				X				X			C. Bruce Turner		X				X				X		
Amber David		X				X				X			David Watson		X				X				X		
Gene Ethridge		X				X				X			Larry Woods		X				X				X		
Herman Finley	X				X					X															
Paul Grunenwald		X				X				X			**MEMBERS ABSENT**												
Steven Harris		X				X				X			Ted Artiaga												
Angela F. Hawkins		X				X				X			Ruth Atkinson												
Arlene Johnson		X						X		X			Rodriga Avila												
J. Hoxi Jones		X				X				X			Connie Barnes												
John Lazo		X				X				X			Melody Barr												
Peta-gay Ledbetter		X				X				X			Bianca Burley												
Nancy Miertschin		X				X				X			Denny Delgado												
Rodney Mills				X				X		X			Evelio Salinas Escamilla												
Allen Murray		X				X				X			Leslie Raneri												
Shital Patel		X				X				X			Steven Stellenwerf												

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	**Motion #4** FY17 Principles & Criteria **Carried**				**Motion #5** FY17 Priority Setting Process **Carried**				**Motion #6** FY16 Policy for Unobligated & Carryover funds **Carried**					**Motion #4** FY17 Principles & Criteria **Carried**				**Motion #5** FY17 Priority Setting Process **Carried**				**Motion #6** FY16 Policy for Unobligated & Carryover funds **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Chair				C				C				C	Robert Noble		X				X				X		
Tracy Gorden, Vice-Chair		X				X				X			Tana Pradia		X				X				X		
Carol Suazo, Secretary		X				X				X			Teresa Pruitt		X				X				X		
Curtis Bellard		X				X				X			Cecilia Ross		X				X				X		
David Benson		X				X				X			Gloria Sierra		X				X				X		
Ardry Skeet Boyle		X						X		X			Isis Torrente		X				X				X		
Ella Collins-Nelson		X				X				X			C. Bruce Turner		X				X				X		
Amber David		X				X				X			David Watson		X				X				X		
Gene Ethridge		X				X				X			Larry Woods		X				X				X		
Herman Finley		X				X				X															
Paul Grunenwald		X				X				X			**MEMBERS ABSENT**												
Steven Harris		X				X				X			Ted Artiaga												
Angela F. Hawkins		X				X				X			Ruth Atkinson												
Arlene Johnson		X				X				X			Rodriga Avila												
J. Hoxi Jones		X				X				X			Connie Barnes												
John Lazo		X				X				X			Melody Barr												
Peta-gay Ledbetter		X				X				X			Bianca Burley												
Nancy Miertschin		X				X				X			Denny Delgado												
Rodney Mills		X				X				X			Evelio Salinas Escamilla												
Allen Murray		X				X				X			Leslie Raneri												
Shital Patel		X				X				X			Steven Stellenwerf												

C = Chair of the meeting lm = Left the meeting lr = Left the room VP = Via phone	**Motion #7** Re-RFP Legal Services **Carried**					**Motion #7** Re-RFP Legal Services **Carried**			
MEMBERS	ABSENT	YES	NO	ABSTAIN	MEMBERS	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Chair				C	Robert Noble		X		
Tracy Gorden, Vice-Chair		X			Tana Pradia		X		
Carol Suazo, Secretary		X			Teresa Pruitt		X		
Curtis Bellard		X			Cecilia Ross		X		
David Benson		X			Gloria Sierra		X		
Ardry Skeet Boyle		X			Isis Torrente		X		
Ella Collins-Nelson		X			C. Bruce Turner		X		
Amber David		X			David Watson		X		
Gene Ethridge		X			Larry Woods		X		
Herman Finley		X							
Paul Grunenwald		X			**MEMBERS ABSENT**				
Steven Harris		X			Ted Artiaga				
Angela F. Hawkins		X			Ruth Atkinson				
Arlene Johnson		X			Rodriga Avila				
J. Hoxi Jones		X			Connie Barnes				
John Lazo		X			Melody Barr				
Peta-gay Ledbetter		X			Bianca Burley				
Nancy Miertschin		X			Denny Delgado				
Rodney Mills		X			Evelio Salinas Escamilla				
Allen Murray		X			Leslie Raneri				
Shital Patel		X			Steven Stellenwerf				

Affected Community Committee Report

Greeters for 2016 Council Meetings

(Revised: 02-23-16)

Meeting Dates (**Please arrive at 11:45 a.m.** Unless otherwise noted, the meetings are held at 2223 W. Loop South)	**Greeter #1** External Member	**Greeter #2**	**Greeter #3**
Thurs. March 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 **Off-Site Location:**	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14			
Thurs. August 11			
Thurs. September 8			
Thurs. October 13			
Thurs. November 10 External Committee Member Appreciation			
Thurs. December 8			

Affected Community Committee
2016 Community Events (as of 03-14-16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown-1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
April date TBD	Gay Men's Health Summit	Hiram Clarke Multi Service Center	Teresa (PP), Curtis, Allen, Cecilia, Arlene
Friday, May 6 6 – 9 pm	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia **PP: _____**
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	**Need Min. of 7 Volunteers** Tana, John L., Gene , Allen, Teresa, Arlene, Johnetta (1st shift), Peta, Steven V, Tracy, Carol PP(s) : Arlene, Teresa, Curtis B.
Friday, September 16	HIV and Aging Symposium	Montrose Center	
October	Road 2 Success		
October	MISS UTOPIA **Road 2 Success**		**Need 3 volunteers** Carol, Peta
Tuesday, December 1	**World AIDS Day Events**		Most committee members attend events
January 2017	**Road 2 Success**		

Quality Improvement Committee Report

FY 2017 How to Best Meet the Need Justification for Each Service Category

Revised: 03/18/16

DRAFT

Service Category	Is this a core service? If no, how does the service support access to core services & support clients achieving improved outcomes?	How does this service assist individuals *not in care** to access primary care? **EIIHA: Early Identification of Individuals with HIV/AIDS* seeks to identify the status-unaware and link them into care **Unmet Need:* Individuals diagnosed with HIV but with no evidence of care for 12 months **Continuum of Care:* The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the Continuum of HIV Care or Care Treatment Cascade.	Documentation of Need (Sources of Data include: 2014 Needs Assessment, 2012-2014 Comp Plan, 2013 Outcome Measures, 2013 Chart Reviews, Special Studies and surveys, etc.)	Identify non-Ryan White Part A or Part B/ non-State Services Funding Sources (i.e., Alternative Funding Sources) Is this service typically covered under a Qualified Health Plan (QHP)?	Justify the use of Ryan White Part A, Part B and State Services funds for this service. Is this a duplicative service or activity?	Service Efficiency Can we make this service more efficient? For: a) Providers b) Clients Can we bundle this service? Has a recent capacity issue been identified?	Recommendation(s)
Part 1: Services offered by Ryan White Part A, Part B, and State Services in the Houston EMA/HSDA as of 03-14-15							
Ambulatory/Outpatient Primary Medical Care (incl. Vision):							
CBO, Adult – Part A, Including LPAP, MCM & Svc Linkage (Includes OB/GYN) *See below for Public Clinic, Rural, Pediatric, Vision*	✔ Yes ___No	☐ EIIHA ☐ Unmet Need ☐ Continuum of Care		Covered under QHP? ✔ Yes ___No			

‡ Service Category for Part B/State Services only.

Ryan White Part A, Houston EMA FY 2014 Chart Review

Chart Reviews Conducted

- Primary Care
- Vision
- Dental- Rural Target

Chart Review Process

- Charts were reviewed from a random sample of 635 clients out of 6,814 primary care clients (9.3%)
- Sample was representative of the RWPA EMA population, with the exception that women and transgender clients were over sampled
- Review period: 3/1/14-2/28/15
- Data abstraction tool used to collect data
- Data collected for 28 performance measures

Findings

- Overall increase in performance EMA-wide
  - 14/28 showed increased performance (50%)
  - 11/28 showed level performance (39%)
  - 3/28 showed decreased performance (11%)
- Of the 16 measures with national benchmarks, 15 were at or above the benchmark mean (94%)

Core Measures

- Viral Load Suppression
  - Houston EMA 92% (FY13 87.9%) HIVQUAL Mean 82%
- ART Prescription
  - Houston EMA 95.3% (FY13 95.9%) HIVQUAL Mean 91%
- PCP Prophylaxis
  - Houston EMA 100% (FY13 98.7%) HIVQUAL Mean 80%

Significant Changes–Improvements

- HIV Resistance Testing before Initiation of ART
- TB Screening
- Gonorrhea/Chlamydia Screening
- Hepatitis B Vaccination
- Mental Health Screening
- IPV Screening

Significant Changes–Decreases

- HIV Risk Counseling
- Reproductive Health Care

Ethnic/Racial Disparities

- Ethnic/racial disparities continue to be seen for most measures

Improvement Plans

- Agencies are required to submit improvement plans to RWGA for measures needing improvement

Vision

- Charts were reviewed from a random sample of 151 clients out of 2,099 vision clients (7.2%)
- Sample was representative of the RWPA EMA population
- Review period: 3/1/14-2/28/15

Vision

- Overall, performance is high and is consistent with quality vision care
- Findings:
  - 13/18 measures had >95% performance (72%)
  - Increases in Dilated Fundal Exam and Cytomegalovirus (CMV) screening to 94% (53% and 55% in 2014 respectively)
  - Sixteen clients had documented eye disease and all were managed appropriately

Oral Heath Care- Rural Target

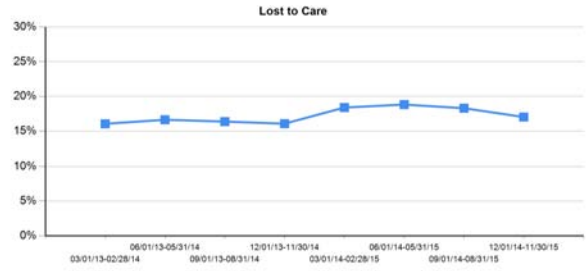
- Charts were reviewed from a random sample of 75 clients out of 281 vision clients (26.7%)
- Sample was representative of the RWPA EMA population
- Review period: 3/1/14-2/28/15

Oral Heath Care- Rural Target

- Overall, performance is high
- 92% of clients received an intraoral and 91% received an extraoral exam
- 91% received periodontal screening
- One client had documented oral disease and had not yet returned for evaluation

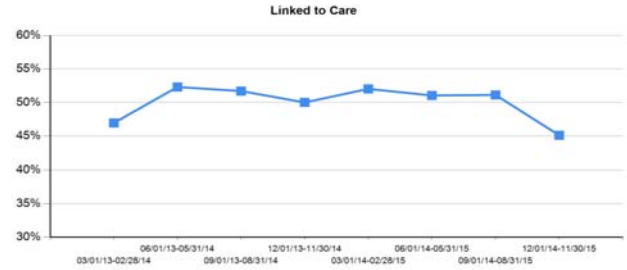
Quarterly Report

- Lost to Care
  - Percentage of *uninsured* patients who had no medical visit and a detectable or missing viral load test in the last 6 months of the measurement year
  - Has been stable over the past year



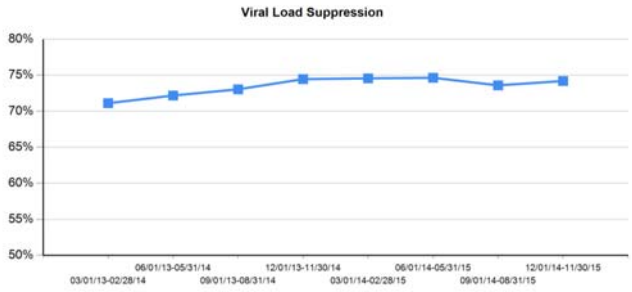
Quarterly Report

- Linked to Care
  - Percentage of newly enrolled *uninsured* patients who had a medical visit in each of the 4-month periods of the measurement year
  - Generally hovered around 50% for the last few years



Quarterly Report

- Viral Load Suppression
  - Percentage of clients with a viral load of <200 copies/ml at last HIV viral load test in the measurement year



Any Questions?

Ryan White Part A Quality Management Program – Houston EMA

Primary Care Chart Review Report FY 2014

Harris County Public Health & Environmental Services –
Ryan White Grant Administration

November 2015

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PREFACE

EXPLANATION OF PART A QUALITY MANAGEMENT

In 2014 the Houston Eligible Metropolitan Area (EMA) awarded Part A funds for adult Outpatient Medical Services to four organizations. Approximately 7,800 unduplicated-HIV positive individuals are serviced by these organizations.

Harris County Public Health & Environmental Services (HCPHES) must ensure the quantity, quality and cost effectiveness of primary medical care. The Ryan White Grant Administration (RWGA) Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the medical services review.

Introduction

On April 13, 2015, the RWGA PC/CQI commenced the evaluation of Part A funded Primary Medical Care Services funded by the Ryan White Part A grant. This grant is awarded to HCPHES by the Health Resources and Services Administration (HRSA) to provide HIV-related health and social services to persons living with HIV/AIDS. The purpose of this evaluation project is to meet HRSA mandates for quality management, with a focus on:

- evaluating the extent to which primary care services adhere to the most current HIV United States Health and Human Services Department (HHS) treatment guidelines;
- provide statistically significant primary care utilization data including demographics of individuals receiving care; and,
- make recommendations for improvement.

A comprehensive review of client medical records was conducted for services provided between 3/1/14 and 2/28/15. The guidelines in effect during the year the patient sample was seen, *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents: February 12, 2013*, were used to determine degree of compliance. The current treatment guidelines are available for download at: http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf. The initial activity to fulfill the purpose was the development of a medical record data abstraction tool that addresses elements of the guidelines, followed by medical record review, data analysis and reporting of findings with recommendations.

Tool Development

The PC/CQI worked with the Clinical Quality Management (CQM) committee to develop and approve data collection elements and processes that would allow evaluation of primary care services based on the *Guidelines for use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, 2013* that were developed by the Panel on Clinical Practices for Treatment of HIV Infection convened by the U.S. Department of Health and Human Services (DHHS). In addition, data collection elements and processes were developed to align with the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau's (HAB) HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents. These measures are designed to serve as indicators of quality care. HAB measures are available for download at: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html. An electronic database was designed to facilitate direct data entry from patient records. Automatic edits and validation screens were included in the design and layout of the data abstraction program to "walk" the nurse reviewer through the process and to facilitate the accurate collection, entering and validation of data. Inconsistent information, such as reporting GYN exams for men, or opportunistic infection prophylaxis for patients who do not need it, was considered when designing validation functions. The PC/CQI then used detailed data validation reports to check certain values for each patient to ensure they were consistent.

Chart Review Process

All charts were reviewed by a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to treatment guidelines. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

If documentation on a particular element was not found a "no data" response was entered into the database. Some elements require that several questions be answered in an "if, then" format. For example, if a Pap smear was abnormal, then was it repeated at the prescribed interval? This logic tree type of question allows more in-depth assessment of care and a greater ability to describe the level of quality. Using another example, if only one question is asked, such as "was a mental health screening done?" the only assessment that can be reported is how many patients were screened. More questions need to be asked to get at quality and the appropriate assessment and treatment, e.g., if the mental health screening was positive, was the client referred? If the client accepted a referral, were they able to access a Mental Health Provider? For some data elements, the primary issue was not the final report per se, but more of whether the requisite test/exam was performed or not, i.e., STD screening or whether there was an updated history and physical.

The specific parameters established for the data collection process were developed from national HIV care guidelines.

Tale 1. Data Collection Parameters

Review Item	Standard
Primary Care Visits	Primary care visits during review period, denoting date and provider type (MD, NP, PA, other). There is no standard of care to be met per se. Data for this item is strictly for analysis purposes only
Annual Exams	Dental and Eye exams are recommended annually
Mental Health	A Mental Health screening is recommended annually screening for depression, anxiety, and associated psychiatric issues
Substance Abuse	Clients should be screened for substance abuse potential at every visit and referred accordingly
Specialty Referrals	This item assesses specialist utilization

Tale 1. Data Collection Parameters (cont.)	
Review Item	Standard
Antiretroviral Therapy (ART) adherence	Adherence to medications should be documented at every visit with issues addressed as they arise
Lab	CD4, Viral Load Assays, and CBCs are recommended every 3-6 months. Clients on ART should have a Liver Function Test and a Lipid Profile annually (minimum recommendations)
STD Screen	Screening for Syphilis, Gonorrhea, and Chlamydia should be performed at least annually
Hepatitis Screen	Screening for Hepatitis B and C are recommended at initiation to care. At risk clients not previously immunized for Hepatitis A and B should be offered vaccination.
Tuberculosis Screen	Annual screening is recommended, either PPD or chest X-ray
Cervical Cancer Screen	Women are assessed for at least one PAP smear during the study period
Immunizations	Clients are assessed for annual Flu immunizations and whether they have ever received pneumococcal vaccination.
HIV/AIDS Education	Documentation of topics covered including disease process, staging, exposure, transmission, risk reduction, diet and exercise
Pneumocystis carinii Pneumonia Prophylaxis	Labs are reviewed to determine if the client meets established criteria for prophylaxis
Mycobacterium Avium Complex Prophylaxis	Labs are reviewed to determine if the client meets established criteria for prophylaxis
Toxoplasma Gondii	Clients should be tested for prior exposure to *T. gondii* by measuring anti-*Toxoplasma* immunoglobulin G upon initiation of care

The Sample Selection Process

The sample population was selected from a pool of 6,814 clients (adults age 18+) who accessed Part A primary care (excluding vision care) between 3/1/14 and 2/28/15. The medical charts of 635 clients were used in this review, representing 9.3% of the pool of unduplicated clients. The number of clients selected at each site is proportional to the number of primary care clients served there. Two caveats were observed during the sampling process. In an effort to focus on women living with HIV/AIDS health issues, women were over-sampled, comprising 46.6% of the sample population. Second,

providers serving a relatively small number of clients were over-sampled in order to ensure sufficient sample sizes for data analysis.

In an effort to make the sample population as representative of the Part A primary care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate the lists of client codes for each site. The demographic make-up (race/ethnicity, gender, age) of clients who accessed primary care services at a particular site during the study period was determined by CPCDMS. A sample was then generated to closely mirror that same demographic make-up. The clinic-specific lists were forwarded to the clinic 10 business days prior to the review.

Characteristics of the Sample Population

Due to the desire to over sample for female clients, the review sample population is not generally comparable to the Part A population receiving outpatient primary medical care in terms of race/ethnicity, gender, and age. No medical records of children/adolescents were reviewed, as clinical guidelines for these groups differ from those of adult patients. Table 2 compares the review sample population with the Ryan White Part A primary care population as a whole.

Table 2. Demographic Characteristics of Clients During Study Period 3/1/14-2/28/15

	Sample		**Ryan White Part A Houston EMA**	
Gender	Number	Percent	Number	Percent
Male	308	48.5%	5,005	73.45%
Female	293	46.1%	1,750	25.68%
Transgender Male to Female	34	5.4%	57	.84%
Transgender Female to Male	0	0%	2	.03%
TOTAL	**635**		**6,814**	
Race				
Asian	10	1.6%	93	1.36%
African-Amer.	299	47.1%	3,404	49.96%
Pacific Islander	0	0%	9	.13%
Multi-Race	2	.3%	51	.75%
Native Amer.	2	.3%	26	.38%
White	322	50.7%	3,231	47.42%
TOTAL	**635**		**6,814**	
Hispanic				
Non-Hispanic	390	61.4%	4,439	65.15%
Hispanic	245	38.6%	2,375	34.85%
TOTAL	**635**		**6,814**	

Report Structure

In November 2013, the Health Resource and Services Administration's (HRSA), HIV/AIDS Bureau (HAB) revised its performance measure portfolio[1]. The categories included in this report are: Core, All Ages, and Adolescents/Adult. These measures are intended to serve as indicators for use in monitoring the quality of care provided to patients receiving Ryan White funded clinical care. In addition to the HAB measures, several other primary care performance measures are included in this report. When available, data and results from the 2 preceding years are provided, as well as comparison to national benchmarks. Performance measures are also depicted with results categorized by race/ethnicity.

[1] http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html Accessed November 10, 2013

Findings

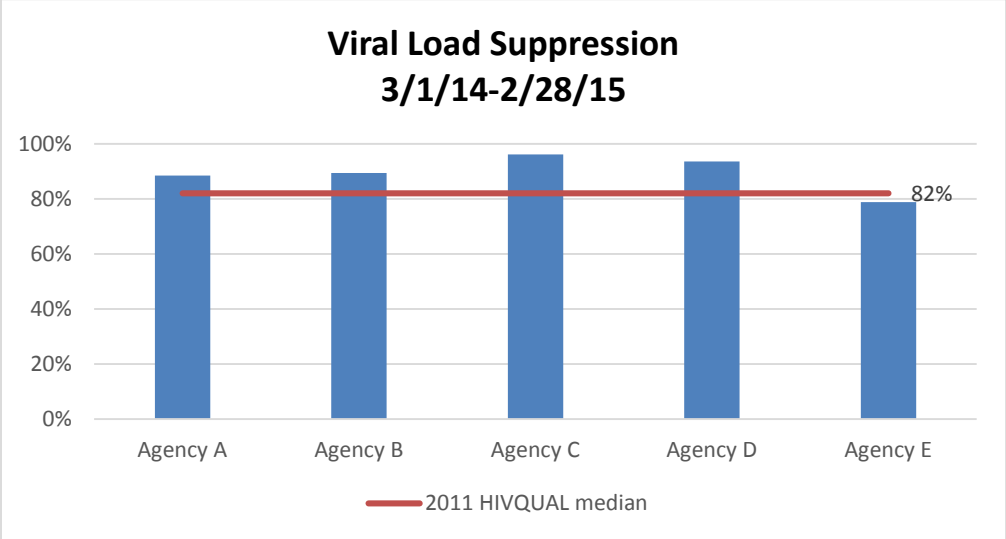
Core Performance Measures

Viral Load Suppression

- Percentage of clients with HIV infection with viral load below limits of quantification (defined as <200 copies/ml) at last test during the measurement year

	2012	2013	2014
Number of clients with HIV infection with viral load below limits of quantification at last test during the measurement year	448	509	539
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART for at least 6 months	519	579	586
Rate	**86.3%**	**87.9%**	**92%**
	-1.2%	**1.6%**	**4.1%**

2014 Viral Load Suppression by Race/Ethnicity			
	Black	Hispanic	White
Number of clients with HIV infection with viral load below limits of quantification at last test during the measurement year	221	217	93
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART for at least 6 months	243	241	94
Rate	**90.9%**	**90%**	**98.9%**



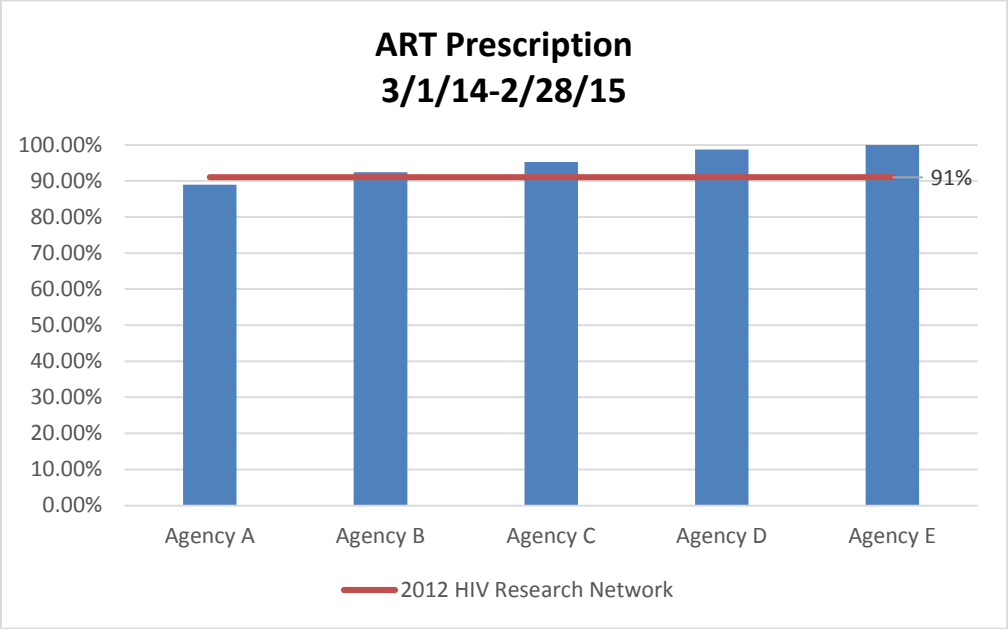
ART Prescription

- Percentage of clients who are prescribed antiretroviral therapy (ART)

	2012	2013	2014
Number of clients who were prescribed an ART regimen within the measurement year	557	609	605
Number of clients who: • had at least two medical visit with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	597	635	635
Rate	**93.3%**	**95.9%**	**95.3%**
Change from Previous Years Results	**1.6%**	**2.6%**	**-.6%**

- Of the 30 clients not on ART, none had a CD4 <200

2014 ART Prescription by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who were prescribed an ART regimen within the measurement year	259	242	94
Number of clients who: • had at least two medical visit with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	284	245	96
Rate	**91.2%**	**98.8%**	**97.9%**

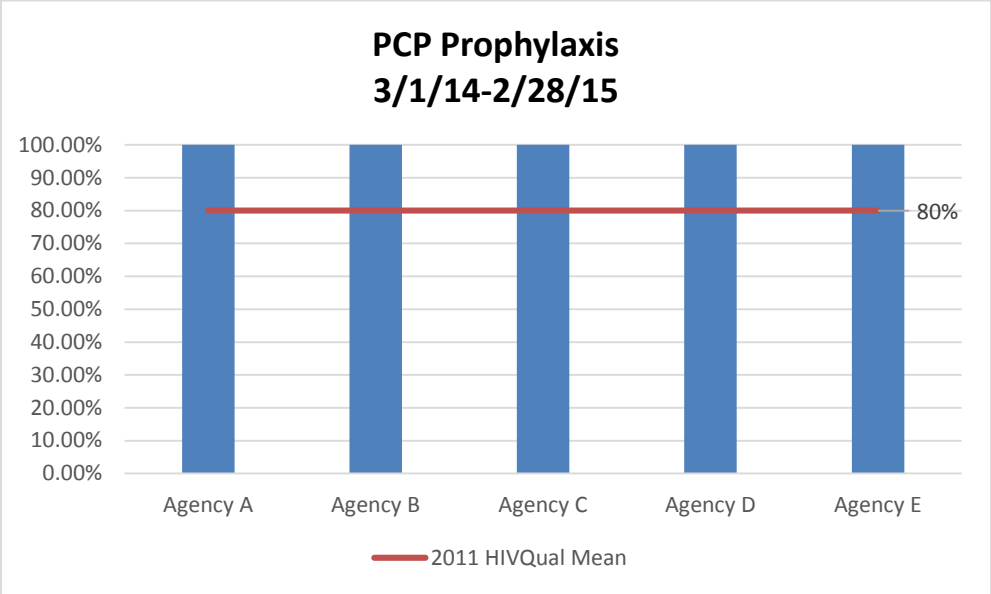


PCP Prophylaxis

- Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm^3 who were prescribed PCP prophylaxis

	2012	2013	2014
Number of HIV-infected clients with CD4 T-cell counts below 200 cells/mm^3 who were prescribed PCP prophylaxis	90	75	45
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • had a CD4 T-cell count below 200 cells/mm^3, or any other indicating condition	92	76	45
Rate	**97.8%**	**98.7%**	**100%**
Change from Previous Years Results	**-2.2%**	**.9%**	**1.3%**

2014 PCP Prophylaxis by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients with CD4 T-cell counts below 200 cells/mm^3 who were prescribed PCP prophylaxis	12	24	8
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least once in the measurement year, and • had a CD4 T-cell count below 200 cells/mm^3, or any other indicating condition	12	24	8
Rate	**100%**	**100%**	**100%**



All Ages Performance Measures

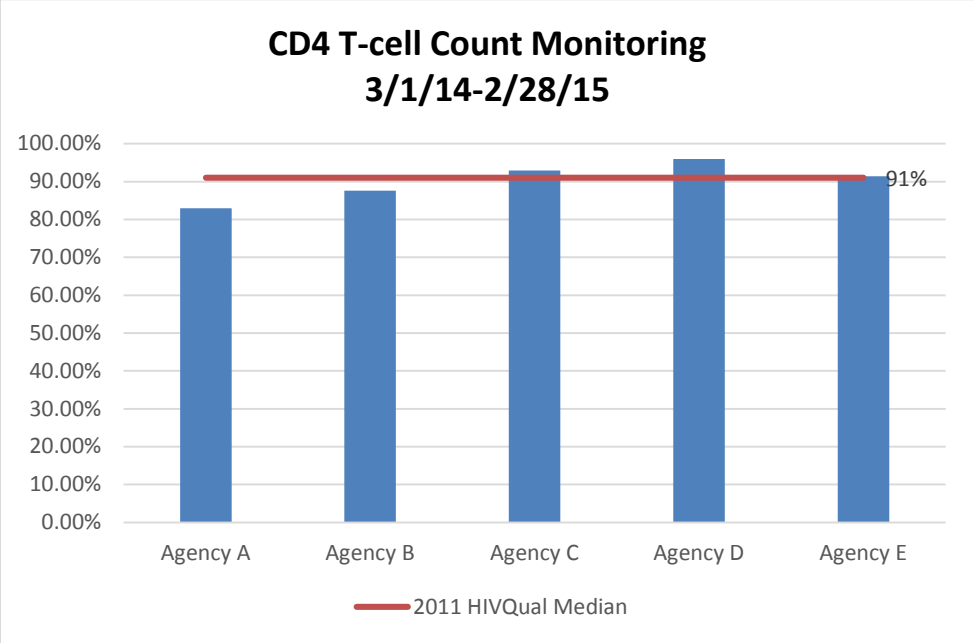
CD4 T-Cell Count

- Percentage of clients with HIV infection who had a CD4 T-cell count performed at least every six months during the measurement year

	2013	2014
Number of HIV-infected clients who had a CD4 T-cell count performed at least every six months during the measurement year	575	581*
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	635	635
Rate	**90.6%**	**91.5%**
Change from Previous Years Results	**18.1%**	**.9%**

*Includes 3 clients for whom only 1 CD4 count test was indicated.

2014 CD4 by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who had a CD4 T-cell count performed at least every six months during the measurement year	260	226	87
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges1, i.e. MD, PA, NP at least twice in the measurement year	284	245	96
Rate	**91.5%**	**92.2%**	**90.6%**

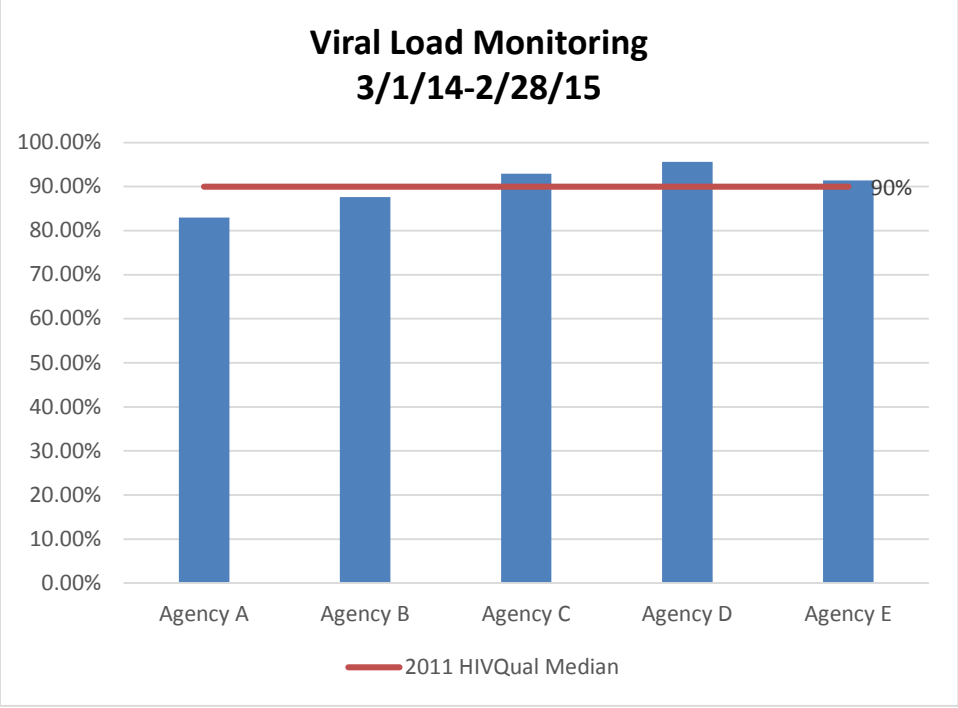


Viral Load Monitoring

- Percentage of clients with HIV infection who had a viral load test performed at least every six months during the measurement year

	2013	2014
Number of HIV-infected clients who had a viral load test performed at least every six months during the measurement year*	573	580
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	635	635
Rate	**90.2%**	**91.3%**
Change from Previous Years Results	**17.3%**	**1.1%**

2014 Viral Load by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who had a viral load test performed at least every six months during the measurement year	259	226	87
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges1, i.e. MD, PA, NP at least twice in the measurement year	284	245	96
Rate	**91.2%**	**92.2%**	**90.6%**

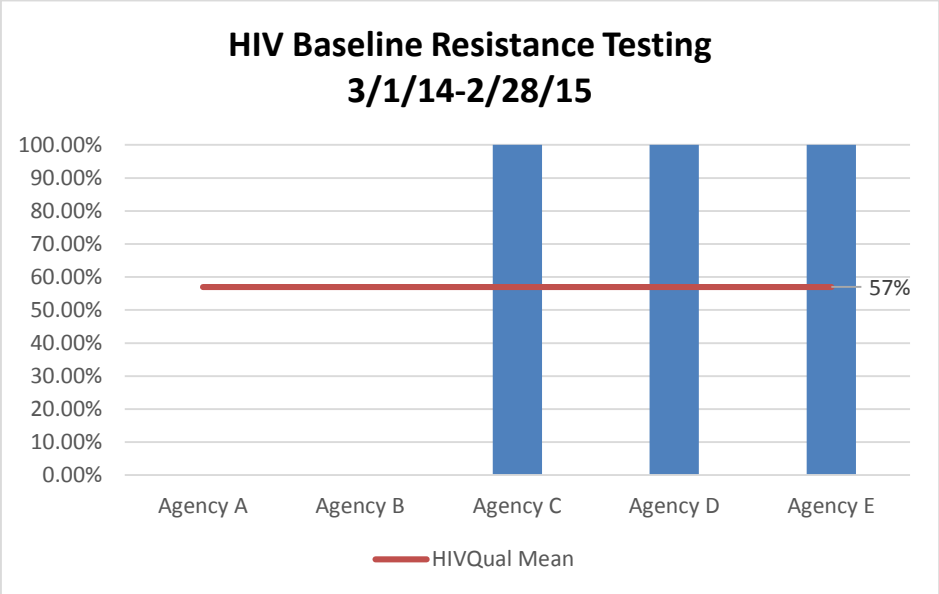


HIV Drug Resistance Testing Before Initiation of Therapy

- Percentage of clients with HIV infection who had an HIV drug resistance test performed before initiation of HIV ART if therapy started in the measurement year

	2013	2014
Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV ART	14	17
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART during the measurement year for the first time	21	20
Rate	**66.7%**	**85%**
Change from Previous Years Results		**18.3%**

2014 Drug Resistance Testing by Race/Ethnicity			
	Black	Hispanic	White
Number of patients who had an HIV drug resistance test performed at any time before initiation of HIV ART	8	6	1
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year, and • were prescribed ART during the measurement year for the first time	10	7	1
Rate	**80%**	**85.7%**	**100%**



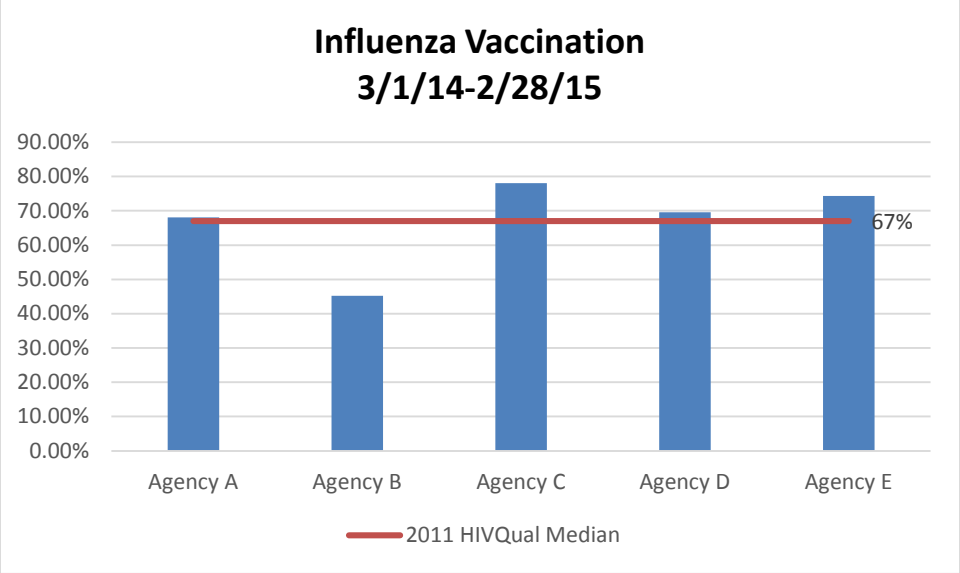
Influenza Vaccination

- Percentage of clients with HIV infection who have received influenza vaccination within the measurement year

	2012	2013*	2014*
Number of HIV-infected clients who received influenza vaccination within the measurement year	353	383	404
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	597	615	607
Rate	**59.1%**	**62.3%**	**66.6%**
Change from Previous Years Results	**9.6%**	**3.2%**	**4.3%**

- The 2013 & 2014 definition excludes from the denominator medical, patient, or system reasons for not receiving influenza vaccination

2014 Influenza Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who received influenza vaccination within the measurement year	168	176	53
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	269	237	91
Rate	**62.5%**	**74.3%**	**58.2%**

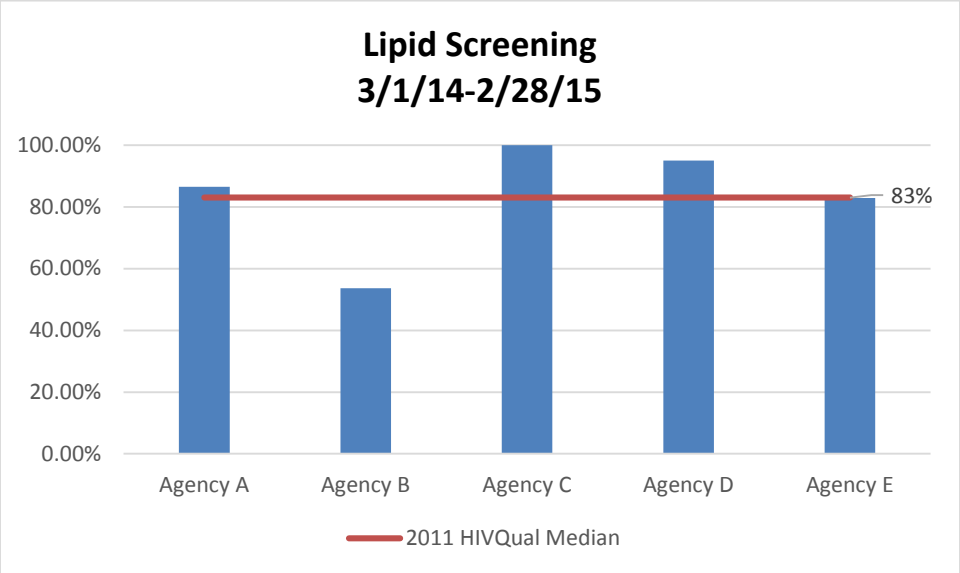


Lipid Screening

- Percentage of clients with HIV infection on ART who had fasting lipid panel during measurement year

	2012	2013	2014
Number of HIV-infected clients who: • were prescribed ART, and • had a fasting lipid panel in the measurement year	485	562	563
Number of HIV-infected clients who are on ART and who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	557	609	605
Rate	**87.1%**	**92.3%**	**93.1%**
Change from Previous Years Results	**-3.9%**	**5.2%**	**.8%**

2014 Lipid Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who: • were prescribed ART, and • had a fasting lipid panel in the measurement year	244	222	89
Number of HIV-infected clients who are on ART and who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	259	242	94
Rate	**94.2%**	**91.7%**	**94.7%**

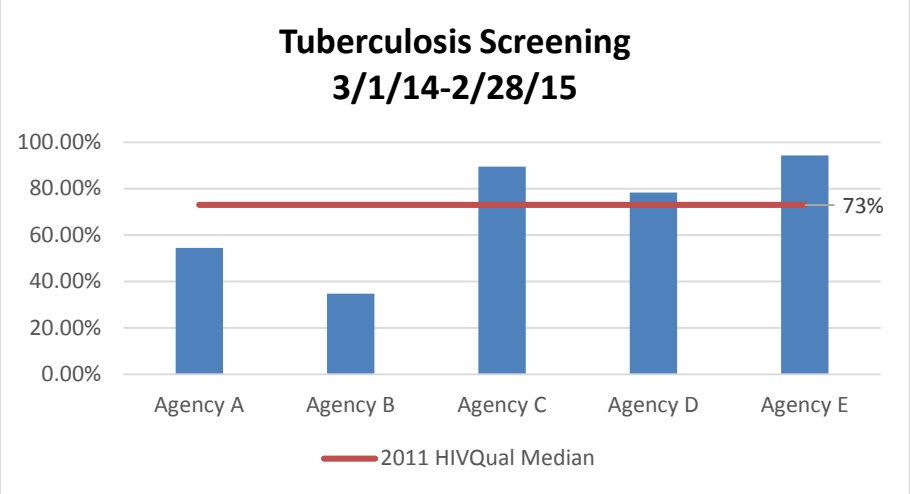


Tuberculosis Screening

- Percent of clients with HIV infection who received testing with results documented for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis

	2012	2013	2014
Number of clients who received documented testing for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis	310	355	404
Number of HIV-infected clients who: • do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA; and • had a medical visit with a provider with prescribing privileges at least twice in the measurement year.	550	573	568
Rate	**56.4%**	**62%**	**71.1%**
Change from Previous Years Results	**7.9%**	**5.6%**	**9.1%**

2014 TB Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of clients who received documented testing for LTBI with any approved test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]) since HIV diagnosis	176	157	63
Number of HIV-infected clients who: • do not have a history of previous documented culture-positive TB disease or previous documented positive TST or IGRA; and • had a medical visit with a provider with prescribing privileges at least once in the measurement year.	264	213	83
Rate	**66.7%**	**73.7%**	**75.9%**



Adolescent/Adult Performance Measures

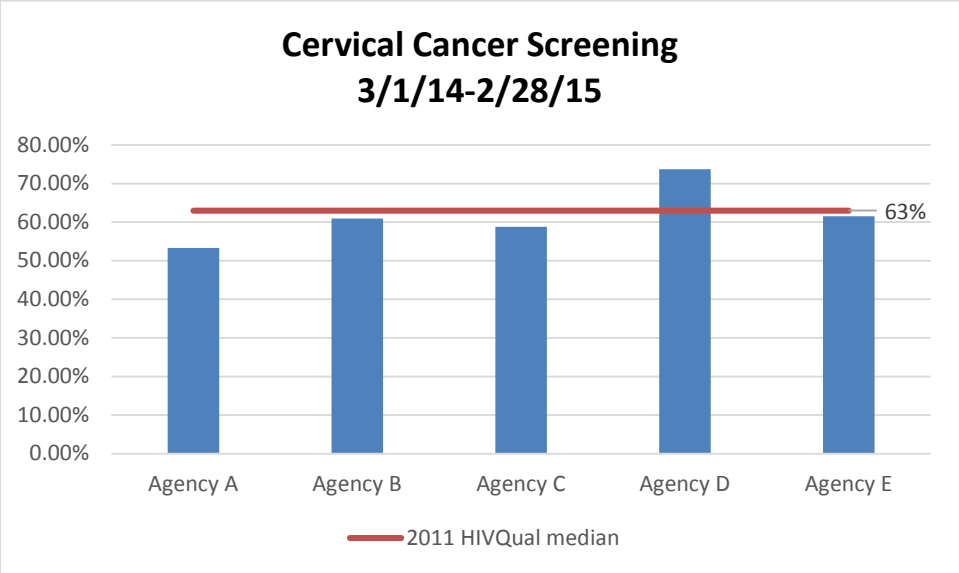
Cervical Cancer Screening

- Percentage of women with HIV infection who have Pap screening results documented in the measurement year

	2012	2013	2014
Number of HIV-infected female clients who had Pap screen results documented in the measurement year	145	167	183
Number of HIV-infected female clients: • for whom a pap smear was indicated, and • who had a medical visit with a provider with prescribing privileges at least twice in the measurement year*	266	273	288
Rate	**54.5%**	**61.2%**	**63.5%**
Change from Previous Years Results	**-4%**	**6.7%**	**2.3%**

- 19.7% (36/183) of pap smears were abnormal
- 71.5% (206/288) had a pap smear screening within an 18 month measurement period

2014 Cervical Cancer Screening Data by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected female clients who had Pap screen results documented in the measurement year	99	77	6
Number of HIV-infected female clients: • for whom a pap smear was indicated, and • who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	174	103	9
Rate	**56.9%**	**74.8%**	**66.7%**



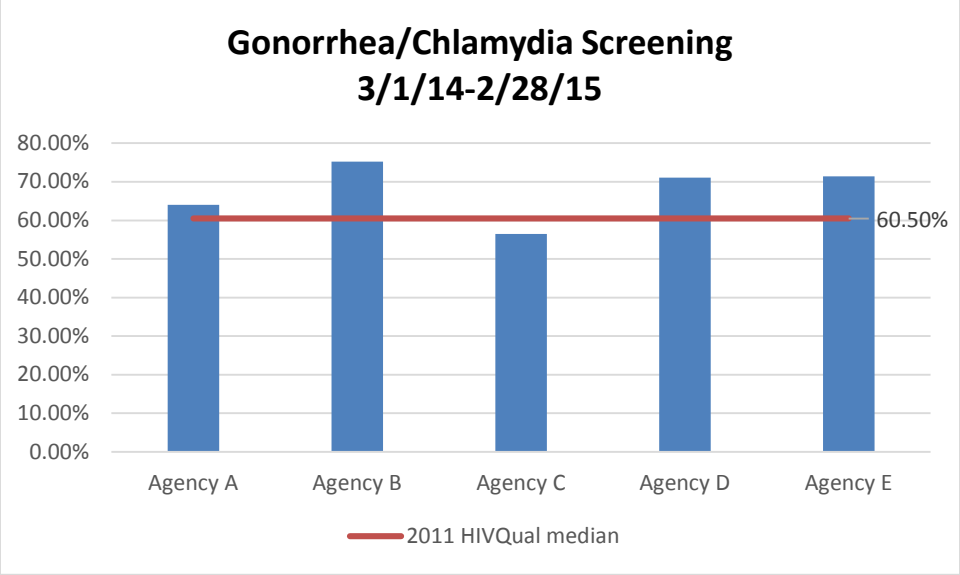
Gonorrhea/Chlamydia Screening

- Percent of clients with HIV infection at risk for sexually transmitted infections who had a test for Gonorrhea/Chlamydia within the measurement year

	2012	2013	2014
Number of HIV-infected clients who had a test for Gonorrhea/Chlamydia	314	396	424
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	578	635	631
Rate	**54.3%**	**62.4%**	**67.2%**
Change from Previous Years Results	**4%**	**8.1%**	**4.8%**

- 9 cases of CT and 11 cases of GC were identified

2014 GC/CT by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who had a serologic test for syphilis performed at least once during the measurement year	187	175	57
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	245	96
Rate	**65.8%**	**71.4%**	**59.4%**



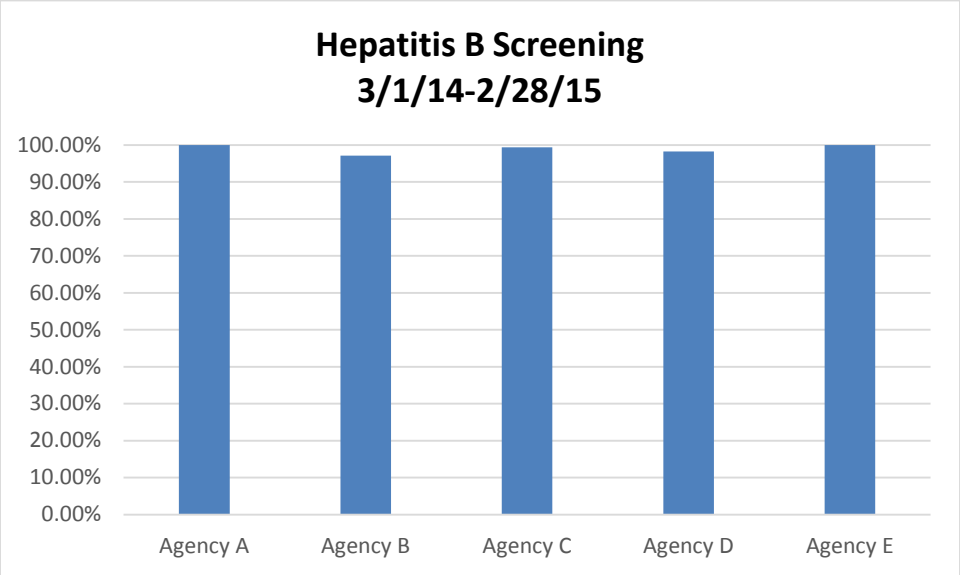
Hepatitis B Screening

- Percentage of clients with HIV infection who have been screened for Hepatitis B virus infection status

	2012	2013	2014
Number of HIV-infected clients who have documented Hepatitis B infection status in the health record	585	620	627
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	597	635	635
Rate	**98%**	**97.6%**	**98.7%**
Change from Previous Years Results	**-.6%**	**-.4%**	**1.1%**

- 3.3% (21/635) were Hepatitis B positive

2014 Hepatitis B Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who have documented Hepatitis B infection status in the health record	281	241	95
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	245	96
Rate	**98.9%**	**98.4%**	**99%**

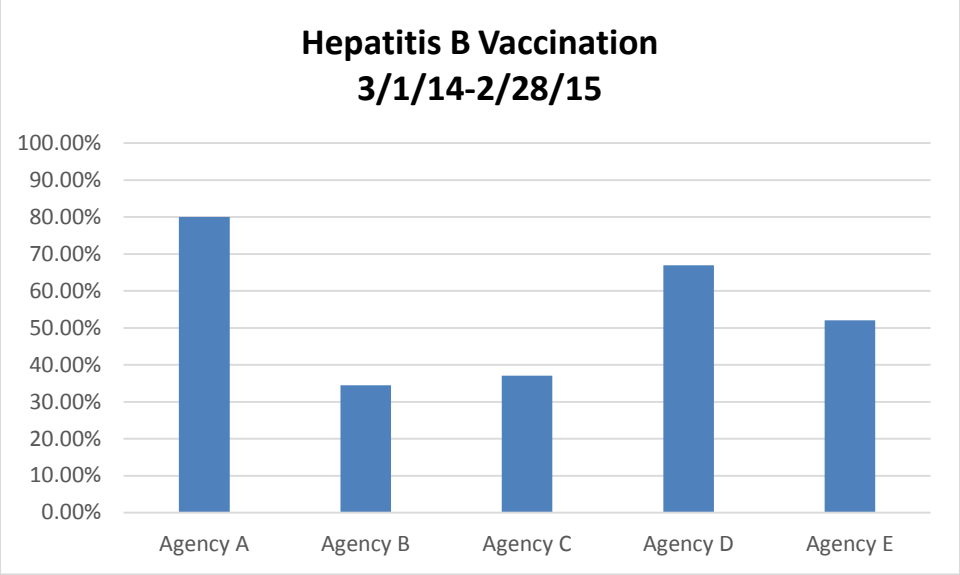


Hepatitis B Vaccination

- Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B

	2012	2013	2014
Number of HIV-infected clients with documentation of having ever completed the vaccination series for Hepatitis B	143	165	179
Number of HIV-infected clients who are Hepatitis B Nonimmune and had a medical visit with a provider with prescribing privileges at least twice in the measurement year*	333	328	322
Rate	**42.9%**	**50.3%**	**55.6%**
Change from Previous Years Results	**10.4%**	**7.4%**	**5.3%**

2014 Hepatitis B Vaccination by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients with documentation of having ever completed the vaccination series for Hepatitis B	66	99	13
Number of HIV-infected clients who are Hepatitis B Nonimmune and had a medical visit with a provider with prescribing privileges at least twice in the measurement year	127	155	37
Rate	**52%**	**63.9%**	**35.1%**



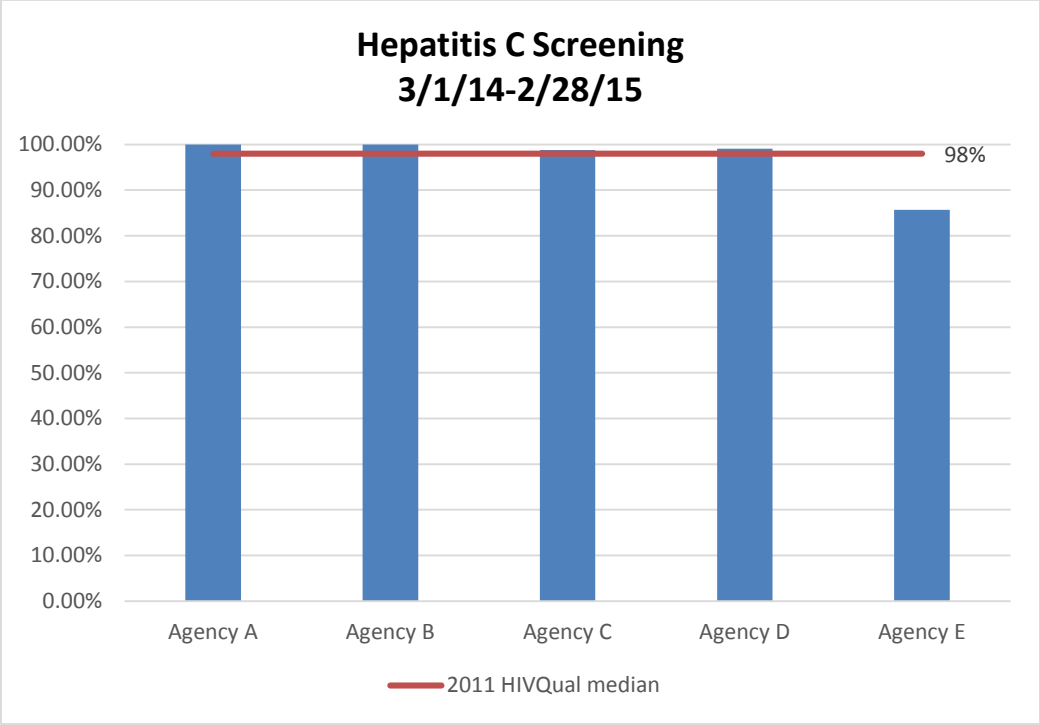
Hepatitis C Screening

- Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since diagnosis of HIV infection

	2012	2013	2014
Number of HIV-infected clients who have documented HCV status in chart	588	607	626
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	597	635	635
Rate	**98.5%**	**95.6%**	**98.6%**
Change from Previous Years Results	**-.3%**	**-2.9%**	**3%**

- 7.6% (48/635) were Hepatitis C positive, including 14 acute infections only and 7 cures

2014 Hepatitis C Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who have documented HCV status in chart	281	240	95
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	245	96
Rate	**99%**	**98%**	**99%**

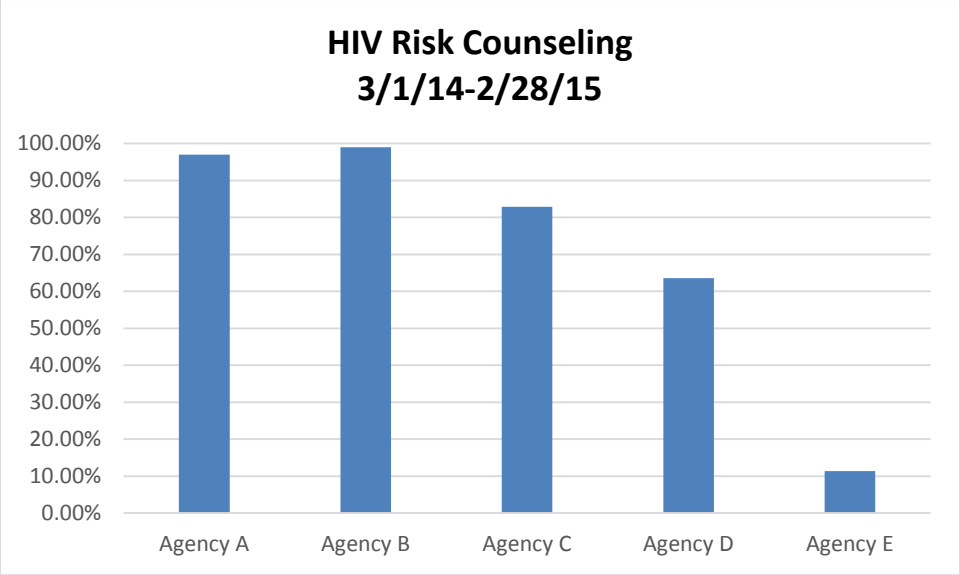


HIV Risk Counseling

- Percentage of clients with HIV infection who received HIV risk counseling within measurement year

	2012	2013	2014
Number of HIV-infected clients, as part of their primary care, who received HIV risk counseling	510	526	489
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	597	635	635
Rate	**85.4%**	**82.8%**	**77%**
Change from Previous Years Results	**3.3%**	**-2.6%**	**-5.8%**

2014 HIV Risk Counseling by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients, as part of their primary care, who received HIV risk counseling	234	181	69
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	245	96
Rate	**82.4%**	**73.9%**	**71.9%**

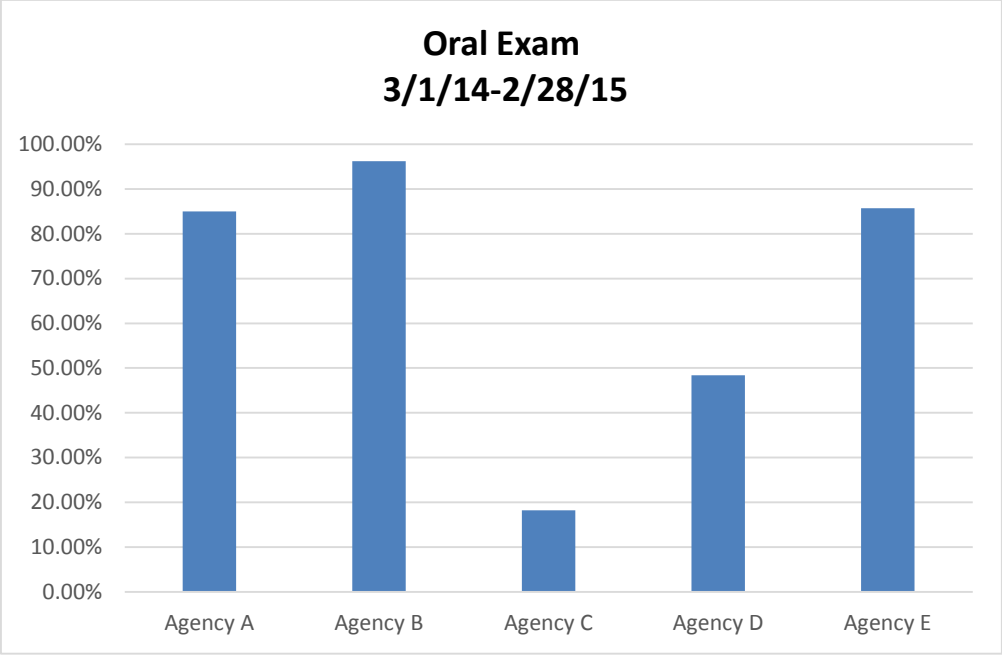


Oral Exam

- Percent of clients with HIV infection who were referred to a dentist for an oral exam or self-reported receiving a dental exam at least once during the measurement year

	2012	2013	2014
Number of clients with HIV infection who were referred to a dentist for an oral exam or self-reported receiving a dental exam at least once during the measurement year	325	364	356
Number of clients with HIV infection who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	597	635	635
Rate	**54.4%**	**57.3%**	**56.1%**
Change from Previous Years Results	**.3%**	**2.9%**	**-.8%**

2014 Oral Exam by Race/Ethnicity			
	Black	Hispanic	White
Number of clients with HIV infection who were referred to a dentist for an oral exam or self-reported receiving a dental exam at least once during the measurement year	171	141	37
Number of clients with HIV infection who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	245	96
Rate	**60.2%**	**57.6%**	**38.5%**



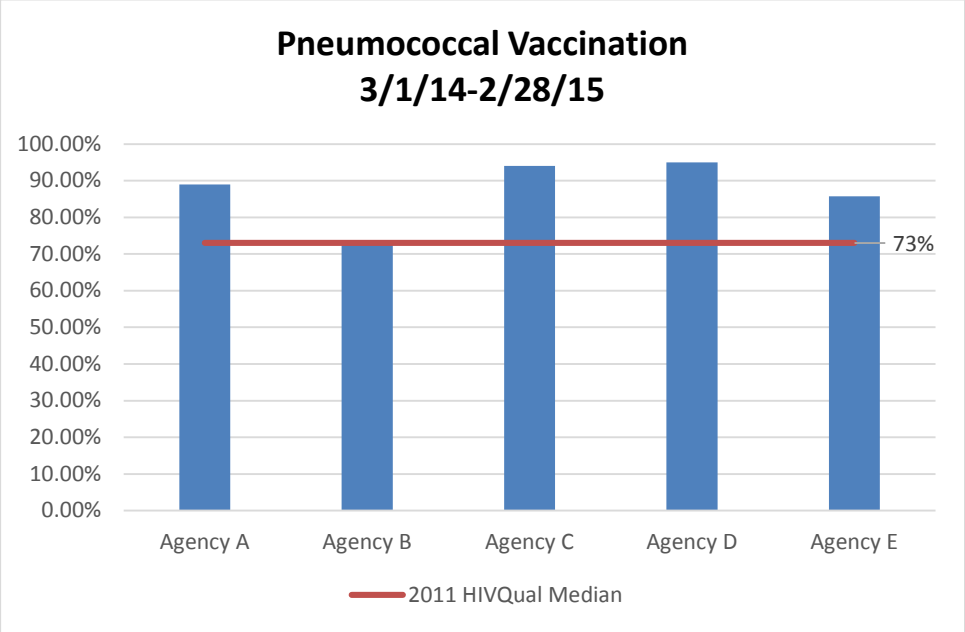
Pneumococcal Vaccination

- Percentage of clients with HIV infection who ever received pneumococcal vaccination

	2012	2013	2014
Number of HIV-infected clients who received pneumococcal vaccination	467	470	556
Number of HIV-infected clients who: • had a CD4 count > 200 cells/mm3, and • had a medical visit with a provider with prescribing privileges at least twice in the measurement period	562	555	623
Rate	**83.1%**	**84.7%**	**89.2%**
Change from Previous Years Results	**5.9%**	**1.6%**	**4.5%**

- 234/635 clients (36.9%) received both PPV13 and PPV23 (FY13- 13.7%)

2014 Pneumococcal Vaccination by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who received pneumococcal vaccination	240	225	82
Number of HIV-infected clients who: • had a CD4 count > 200 cells/mm3, and had a medical visit with a provider with prescribing privileges at least twice in the measurement period	284	245	96
Rate	**84.5%**	**91.8%**	**85.4%**



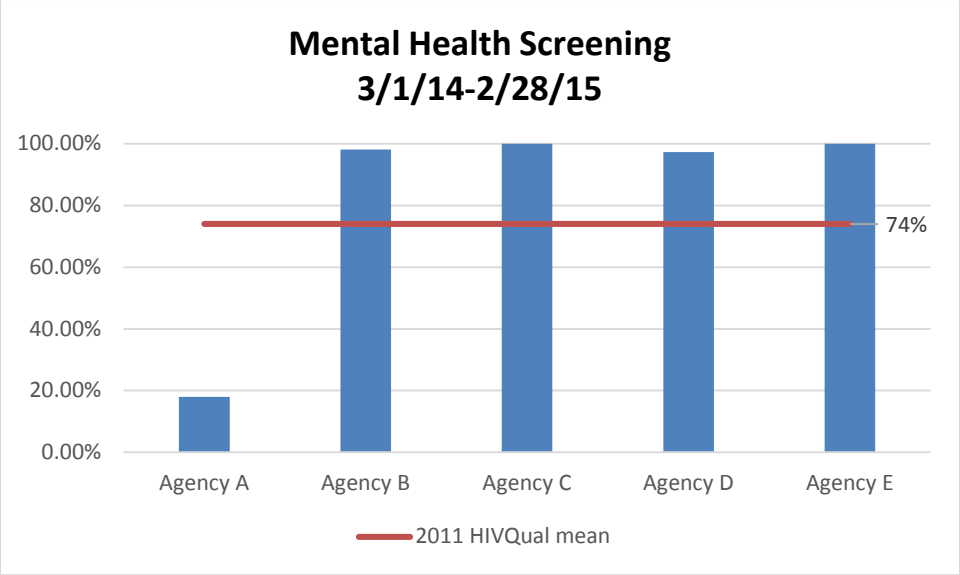
Preventative Care and Screening: Mental Health Screening

- Percentage of clients with HIV infections who have had a mental health screening

	2012	2013	2014
Number of HIV-infected clients who received a mental health screening*	522	520	567
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	597	635	635
Rate	**87.4%**	**81.9%**	**89.3%**
Change from Previous Years Results	**12.8%**	**-5.5%**	**7.4%**

*The 2014 definition only includes those who had a mental health screening using a standardized tool

- 30.6% (194/635) had mental health issues. Of the 115 who needed additional care, 86 (74.8%) were either managed by the primary care provider or referred; 12 clients refused a referral.

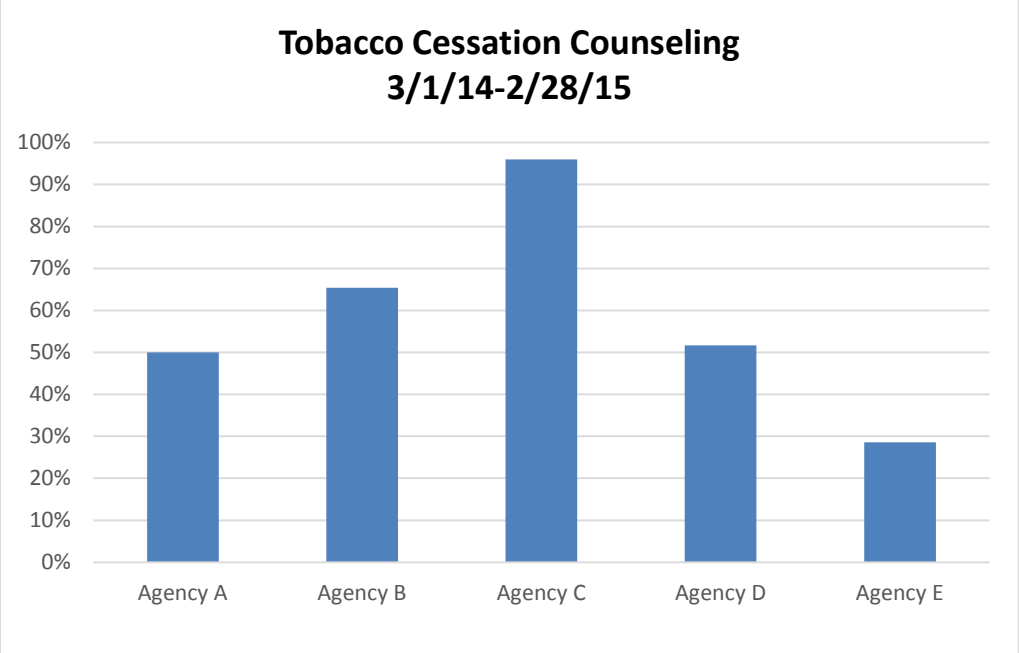


Preventative Care and Screening: Tobacco Use: screening & cessation intervention

- Percentage of clients with HIV infection who were screened for tobacco use one or more times with 24 months and who received cessation counseling if indicated

	2012	2013	2014
Number of HIV-infected clients who were screened for tobacco use in the measurement period	505	633	631
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	597	635	635
Rate	**84.6%**	**99.7%**	**99.4%**
Change from Previous Years Results	**4.4%**	**15.1%**	**-.3%**

- **HIVQUAL-US Mean 86%**
- Of the 631 clients screened, 161 (25.5%) were current smokers.
- Of the 161 current smokers, 107 (66.5%) received smoking cessation counseling, and 36 (22.4%) refused smoking cessation counseling



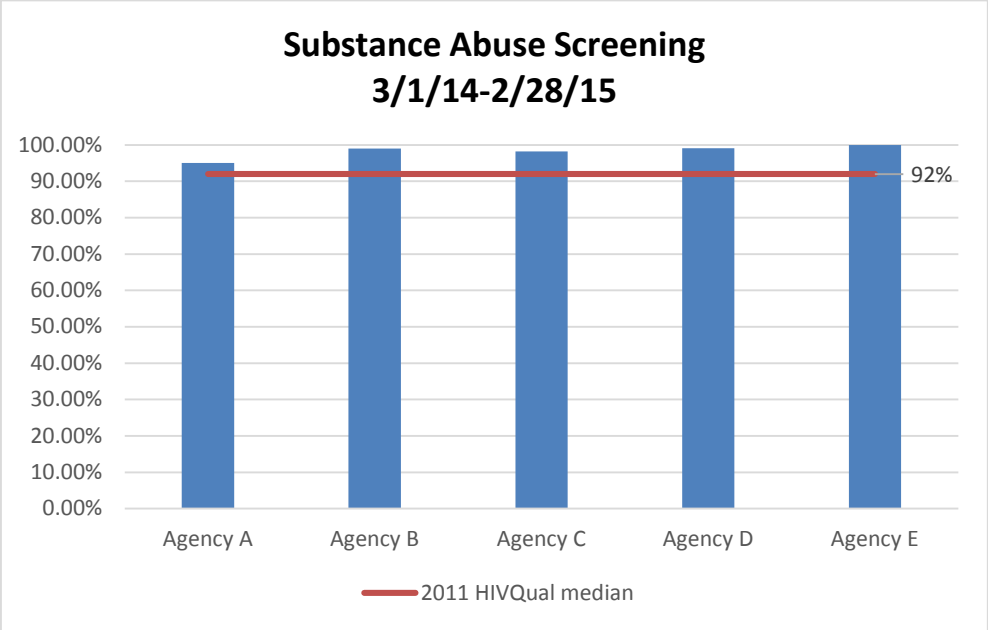
Substance Abuse Screening

- Percentage of clients with HIV infections who have been screened for substance use (alcohol & drugs) in the measurement year*

	2012	2013	2014
Number of new HIV-infected clients who were screened for substance use within the measurement year	448	620	624
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement period	597	635	635
Rate	**75%**	**97.6%**	**98.3%**
Change from Previous Years Results	**-3.9%**	**22.6%**	**.7%**

*HAB measure indicates only new clients be screened. However, Houston EMA standards of care require medical providers to screen all clients annually.

- 6.1% (39/635) had substance abuse issues. Of the 39 clients who needed referral, 26 (66.7%) received one, and 11 (28.2%) refused.



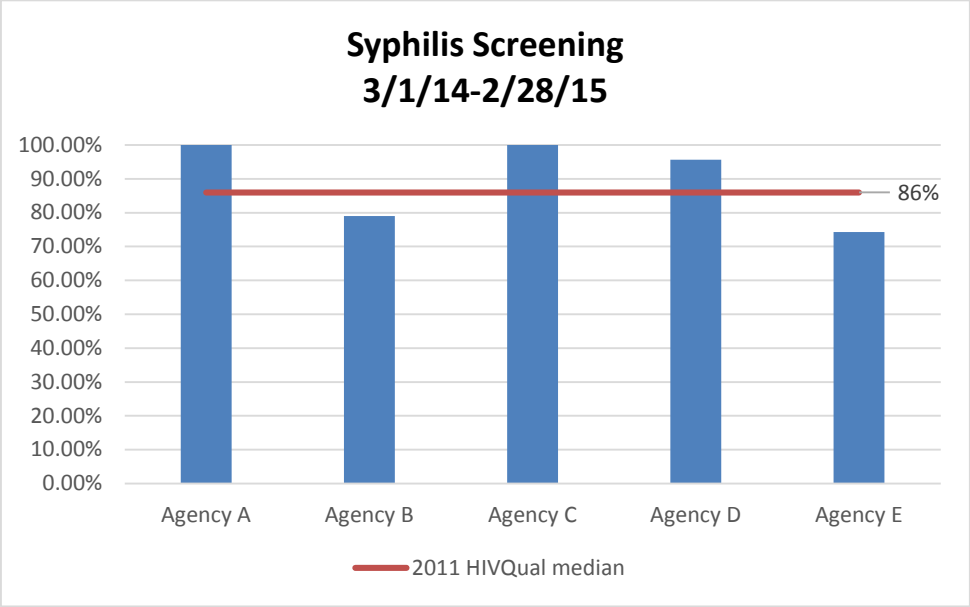
Syphilis Screening

- Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year

	2012	2013	2014
Number of HIV-infected clients who had a serologic test for syphilis performed at least once during the measurement year	499	591	594
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	597	632	635
Rate	**83.6%**	**93.5%**	**93.5%**
Change from Previous Years Results	**-2.2%**	**9.9%**	**0%**

- 6.6% (39/594) new cases of syphilis diagnosed

2014 Syphilis Screening by Race/Ethnicity			
	Black	Hispanic	White
Number of HIV-infected clients who had a serologic test for syphilis performed at least once during the measurement year	269	227	89
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	284	245	96
Rate	**94.7%**	**92.7%**	**92.7%**

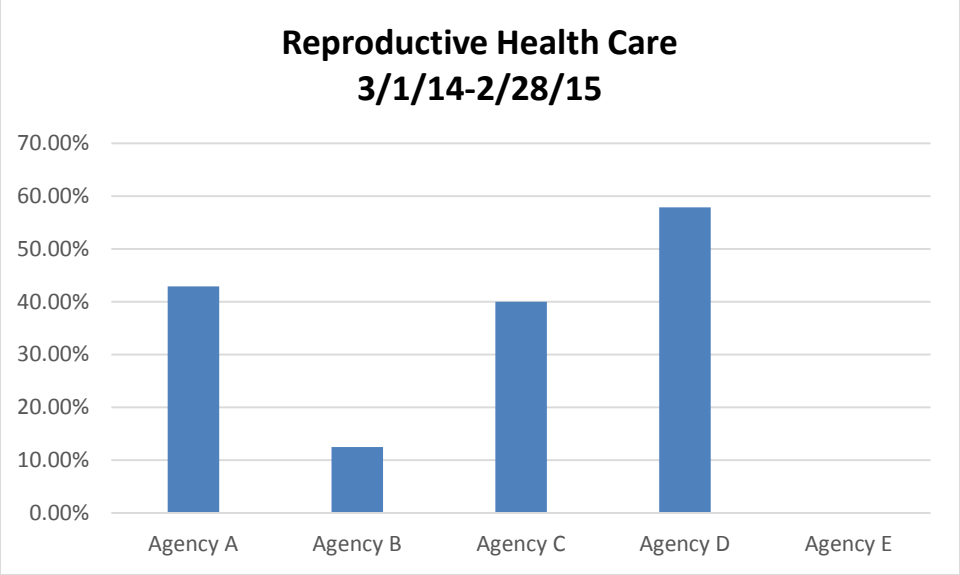


Other Measures

Reproductive Health Care

- Percentage of reproductive-age women with HIV infection who received reproductive health assessment and care (i.e, pregnancy plans and desires assessed and either preconception counseling or contraception offered)

	2012	2013	2014
Number of HIV-infected reproductive-age women who received reproductive health assessment and care	36	32	30
Number of HIV-infected reproductive-age women who: • did not have a hysterectomy or bilateral tubal ligation, and • had a medical visit with a provider with prescribing privileges at least twice in the measurement period	112	67	73
Rate	**32.1%**	**47.8%**	**41.7%**
Change from Previous Years Results	**3.9%**	**15.7%**	**-6.1%**

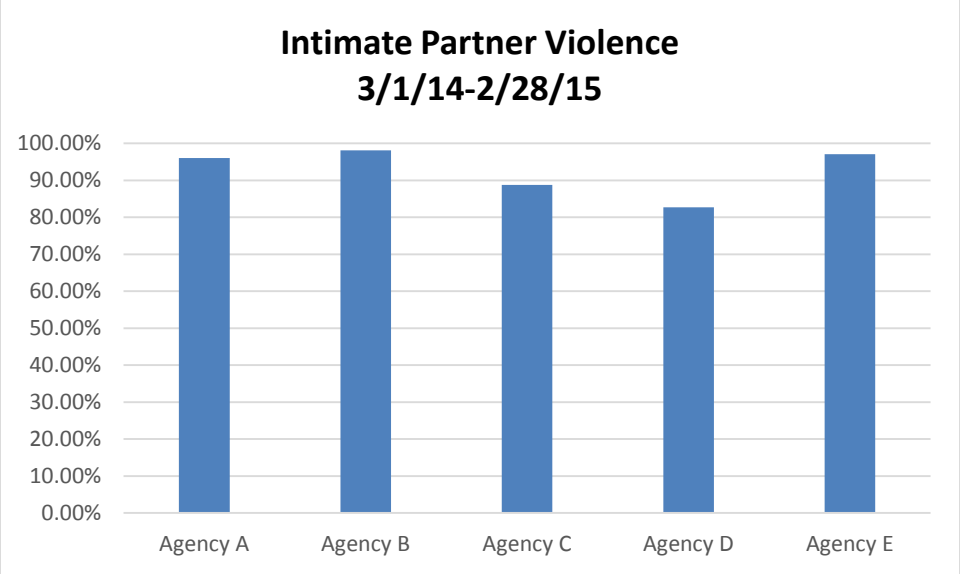


Intimate Partner Violence Screening

- Percentage of clients with HIV infection who received screening for current intimate partner violence

	2013	2014
Number of HIV-infected clients who received screening for current intimate partner violence	462	570
Number of HIV-infected clients who: • had a medical visit with a provider with prescribing privileges at least twice in the measurement period	635	635
Rate	**72.8%**	**89.8%**
		17%

*1/635 (.2%) screened positive



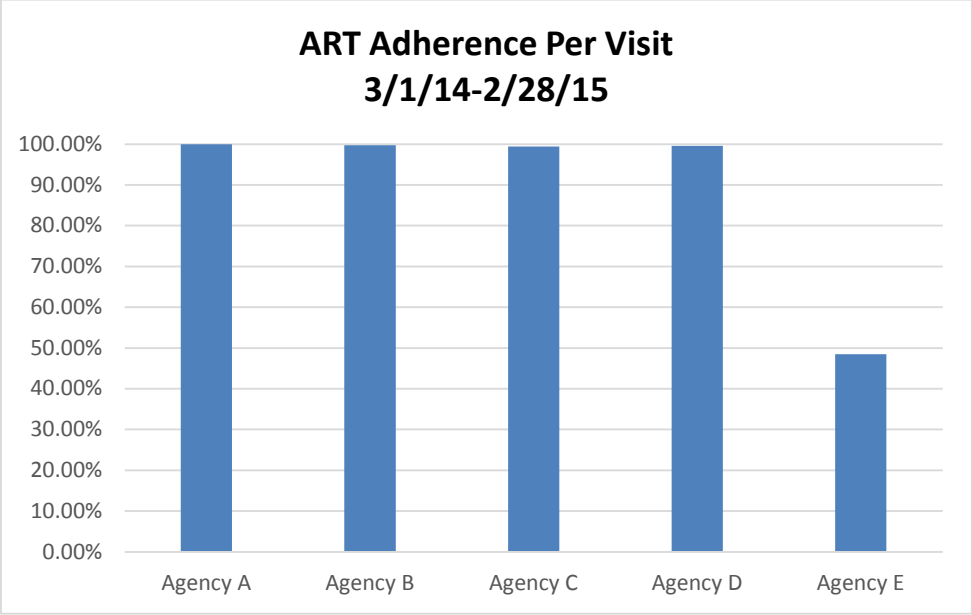
Adherence Assessment & Counseling

- Percentage of clients with HIV infection on ART who were assessed for adherence at least once per year

	Adherence Assessment		
	2012	2013	2014
Number of HIV-infected clients, as part of their primary care, who were assessed for adherence at least once per year	549	541	599
Number of HIV-infected clients on ART who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	557	573	605
Rate	**98.6%**	**94.4%**	**99%**
Change from Previous Years Results	**-.9%**	**-4.2%**	**4.6%**

- **HIVQUAL-US Mean 96%, 75th percentile 100%**

Adherence Assessment Per Visit	
	2014
Number of primary care visits where ART adherence was assessed	1,926
Number of primary care visits for HIV-infected clients on ART who had a medical visit with a provider with prescribing privileges at least twice in the measurement year	1,979
Rate	**97.3%**



ART for Pregnant Women

- Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy (ART)

	2012	2013	2014
Number of HIV-infected pregnant women who were prescribed ART during the 2nd and 3rd trimester	7	4	4
Number of HIV-infected pregnant women who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	7	4	4
Rate	**100%**	**100%**	**100%**
Change from Previous Years Results	**0%**	**0%**	**0%**

Primary Care: Diabetes Control

- Percentage of clients with HIV infection and diabetes who maintained glucose control during measurement year

	2013	2014
Number of HIV-infected diabetic clients whose last HbA1c in the measurement year was <8%	34	41
Number of HIV-infected diabetic clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	53	68
Rate	**64.2%**	**60.3%**
Change from Previous Years Results		**-3.9%**

- 631/635 (99.4%) of clients where screened for diabetes and 68/631 (10.8%) were diagnosed diabetic

Primary Care: Hypertension Control

- Percentage of clients with HIV infection and hypertension who maintained blood pressure control during measurement year

	2013	2014
Number of HIV-infected hypertensive clients whose last blood pressure of the measurement year was <140/90	123	125
Number of HIV-infected hypertensive clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	180	172
Rate	**68.3%**	**72.7%**
Change from Previous Years Results		**4.4%**

- 172/635 (27.1%) of clients where were diagnosed with hypertension

Primary Care: Breast Cancer Screening

- Percentage of women with HIV infection, over the age of 41, who had a mammogram documented in the previous two years

	2013	2014
Number of HIV-infected women over age 41 who had a mammogram or a referral for a mammogram documented in the previous two years	136	138
Number of HIV-infected women over age 41 who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP at least twice in the measurement year	163	158
Rate	**83.4%**	**87.3%**
Change from Previous Years Results		**3.9%**

Conclusions

The Houston EMA demonstrates performance rates at or above national benchmarks for nearly all performance measures. In addition, there have been several positive trends over the past 2 years: viral load suppression rates, sexually transmitted infection screening, and vaccination rates have continued to improve. However, racial and ethnic disparities continue to be seen for most measures, with African-Americans having lower rates than White and Hispanic clients. Eliminating racial and ethnic disparities in care are a priority for the EMA, and will continue to be a focus for quality improvement.

Ryan White Part A Quality Management Program–Houston EMA

Vision Care Chart Review
FY 2014

Harris County Public Health & Environmental Services –
Ryan White Grant Administration

November 2015

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Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration of Harris County Public Health & Environmental Services. During FY 14, a comprehensive review of client vision records was conducted for services provided between 3/1/14 to 2/28/15.

The primary purpose of this annual review process is to assess Part A vision care provided to persons living with HIV and AIDS in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Public Health Service for general vision care targeting individuals with HIV/AIDS. Therefore, Ryan White Grant Administration has adopted general guidelines published by the American Optometric Association, as well as internal standards determined by the clinic, to measure the quality of Part A funded vision care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 14 vision care chart review. Also, any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research conducted by the Ryan White Grant Administration. By researching the most recent vision practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for vision care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: completeness of the Client Intake Form (CIF), CD4 and VL measures, eye exams, and prescriptions for lenses. See Appendix A for a copy of the tool.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from vision care guidelines and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters	
Review Area	**Documentation Criteria**
Laboratory Tests	Current CD4 and Viral Load Measures
Client Intake Form (CIF)	Completeness of the CIF: includes but not limited to documentation of primary care provider, medication allergies, Hx of medical problems, Ocular Hx, and current medications
Complete Eye Exam (CEE)	Documentation of annual eye exam; completeness of eye exam form; comprehensiveness of eye exam (visual acuity, refraction test, binocular vision assessment, fundus/retina exam, and glaucoma test)
Ophthalmology Consult (DFE)	Performed/Not performed
Lens Prescriptions	Documentation of the Plan of Care (POC) and completeness of the dispensing form

The Sample Selection Process

The sample population was selected from a pool of 2,099 unduplicated clients who accessed Part A vision care between 3/1/14 and 2/28/15. The medical charts of 151 of these clients were used in the review, representing 7.2% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A vision care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate the lists of client codes. The demographic make-up (race/ethnicity, gender, age) of clients accessing vision care services between 3/1/14 and 2/28/15 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving vision care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who receive vision care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of persons with HIV or AIDS. Table 2 compares the review sample population with the Ryan White Part A vision care population as a whole.

Table 2. Demographic Characteristics of FY 14 Houston EMA Ryan White Part A Vision Care Clients				
	Sample		Ryan White Part A EMA	
Race/Ethnicity	Number	Percent	Number	Percent
African American	82	54%	1,031	49%
White	69	46%	1,007	48%
Asian	0	0%	29	1%
Native Hawaiian/Pacific Islander	0	0%	4	<1%
American Indian/Alaska Native	0	0%	7	<1%
Multi-Race	0	0%	21	<1%
TOTAL	**151**		**2,099**	**100%**
Hispanic Status				
Hispanic	46	30%	686	33%
Non-Hispanic	105	70%	1,413	67%
TOTAL	**151**		**2,099**	**100%**
Gender				
Male	121	81%	1,605	76%
Female	29	19%	482	23%
Transgender Male to Female	1	<1%	12	<1%
Transgender Female to Male	0	0%	0	0
TOTAL	**151**		**2,099**	**100%**
Age				
<= 24	10	7%	145	7%
25 – 34	36	24%	472	22%
35 – 44	37	25%	530	25%
45 – 54	47	31%	605	29%
55 – 64	18	12%	290	14%
65+	3	2%	57	3%
TOTAL	**151**		**2,099**	**100%**

Findings

Laboratory Tests

Having up-to-date lab measurements for CD4 and viral load (VL) levels enhances the ability of vision providers to ensure that the care provided is appropriate for each patient. CD4 and VL measures indicate stage of disease, so in cases where individuals are in the late stage of HIV disease, special considerations may be required.

Patient chart records should provide documentation of the most recent CD4 and VL information. Ideally this information should be updated in coordination with an annual complete eye exam. As noted in the table below, significant decreases were noted in lab documentation compared to previous years.

	2011	2012	2013	2014
CD4	93%	90%	49%	48%
VL	94%	89%	49%	48%

Client Intake Form (CIF)

A complete and thorough assessment of a patient's health history is essential when caring for individuals infected with HIV or anyone who is medically compromised. The agency assesses this information by having patients complete the CIF. Information provided on the CIF, such as ocular history or medical history, guides clinic providers in determining the appropriateness of diagnostic procedures, prescriptions, and treatments. The CIF that is used by the agency to assess patient's health history captures a wide range of information; however, for the purposes of this review, this report will highlight findings for only some of the data collected on the form.

Below are highlights of the findings measuring completeness of the CIF.

	2011	2012	2013	2014
Primary Care Provider	100%	99%	51%	52%
Medication Allergies	100%	100%	93%	100%
Medical History	100%	100%	99%	100%
Current Medications	100%	99%	96%	100%
Reason for Visit	100%	100%	99%	100%
Ocular History	96%	97%	99%	100%

Eye Examinations (Including CEE/DFE) and Exam Findings

Complete and thorough examination of the eye performed on a routine basis is essential for the prevention, detection, and treatment of eye and vision disorders. When providing care to individuals with HIV/AIDS, routine eye exams become even more important because there are a number of ocular manifestations of HIV disease, such as CMV retinitis.

CMV retinitis is usually diagnosed based on characteristic retinal changes observed through a DFE. Current standards of care recommend yearly DFE performed by an ophthalmologist for clients with CD4 counts <50 cells/mm3 (2). Zero clients in this sample had CD4 counts <50 cells/mm3.

	2011	2012	2013	2014
Complete Eye Exam	96%	96%	100%	99%
Dilated Fundus Exam	80%	76%	53%	94%
Internal Eye Exam	100%	100%	100%	100%
Documentation of Diagnosis	100%	100%	100%	99%
Documentation of Treatment Plan	100%	100%	100%	99%
Visual Acuity	99%	100%	100%	100%
Refraction Test	96%	96%	99%	98%
Observation of External Structures	96%	97%	56%	100%
Glaucoma Test	95%	100%	99%	100%
Cytomegalovirus (CMV) screening	80%	78%	55%	94%

Ocular Disease

Sixteen clients (10.6%) demonstrated ocular disease, including optic nerve hypoplasia, cataracts, glaucoma, blindness, post vitreous detachment, and macular degeneration. Three clients received treatment for ocular disease, 2 clients were referred to a specialty eye clinic, and 11 clients did not need treatment at the time of visit.

Prescriptions

Of records reviewed, 95% (97%-FY13, 94%-FY 12 reviews) documented new prescriptions for lenses at the agency within the year.

Conclusions

Findings from the FY 14 Vision Care Chart Review indicate that the vision care providers perform comprehensive vision examinations for the prevention, detection, and treatment of eye and vision disorders. Performance rates are very high overall, and are consistent with quality vision care. Significant improvements have been noted for a few measures, including CMV screening, Dilated Fundus Exam, and Observation of External Structures.

Appendix A—FY 14-Vision Chart Review Data Collection Tool

Mar 1, 14 to Feb 28, 15

Pt. ID # _____ Site Code:_____

CLIENT INTAKE FORM (CIF)

1. PRIMARY CARE PROVIDER documented: Y - Yes N - No
2. MEDICATION ALLERGIES documented: Y - Yes N - No
3. MEDICAL HISTORY documented: Y - Yes N - No
4. CURRENT MEDS are listed: Y - Yes N - No
5. REASON for TODAY's VISIT is documented: Y - Yes N - No
6. OCULAR HISTORY is documented: Y - Yes N - No

CD4 & VL

7. Most recently documented CD4 count is within past 12 months: Y - Yes N - No
8. CD4 count is < 50: Y - Yes N - No
9. Most recently documented VL count is within past 12 months: Y - Yes N – No

EYE CARE:

10. COMPLETE EYE EXAM (CEE) performed: Y - Yes N - No
11. Eye Exam included ASSESSMENT OF VISUAL ACUITY: Y - Yes N - No
12. Eye Exam included REFRACTION TEST: Y - Yes N - No
13. Eye Exam included OBSERVATION OF EXTERNAL STRUCTURES: Y - Yes N - No
14. Eye Exam included GLAUCOMA TEST (IOP): Y - Yes N - No
15. Internal Eye Exam findings are documented: Y - Yes N - No
16. Dilated Fundus Exam (DFE) done within year: Y - Yes N - No
17. Eye Exam included CYTOMEGALOVIRUS (CMV) SCREENING: Y - Yes N – No
18. New prescription lenses were prescribed: Y - Yes N - No
19. Eye Exam written diagnoses are documented: Y - Yes N - No
20. Eye Exam written treatment plan is documented: Y - Yes N - No
21. Ocular disease identified? Y - Yes N – No
22. Ocular disease treated appropriately? Y - Yes N - No
23. Total # of visits to eye clinic within year:_____

Revised March, 2013

Appendix B – Resources

1. Casser, L., Carmiencke, K.., Goss, D.A., Knieb, B.A., Morrow, D., & Musick, J.E. (2005). Optometric Clinical Practice Guideline—Comprehensive Adult Eye and Vision Examination. *American Optometric Association*. Retrieved from http://www.aoa.org/Documents/CPG-1.pdf on April 15, 2012.

2. Heiden D., Ford N., Wilson D., Rodriguez W.R., Margolis T., et al. (2007). Cytomegalovirus Retinitis: The Neglected Disease of the AIDS Pandemic. *PLoS Med* 4(12): e334. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2100142/ on April 15, 2012.

3. International Council of Ophthalmology. (2011). *ICO International Clinical Guideline, Ocular HIV/AIDS Related Diseases.* Retrieved from http://www.icoph.org/resources/88/ICO-International-Clinical-Guideline-Ocular-HIVAIDS-Related-Diseases-.html on December 15, 2012.

4. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed July 25, 2013.

Oral Health Care-Rural Target Chart Review FY 2014

Prepared by Harris County Public Health &
Environmental Services – Ryan White Grant Administration

December 2015

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Introduction

Part A funds of the Ryan White Care Act are administered in the Houston Eligible Metropolitan Area (EMA) by the Ryan White Grant Administration Section of Harris County Public Health & Environmental Services. During FY 14, a comprehensive review of client dental records was conducted for services provided between 3/1/14 to 2/28/15. This review included one provider of Adult Oral Health Care that received Part A funding for rural-targeted Oral Health Care in the Houston EMA.

The primary purpose of this annual review process is to assess Part A oral health care provided to persons living with HIV in the Houston EMA. Unlike primary care, there are no federal guidelines published by the U.S Health and Human Services Department for oral health care targeting individuals with HIV/AIDS. Therefore, Ryan White Grant Administration has adopted general guidelines from peer-reviewed literature that address oral health care for the HIV/AIDS population, as well as literature published by national dental organizations such as the American Dental Association and the Academy of General Dentistry, to measure the quality of Part A funded oral health care. The Ryan White Grant Administration Project Coordinator for Clinical Quality Improvement (PC/CQI) performed the chart review.

Scope of This Report

This report provides background on the project, supplemental information on the design of the data collection tool, and presents the pertinent findings of the FY 13 oral health care chart review. Any additional data analysis of items or information not included in this report can likely be provided after a request is submitted to Ryan White Grant Administration.

The Data Collection Tool

The data collection tool employed in the review was developed through a period of in-depth research and a series of working meetings between Ryan White Grant Administration. By studying the processes of previous dental record reviews and researching the most recent HIV-related and general oral health practice guidelines, a listing of potential data collection items was developed. Further research provided for the editing of this list to yield what is believed to represent the most pertinent data elements for oral health care in the Houston EMA. Topics covered by the data collection tool include, but are not limited to the following: basic client information, completeness of the health history, hard & soft tissue examinations, disease prevention, and periodontal examinations.

The Chart Review Process

All charts were reviewed by the PC/CQI, a Master's-level registered nurse experienced in identifying documentation issues and assessing adherence to published guidelines. The collected data for each site was recorded directly into a preformatted database. Once all data collection was completed, the database was queried for analysis. The data collected during this process is intended to be used for the purpose of service improvement.

The specific parameters established for the data collection process were developed from HIV-related and general oral health care guidelines available in peer-reviewed literature, and the professional experience of the reviewer on standard record documentation practices. Table 1 summarizes the various documentation criteria employed during the review.

Table 1. Data Collection Parameters

Review Area	Documentation Criteria
Health History	Completeness of Initial Health History: includes but not limited to past medical history, medications, allergies, substance use, HIV MD/primary care status, physician contact info, etc.; Completed updates to the initial health history
Hard/Soft Tissue Exam	Findings—abnormal or normal, diagnoses, treatment plan, treatment plan updates
Disease Prevention	Prophylaxis, oral hygiene instructions
Periodontal screening	Completeness

The Sample Selection Process

The sample population was selected from a pool of 281 unduplicated clients who accessed Part A oral health care between 3/1/14 and 2/28/15. The medical charts of 75 of these clients were used in the review, representing 26.7% of the pool of unduplicated clients.

In an effort to make the sample population as representative of the actual Part A oral health care population as possible, the EMA's Centralized Patient Care Data Management System (CPCDMS) was used to generate a list of client codes to be reviewed. The demographic make-up (race/ethnicity, gender, age) of clients accessing oral health services between 3/1/14 and 2/28/15 was determined by CPCDMS, which in turn allowed Ryan White Grant Administration to generate a sample of specified size that closely mirrors that same demographic make-up.

Characteristics of the Sample Population

The review sample population was generally comparable to the Part A population receiving rural-targeted oral health care in terms of race/ethnicity, gender, and age. It is important to note that the chart review findings in this report apply only to those who received rural-targeted oral health care from a Part A provider and cannot be generalized to all Ryan White clients or to the broader population of persons with HIV or AIDS. Table 2 compares the review sample population with the Ryan White Part A rural-targeted oral health care population as a whole.

Table 2. Demographic Characteristics of FY 14 Houston EMA Ryan White Part A Oral Health Care Clients

	Sample		**Ryan White Part A EMA**	
Race/Ethnicity	Number	Percent	Number	Percent
African American	32	42.7%	113	40.2%
White	43	57.3%	159	56.6%
Asian	0	0%	5	1.8%
Native Hawaiian/Pacific Islander	0	0%	0	0%
American Indian/Alaska Native	0	0%	0	0%
Multi-Race	0	0%	4	1.4%
	75	**100%**	**281**	**100%**
Hispanic Status				
Hispanic	18	24%	68	24.2%
Non-Hispanic	57	76%	213	75.8%
	75		**281**	**100%**
Gender				
Male	47	62.7%	184	67.5%
Female	26	34.7%	97	32.5%
Transgender	2	2.7%	0	0%
	75	**100%**	**281**	**100%**
Age				
18 – 24	3	4%	15	5.3%
25 – 34	15	20%	64	22.8%
35 – 44	27	36%	91	32.4%
45 – 54	19	25.3%	65	23.1%
55 – 64	10	13.3%	40	14.2%
65+	1	1.3%	6	2.1%
	75	**100%**	**281**	**100%**

Findings

Clinic Visits

Information gathered during the 2014 chart review included the number of visits during the study period. The average number of oral health visits per patient in the sample population was eight.

Health History

A complete and thorough assessment of a patient's medical history is essential among individuals infected with HIV or anyone who is medically compromised. Such information, such as current medication or any history of alcoholism for example, offers oral health care providers key information that may determine the appropriateness of prescriptions, oral health treatments and procedures. The form that is used by the agency to assess patient's health history captures a wide range of information; however, for the purposes of this review, this report will focus on the assessment of information that is of particular importance among HIV/AIDS patients compared to patients in the general population.

Assessment of Medical History

	2013	2014
Primary Care Provider	79%	67%
Dental Health History*	73%	97%
Medical Health History*	72%	81%
Medical History 6 month Update	57%	59%
Medication Review	85%	61%
Allergies Recorded	87%	81%
Documentation of HIV Status	92%	6%
Documentation of Opportunistic Infection Status	71%	53%
Tobacco Use	88%	81%
Substance Abuse	87%	80%

*HIV/AIDS Bureau (HAB) Performance Measures

Health Assessments

	2013	2014
Vital Signs	99%	96%
CBC documented	80%	59%
Screening for Antibiotic Prophylaxis	91%	83%

Prevention and Detection of Oral Disease

Maintaining good oral health is vital to the overall quality of life for individuals living with HIV/AIDS because the condition of one's oral health often plays a major role in how well patients are able manage their HIV disease. Poor oral health due to a lack of dental care may lead to the onset and progression of oral manifestations of HIV disease, which makes maintaining proper diet and nutrition or adherence to antiretroviral therapy very difficult to achieve. Furthermore, poor oral health places additional burden on an already compromised immune system.

	2013	2014
Oral Health Education*	85%	87%
Clinical Tooth Chart	99%	100%
Intraoral Exam	95%	92%
Extraoral Exam	95%	91%
Periodontal screening*	91%	91%
X-rays present	95%	94%
Treatment plan*	93%	89%

*HIV/AIDS Bureau (HAB) Performance Measures

One client presented with oral pathology, but had not yet returned for evaluation by the dentist.

Procedures Performed

	2014
Extractions	32%
Fillings	59%
Root Canals	7%
Dentures	13%
Crowns	11%

Conclusions

Overall, oral health care services continues its trend of high quality care. While there are some areas for improvement in medical history taking, performance rates for components of the dental exam remain high.

Appendix A – Resources

Dental Alliance for AIDS/HIV Care. (2000). *Principles of Oral Health Management for the HIV/AIDS Patient*. Retreived from: http://aidsetc.org/sites/default/files/resources_files/Princ_Oral_Health_HIV.pdf.

HIV/AIDS Bureau. (2013). *HIV Performance Measures*. Retrieved from: http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html.

Mountain Plains AIDS Education and Training Center. (2013). Oral Health Care for the HIV-infected Patient. Retrieved from: http://aidsetc.org/resource/oral-health-care-hiv-infected-patient.

New York State Department of Health AIDS Institute. (2004). *Promoting Oral Health Care for People with HIV Infection*. Retrieved from: http://www.hivdent.org/_dentaltreatment_/pdf/oralh-bp.pdf.

U.S. Department of Health and Human Services Health Resources and Services Administration. (2014). *Guide for HIV/AIDS Clinical Care.* Retrieved from: http://hab.hrsa.gov/deliverhivaidscare/2014guide.pdf.

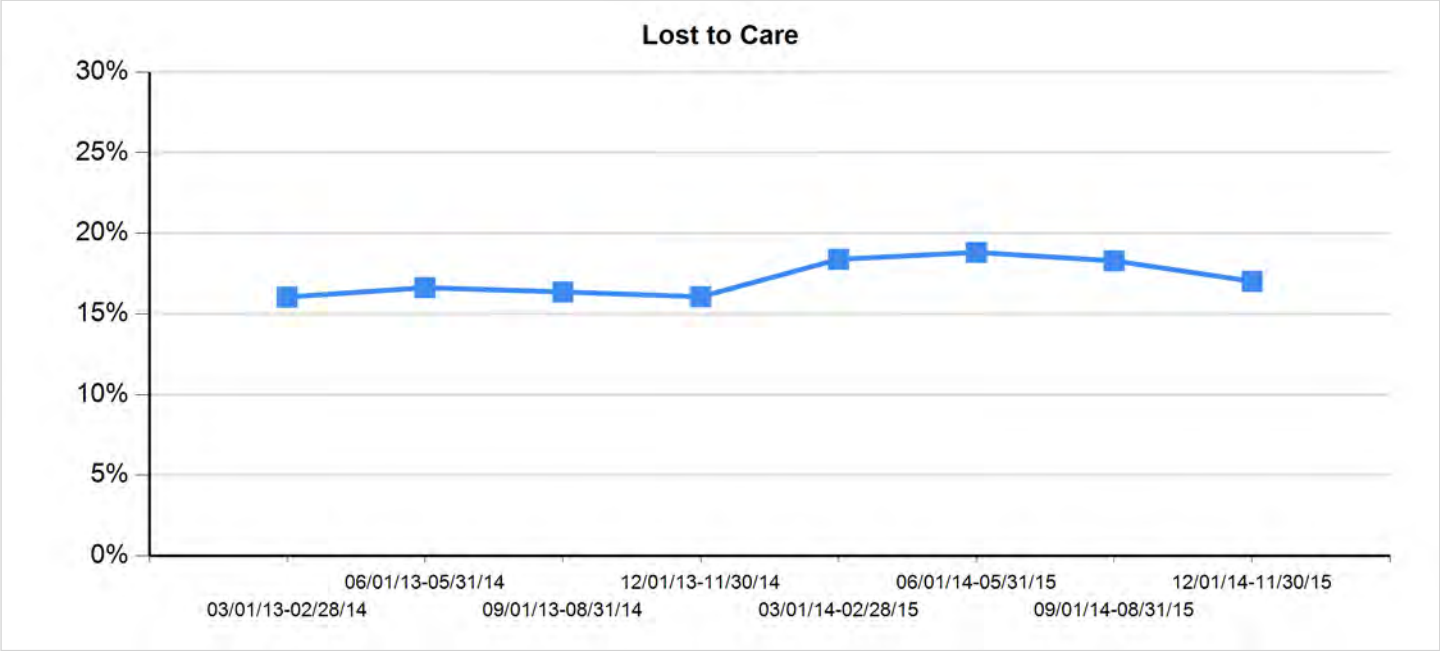
U.S. Department of Health and Human Services Health Resources and Services Administration, HIV/AIDS Bureau Special Projects of National Significance Program. (2013). *Training Manual: Creating Innovative Oral Health Care Programs.* Retrieved from: http://hab.hrsa.gov/deliverhivaidscare/2014guide.pdf.

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

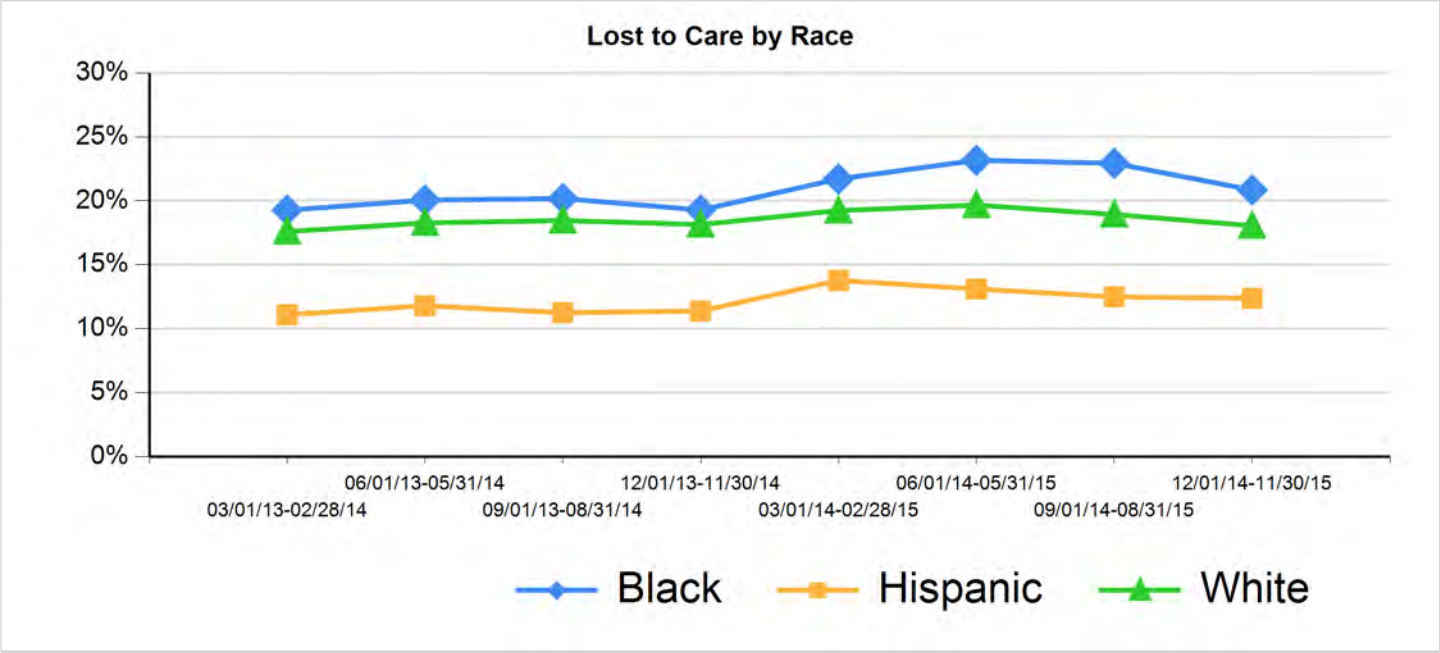
Clinical Quality Management Committee Quarterly Report

Last Quarter Start Date: **12/1/2014**

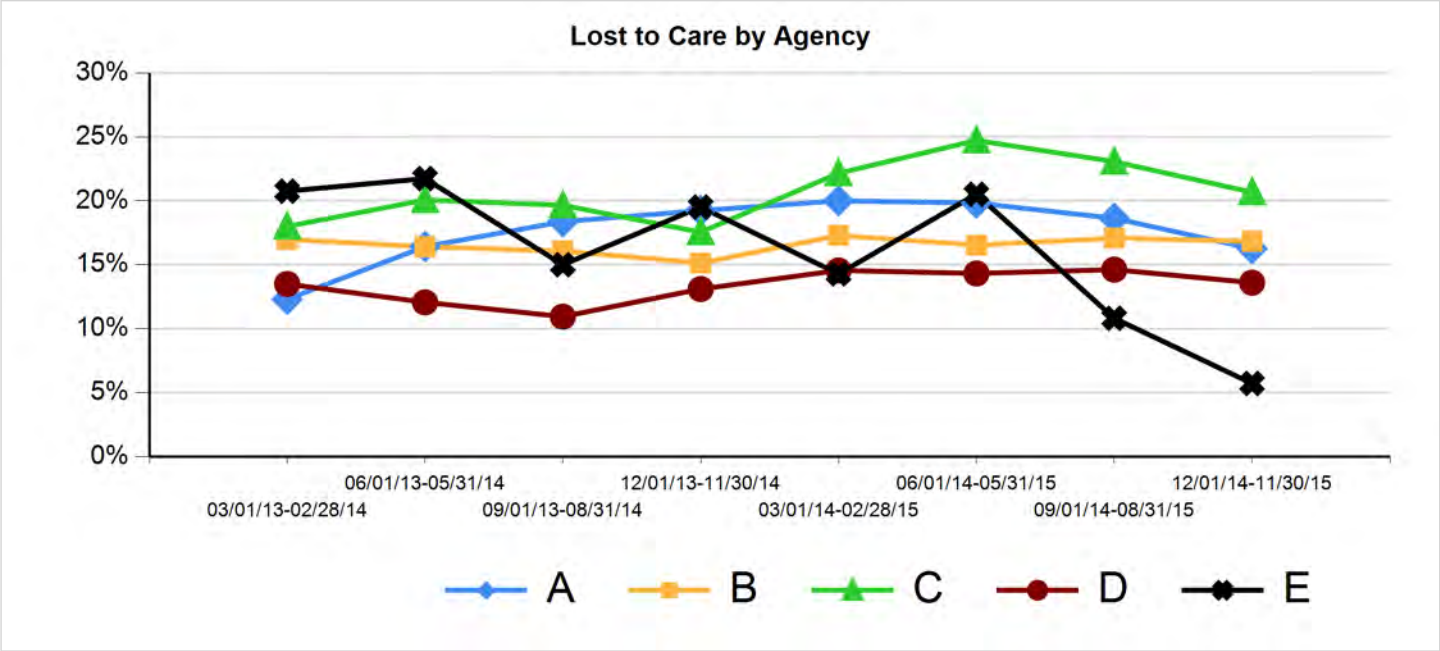
Lost to Care				
In+Care Campaign Gap Measure				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of uninsured HIV-infected clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	859	892	854	807
Number of uninsured HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	4,672	4,741	4,669	4,742
Percentage	18.4%	18.8%	18.3%	17.0%
Change from Previous Quarter Results	2.3%	0.4%	-0.5%	-1.3%



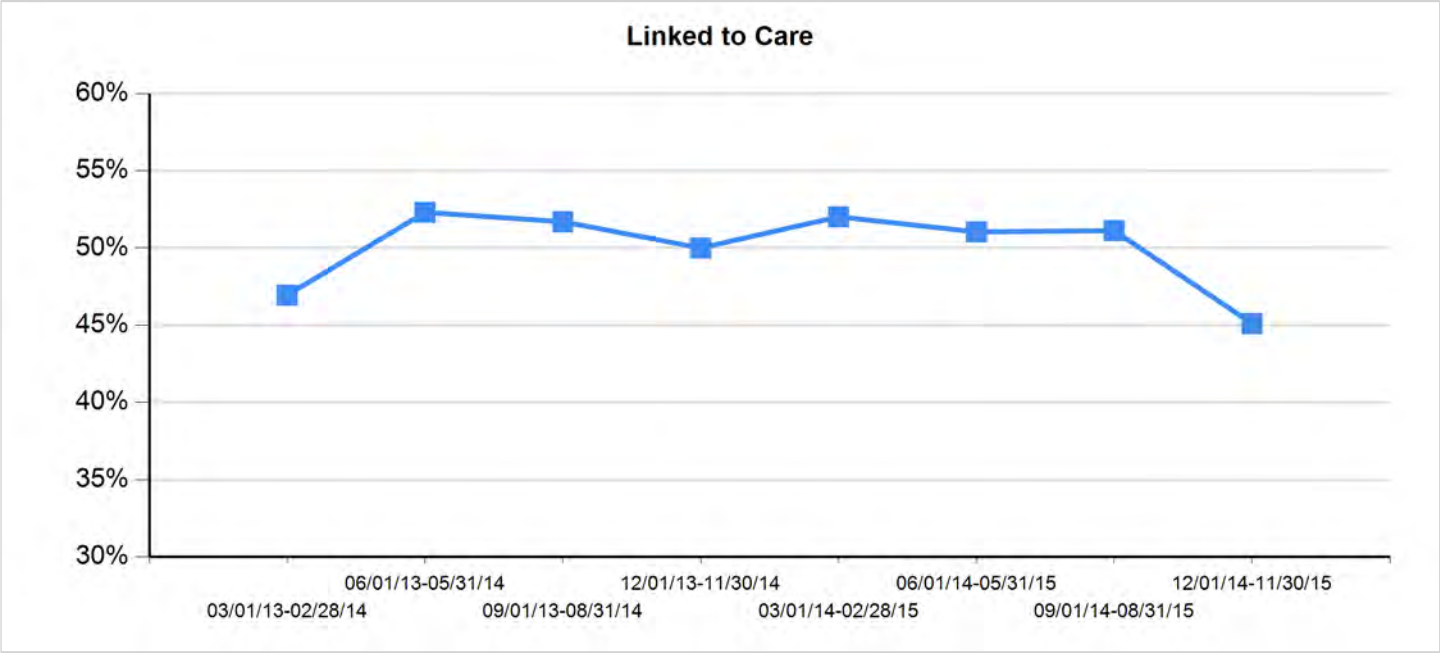
Lost to Care by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of uninsured HIV-infected clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	509	235	129	501	220	120	458	227	113
Number of uninsured HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	2,197	1,793	656	2,185	1,762	634	2,197	1,834	626
Percentage	23.2%	13.1%	19.7%	22.9%	12.5%	18.9%	20.8%	12.4%	18.1%
Change from Previous Quarter Results	1.5%	-0.7%	0.4%	-0.2%	-0.6%	-0.7%	-2.1%	-0.1%	-0.9%



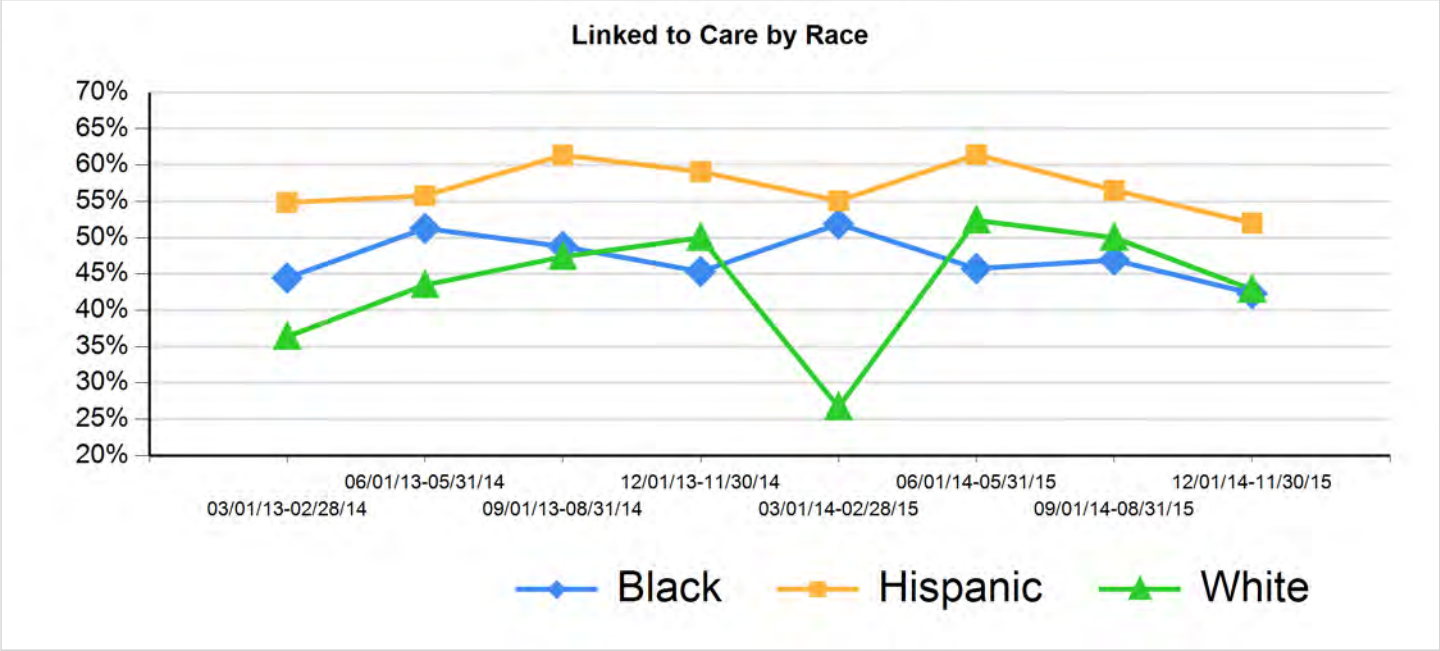
Lost to Care by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of uninsured HIV-infected clients who had no medical visits and a detectable or missing viral load in the last 6 months of the measurement year	125	351	247	126	4	107	357	217	124	2
Number of uninsured HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the first 6 months of the measurement year	671	2,055	1,071	862	37	658	2,121	1,050	912	35
Percentage	18.6%	17.1%	23.1%	14.6%	10.8%	16.3%	16.8%	20.7%	13.6%	5.7%
Change from Previous Quarter Results	-1.2%	0.5%	-1.7%	0.3%	-9.7%	-2.4%	-0.2%	-2.4%	-1.0%	-5.1%



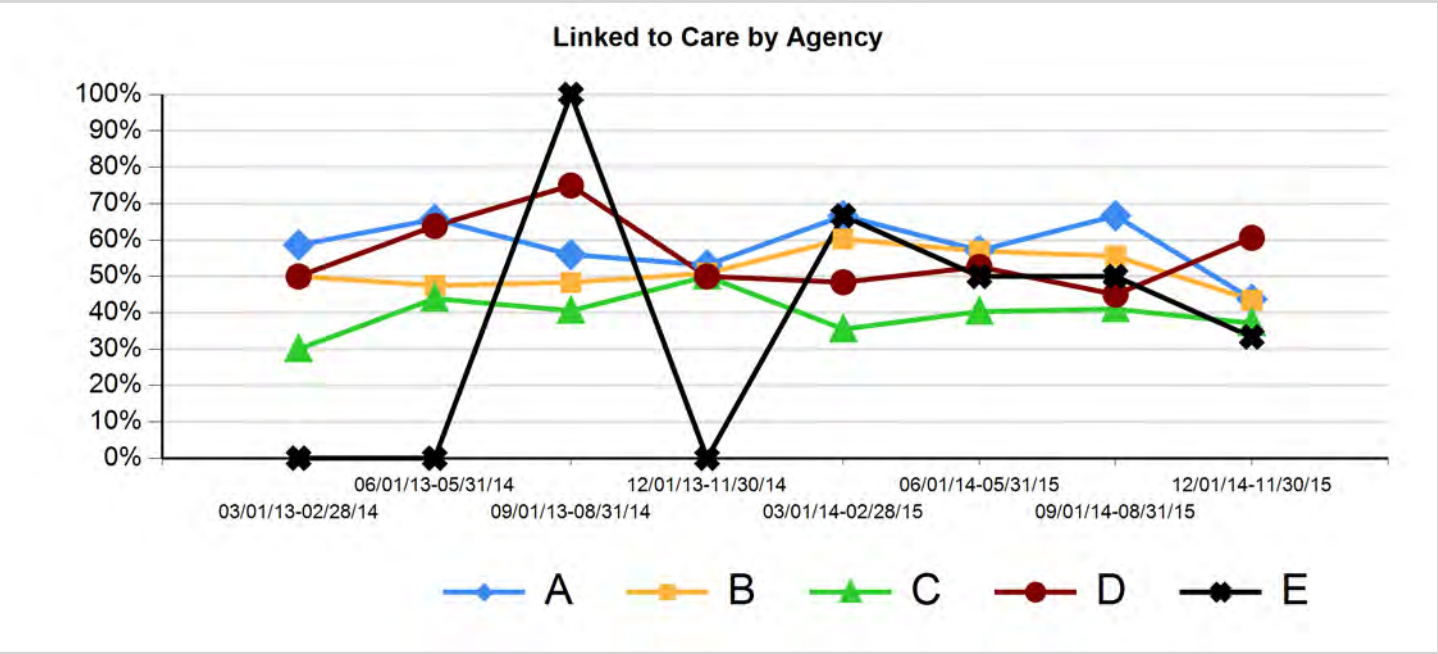
Linked to Care				
In+Care Campaign clients Newly Enrolled in Medical Care Measure				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of newly enrolled HIV-infected clients who had at least one medical visit in each of the 4-month periods of the measurement year	103	98	91	69
Number of newly enrolled HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	198	192	178	153
Percentage	52.0%	51.0%	51.1%	45.1%
Change from Previous Quarter Results	2.0%	-1.0%	0.1%	-6.0%
* exclude if vl<200 in 1st 4 months				



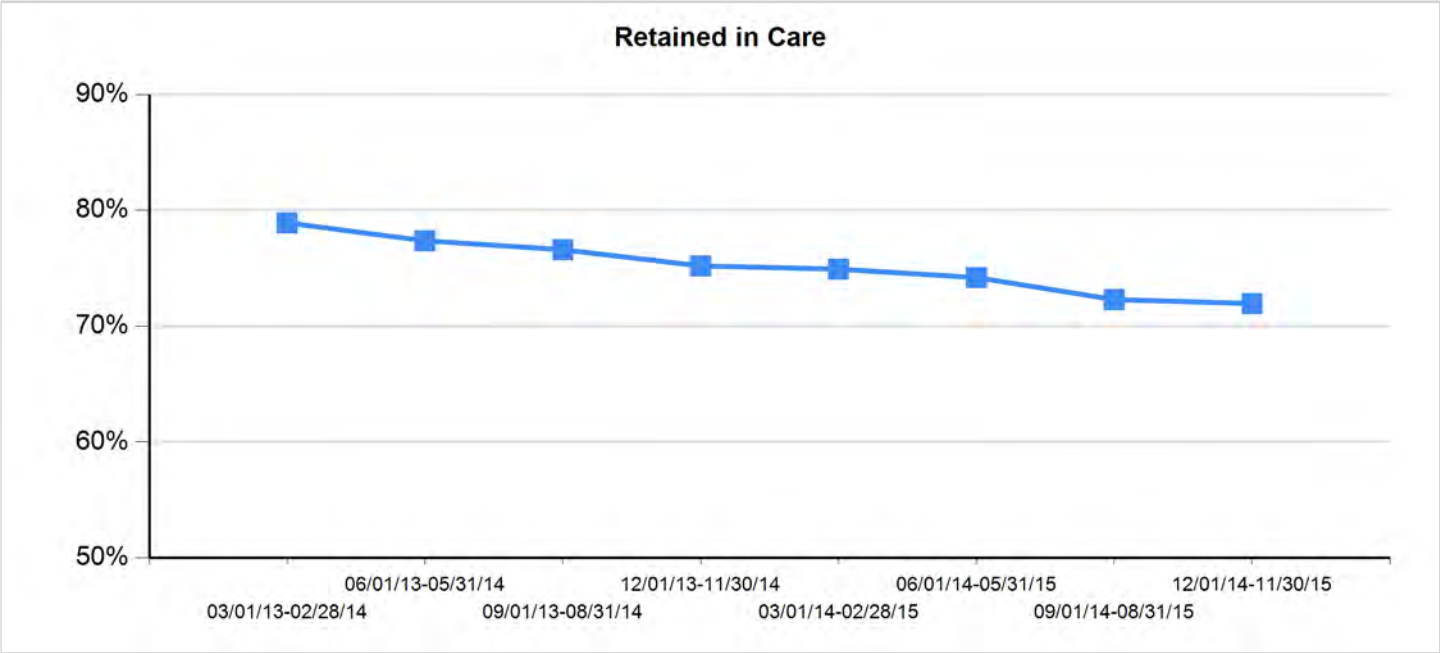
Linked to Care by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of newly enrolled HIV-infected clients who had at least one medical visit in each of the 4-month periods of the measurement year	43	43	11	38	39	13	33	26	9
Number of newly enrolled HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	94	70	21	81	69	26	78	50	21
Percentage	45.7%	61.4%	52.4%	46.9%	56.5%	50.0%	42.3%	52.0%	42.9%
Change from Previous Quarter Results	-6.1%	6.4%	25.7%	1.2%	-4.9%	-2.4%	-4.6%	-4.5%	-7.1%
* exclude if vl<200 in 1st 4 months									



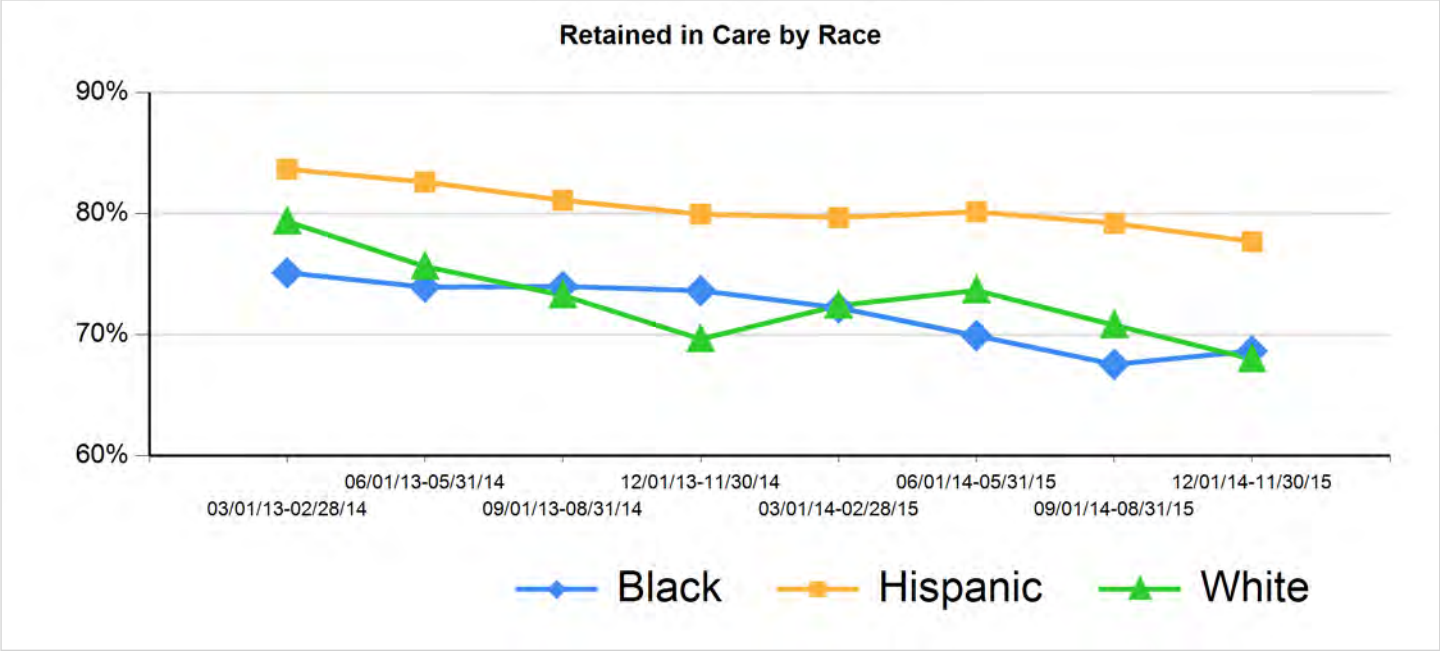
Linked to Care by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of newly enrolled HIV-infected clients who had at least one medical visit in each of the 4-month periods of the measurement year	20	35	25	9	2	7	30	13	20	1
Number of newly enrolled HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the first 4 months of the measurement year	30	63	61	20	4	16	69	35	33	3
Percentage	66.7%	55.6%	41.0%	45.0%	50.0%	43.8%	43.5%	37.1%	60.6%	33.3%
Change from Previous Quarter Results	9.5%	-1.4%	0.7%	-7.6%	0.0%	-22.9%	-12.1%	-3.8%	15.6%	-16.7%
* exclude if vl<200 in 1st 4 months										



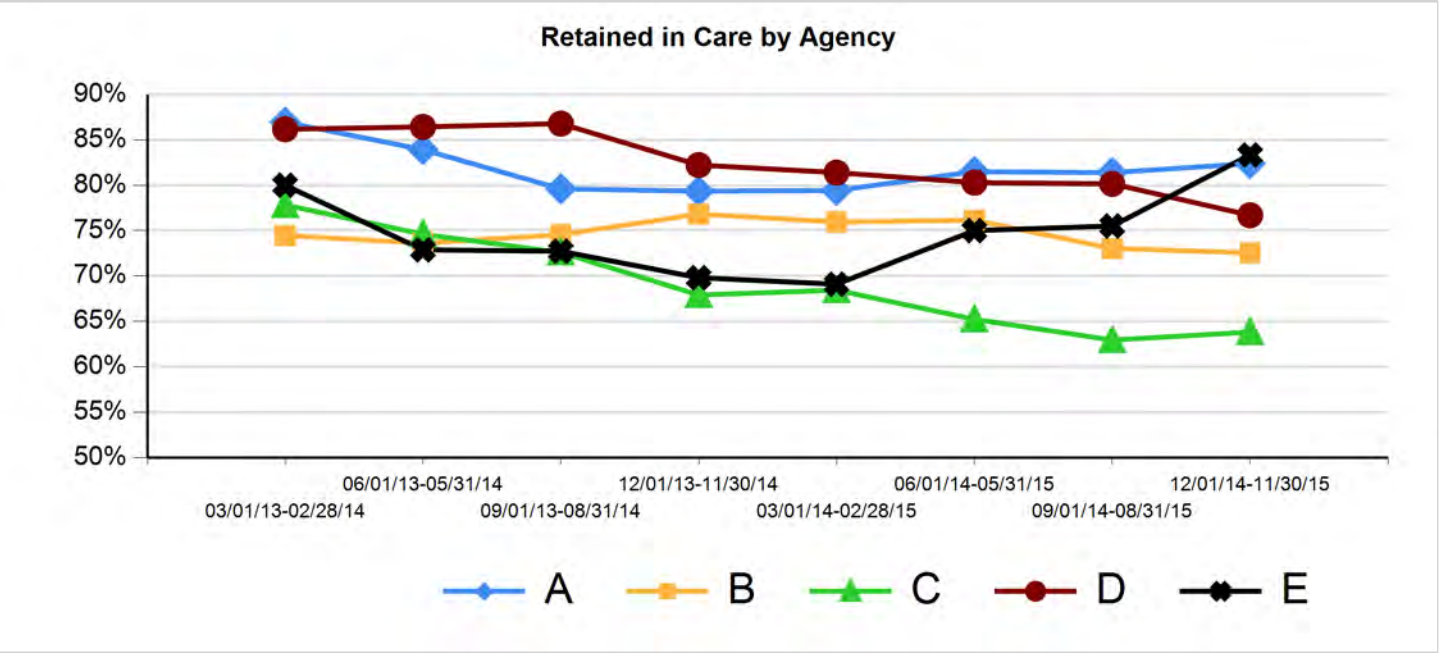
Retained in Care				
Houston EMA Medical Visits Measure				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of HIV-infected clients who had 2 or more medical visits at least 3 months apart during the measurement year*	4,106	4,101	3,946	3,877
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	5,480	5,527	5,458	5,388
Percentage	74.9%	74.2%	72.3%	72.0%
Change from Previous Quarter Results	-0.3%	-0.7%	-1.9%	-0.3%
* Not newly enrolled in care				



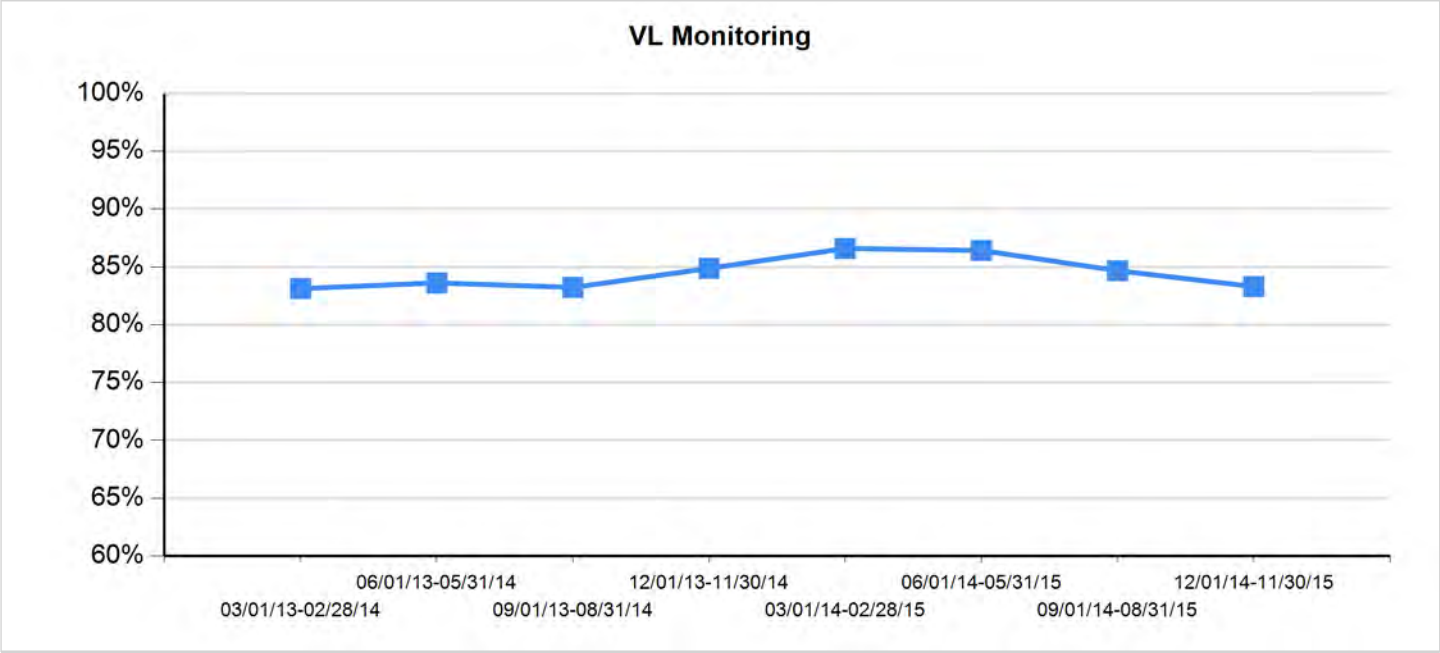
Retained in Care by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of HIV-infected clients who had 2 or more medical visits at least 3 months apart during the measurement year	1,823	1,602	595	1,751	1,555	557	1,738	1,556	507
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	2,608	1,999	808	2,593	1,964	787	2,532	2,003	746
Percentage	69.9%	80.1%	73.6%	67.5%	79.2%	70.8%	68.6%	77.7%	68.0%
Change from Previous Quarter Results	-2.3%	0.5%	1.3%	-2.4%	-1.0%	-2.9%	1.1%	-1.5%	-2.8%



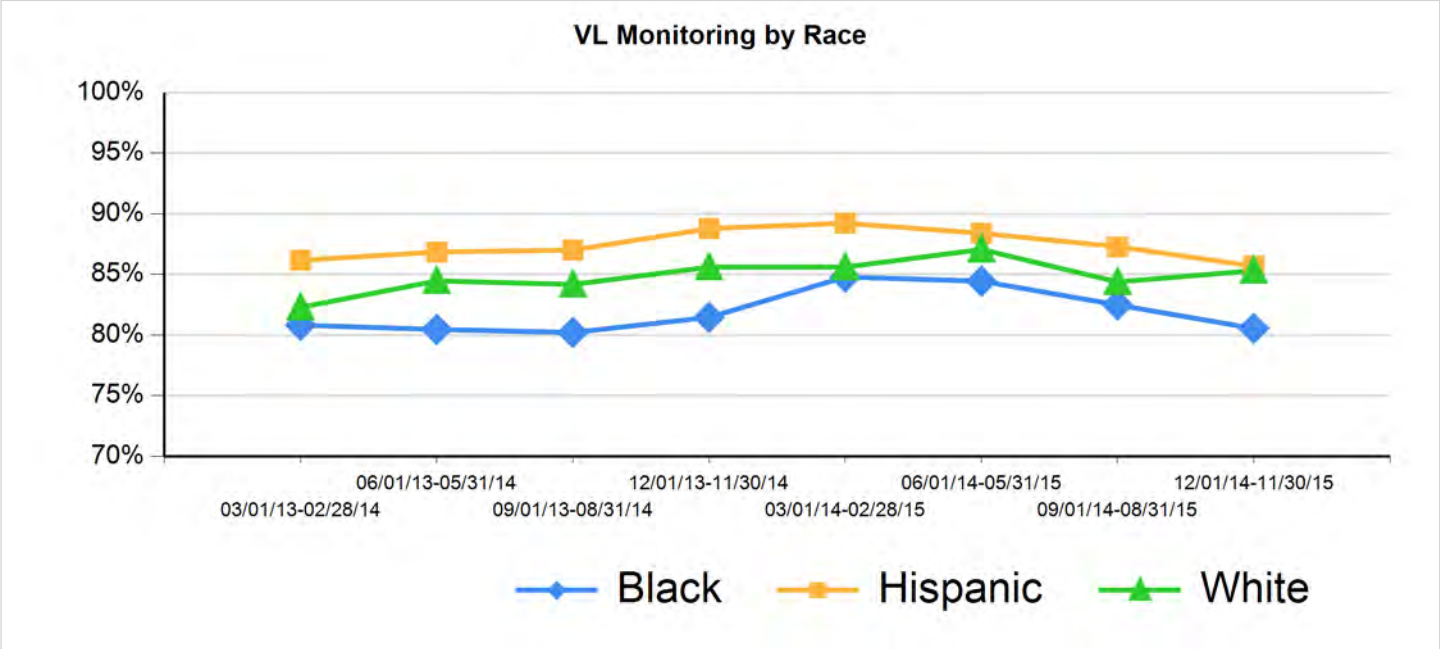
Retained in Care by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of HIV-infected clients who had 2 or more medical visits at least 3 months apart during the measurement year	586	1,652	924	852	37	580	1,663	873	839	35
Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year*	720	2,262	1,468	1,063	49	704	2,292	1,368	1,094	42
Percentage	81.4%	73.0%	62.9%	80.2%	75.5%	82.4%	72.6%	63.8%	76.7%	83.3%
Change from Previous Quarter Results	-0.1%	-3.1%	-2.3%	-0.1%	0.5%	1.0%	-0.5%	0.9%	-3.5%	7.8%



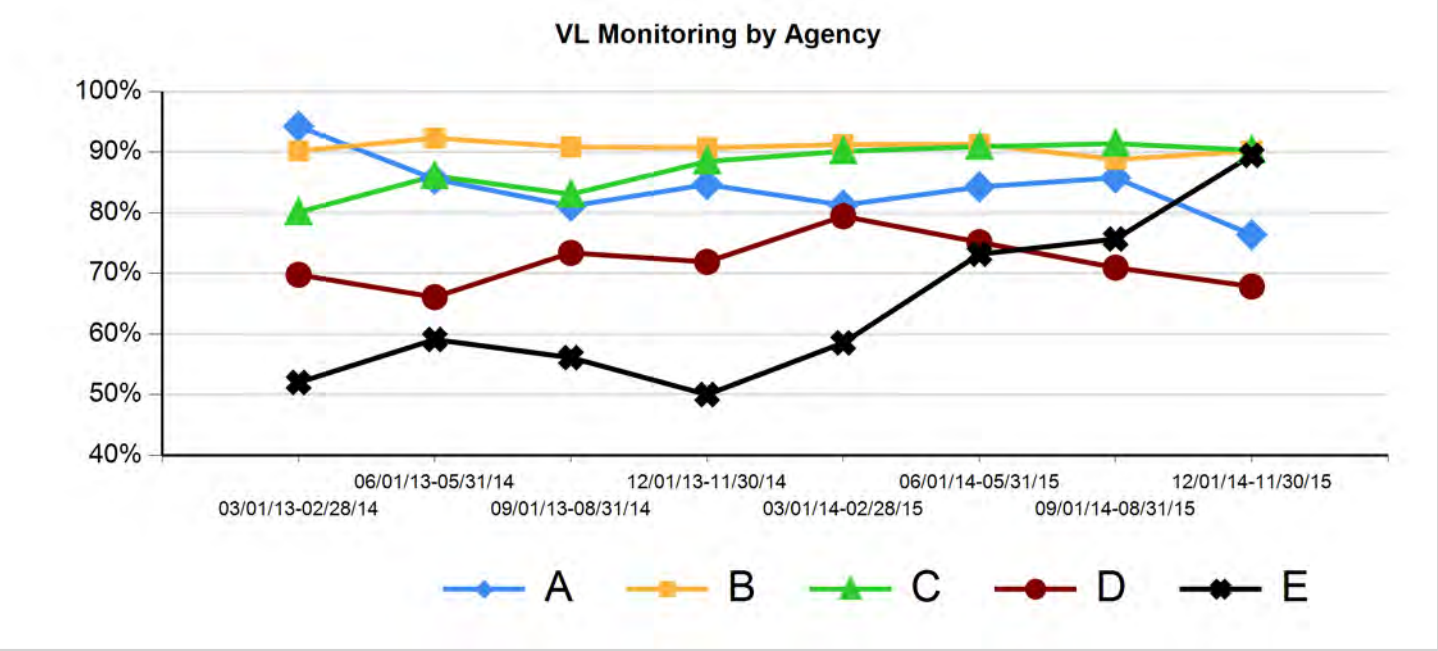
Viral Load Monitoring				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of HIV-infected clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	3,797	3,742	3,546	3,475
Number of HIV-infected clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	4,385	4,330	4,188	4,172
Percentage	86.6%	86.4%	84.7%	83.3%
Change from Previous Quarter Results	1.7%	-0.2%	-1.7%	-1.4%



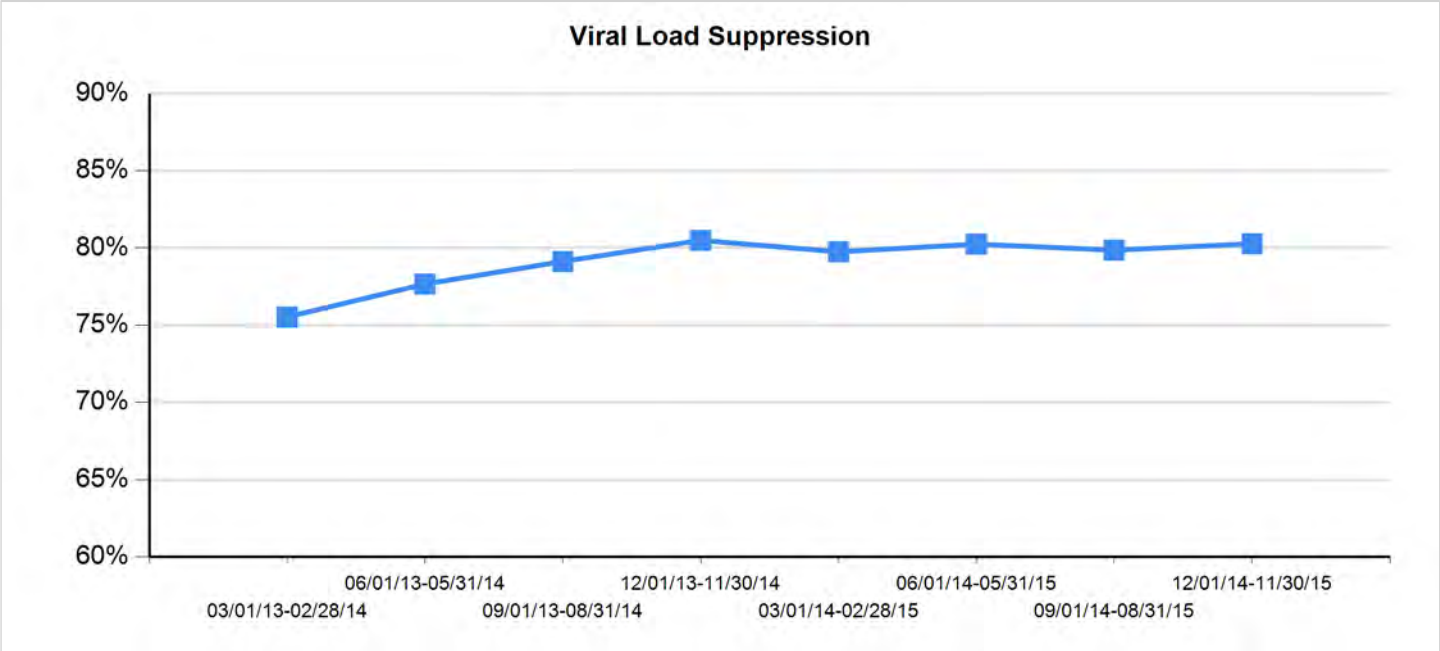
VL Monitoring Data by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of HIV-infected clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	1,650	1,478	538	1,544	1,435	497	1,519	1,406	482
Number of HIV-infected clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	1,954	1,672	618	1,872	1,644	589	1,886	1,641	565
Percentage	84.4%	88.4%	87.1%	82.5%	87.3%	84.4%	80.5%	85.7%	85.3%
Change from Previous Quarter Results	-0.3%	-0.8%	1.5%	-2.0%	-1.1%	-2.7%	-1.9%	-1.6%	0.9%



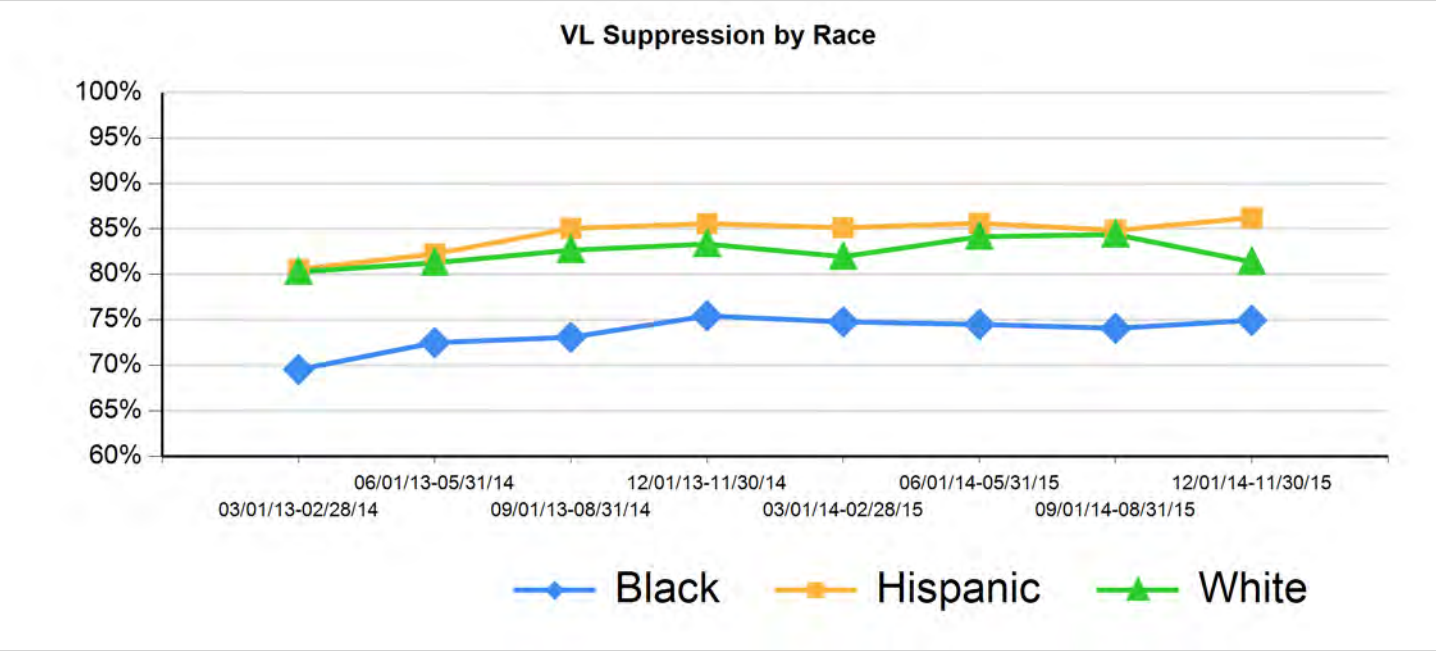
VL Monitoring by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of HIV-infected clients who had 2 or more Viral Load counts at least 3 months apart during the measurement year	513	1,531	852	613	28	456	1,533	840	595	34
Number of HIV-infected clients who had 2 or more medical visits at least 3 months apart with a provider with prescribing privileges, i.e. MD, PA, NP in the measurement year	598	1,724	932	864	37	597	1,700	930	877	38
Percentage	85.8%	88.8%	91.4%	70.9%	75.7%	76.4%	90.2%	90.3%	67.8%	89.5%
Change from Previous Quarter Results	1.5%	-2.5%	0.5%	-4.2%	2.5%	-9.4%	1.4%	-1.1%	-3.1%	13.8%



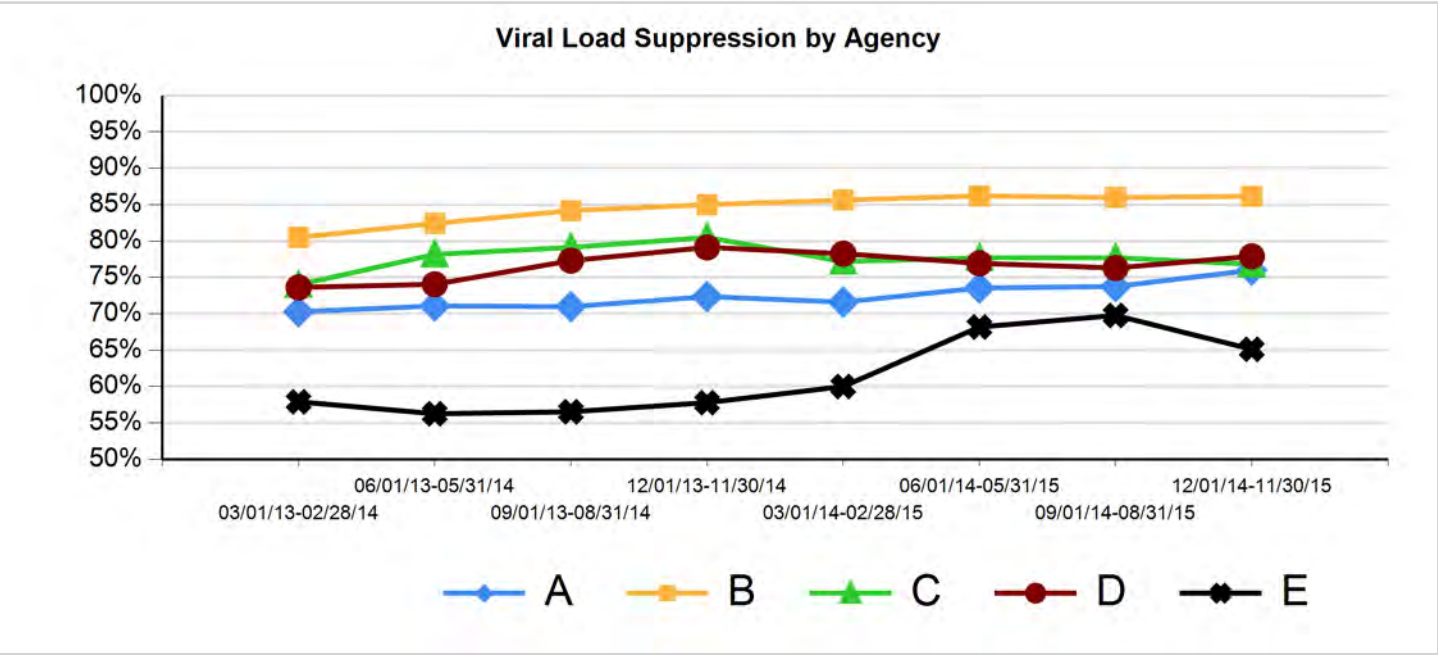
Viral Load Suppression				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of HIV-infected clients who have a viral load of <200 copies/ml during the measurement year	4,057	4,051	3,905	3,928
Number of HIV-infected clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	5,087	5,048	4,890	4,893
Percentage	79.8%	80.2%	79.9%	80.3%
Change from Previous Quarter Results	-0.7%	0.5%	-0.4%	0.4%



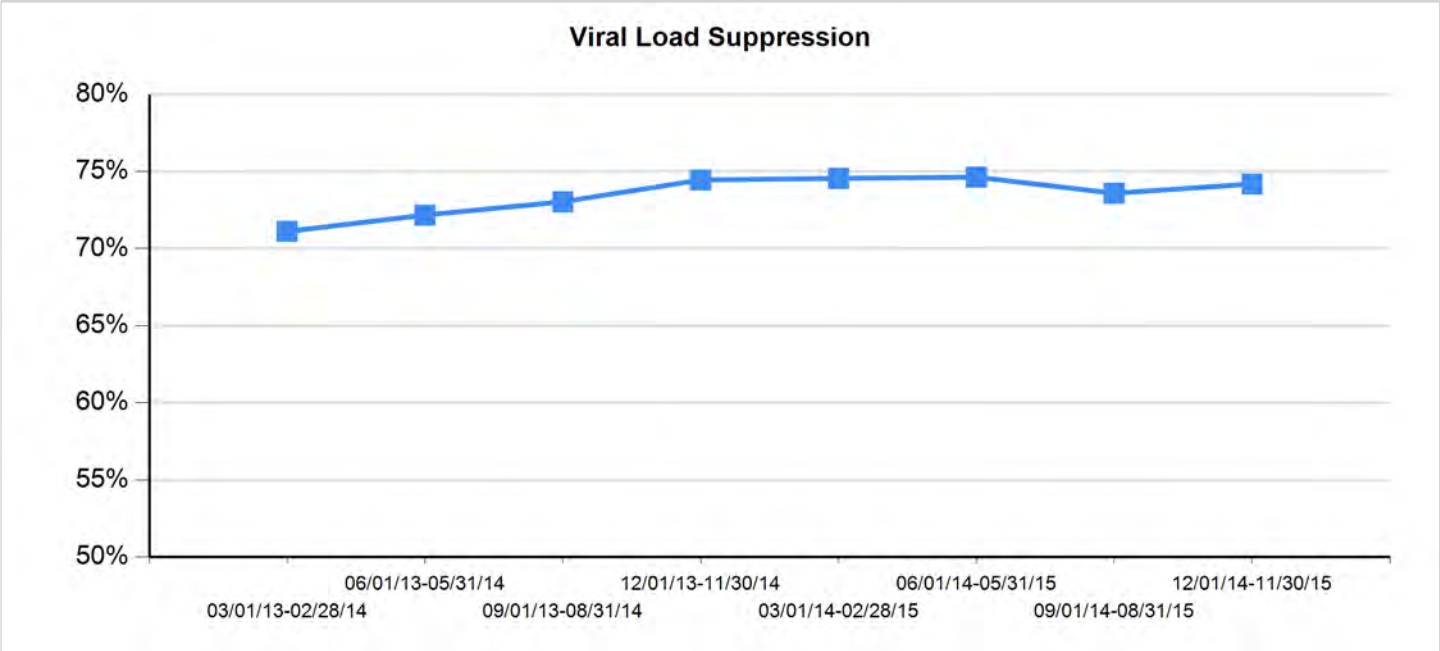
VL Suppression by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of HIV-infected clients who have a viral load of <200 copies/ml during the measurement year	1,773	1,584	605	1,688	1,552	578	1,714	1,577	555
Number of HIV-infected clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	2,380	1,850	719	2,279	1,829	685	2,287	1,829	682
Percentage	74.5%	85.6%	84.1%	74.1%	84.9%	84.4%	74.9%	86.2%	81.4%
Change from Previous Quarter Results	-0.3%	0.5%	2.2%	-0.4%	-0.8%	0.2%	0.9%	1.4%	-3.0%



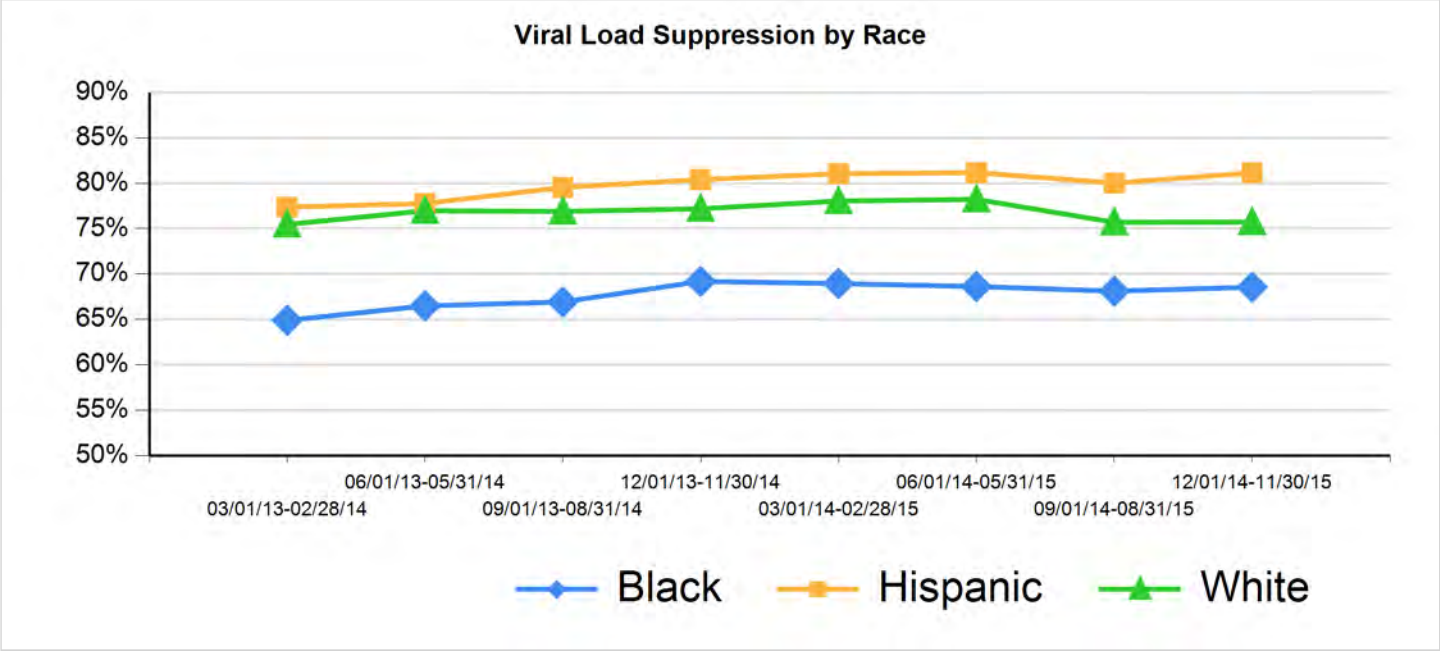
VL Suppression by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of HIV-infected clients who have a viral load of <200 copies/ml during the measurement year	531	1,669	924	792	30	535	1,680	904	825	28
Number of HIV-infected clients who have had at least 2 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	720	1,941	1,189	1,038	43	704	1,950	1,177	1,059	43
Percentage	73.8%	86.0%	77.7%	76.3%	69.8%	76.0%	86.2%	76.8%	77.9%	65.1%
Change from Previous Quarter Results	0.2%	-0.2%	0.0%	-0.6%	1.6%	2.2%	0.2%	-0.9%	1.6%	-4.7%



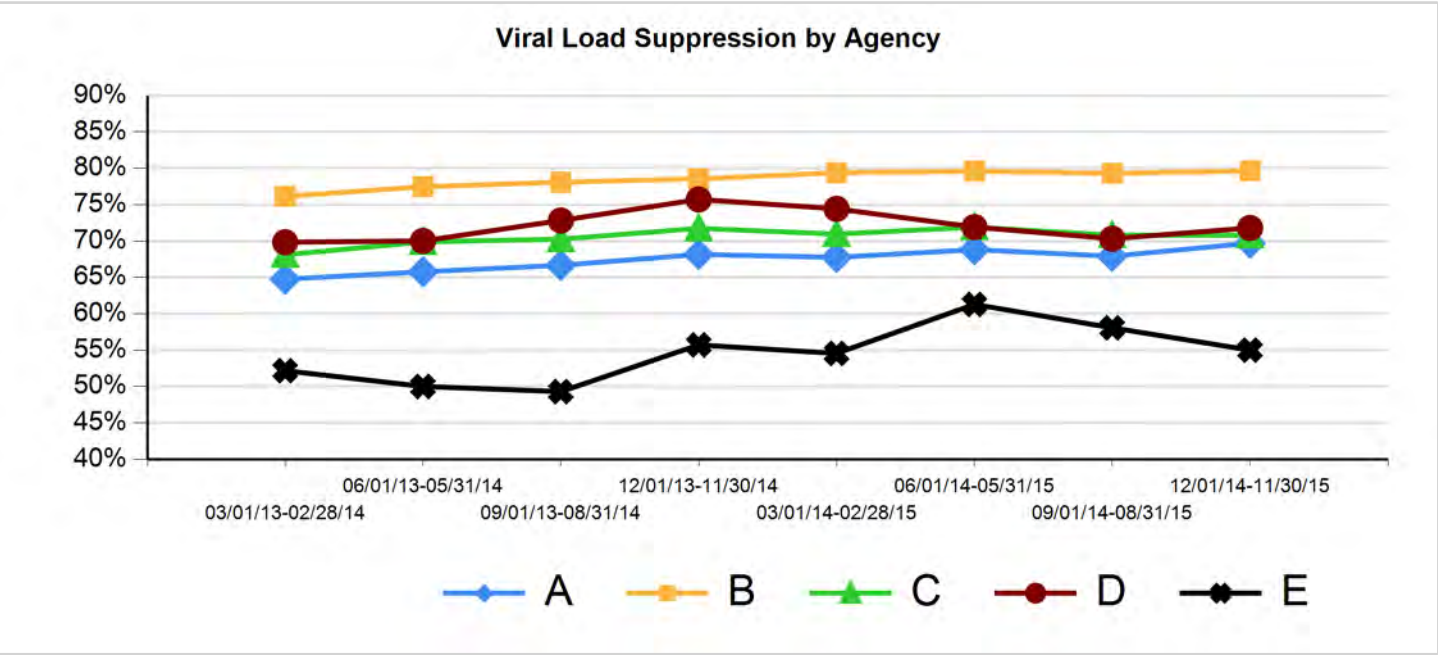
Viral Load Suppression 2- HAB Measure				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of HIV-infected clients who have a viral load of <200 copies/ml during the measurement year	5,237	5,241	5,166	5,237
Number of HIV-infected clients who have had at least 1 medical visit with a provider with prescribing privileges	7,024	7,022	7,020	7,059
Percentage	74.6%	74.6%	73.6%	74.2%
Change from Previous Quarter Results	0.1%	0.1%	-1.0%	0.6%



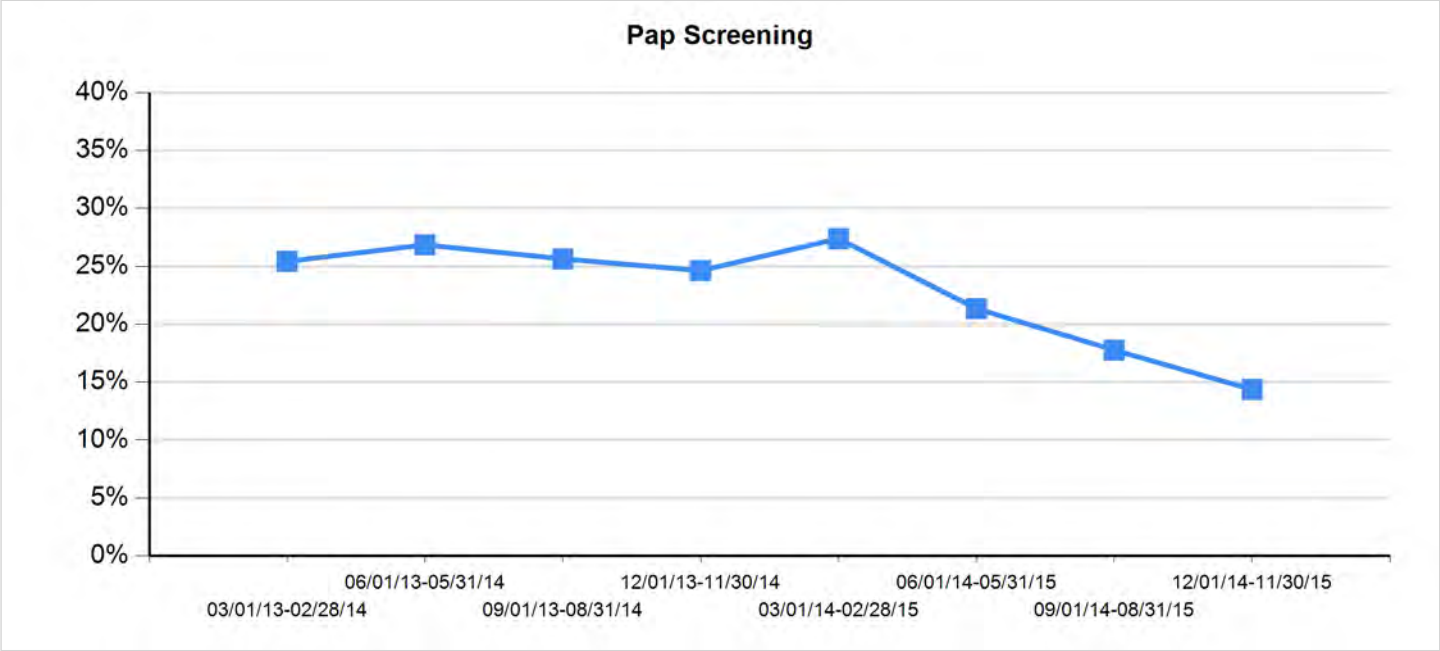
VL Suppression by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of HIV-infected clients who have a viral load of <200 copies/ml during the measurement year	2,348	1,995	783	2,332	1,958	769	2,360	2,001	764
Number of HIV-infected clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	3,422	2,458	1,001	3,424	2,447	1,016	3,443	2,466	1,009
Percentage	68.6%	81.2%	78.2%	68.1%	80.0%	75.7%	68.5%	81.1%	75.7%
Change from Previous Quarter Results	-0.3%	0.1%	0.2%	-0.5%	-1.1%	-2.5%	0.4%	1.1%	0.0%



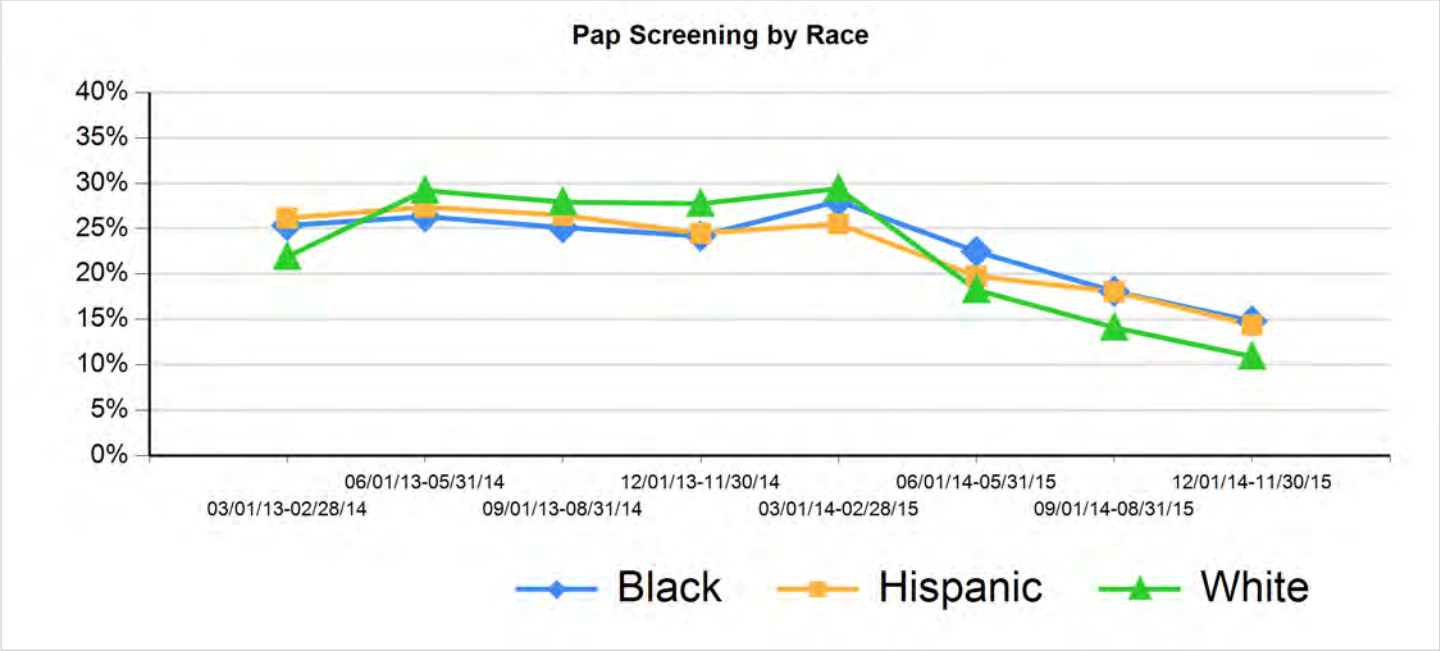
Viral Load Suppression by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of HIV-infected clients who have a viral load of <200 copies/ml during the measurement year	599	2,312	1,383	929	36	603	2,305	1,393	998	33
Number of HIV-infected clients who have had at least 1 medical visits with a provider with prescribing privileges and have been enrolled in care at least six month	882	2,915	1,953	1,321	62	865	2,894	1,968	1,390	60
Percentage	67.9%	79.3%	70.8%	70.3%	58.1%	69.7%	79.6%	70.8%	71.8%	55.0%
Change from Previous Quarter Results	-0.9%	-0.3%	-1.1%	-1.6%	-3.2%	1.8%	0.3%	0.0%	1.5%	-3.1%



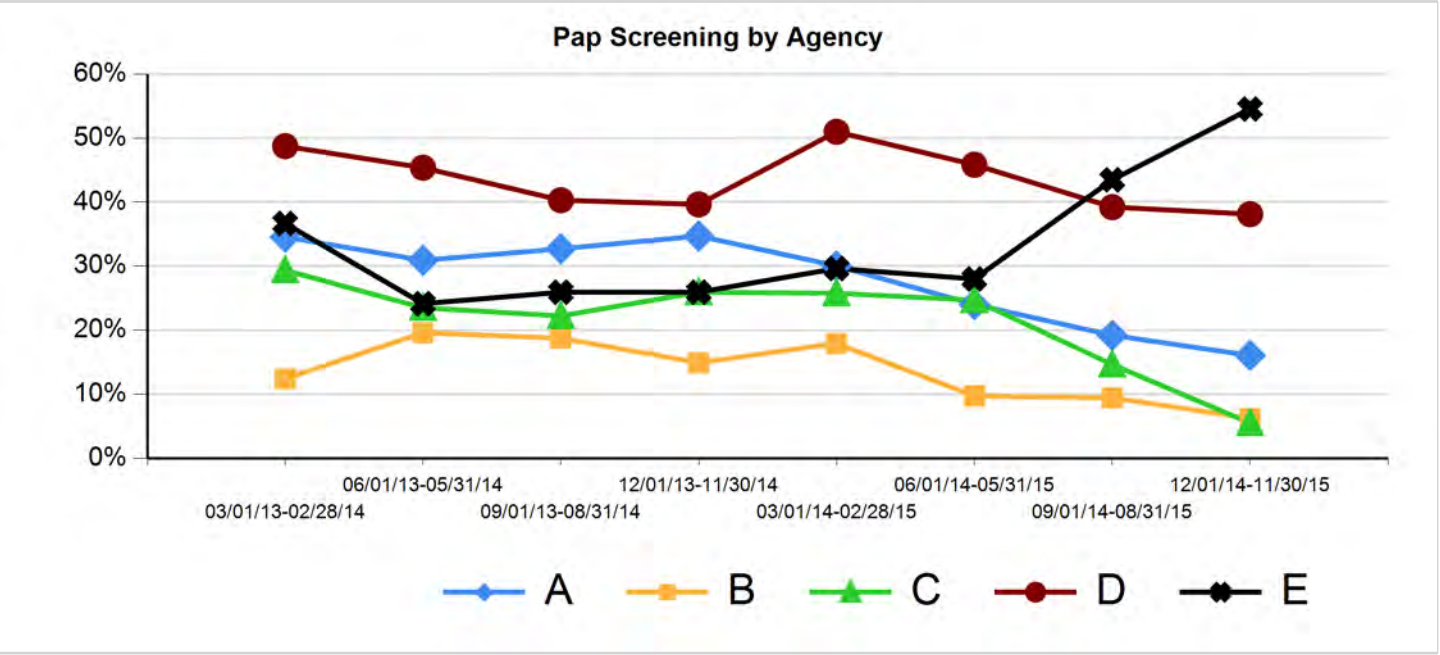
Cervical Cancer Screening				
	03/01/14 - 02/28/15	06/01/14 - 05/31/15	09/01/14 - 08/31/15	12/01/14 - 11/30/15
Number of HIV-infected female clients who had Pap screen results documented in the measurement year	505	391	322	260
Number of HIV-infected female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,844	1,832	1,813	1,811
Percentage	27.4%	21.3%	17.8%	14.4%
Change from Previous Quarter Results	2.8%	-6.0%	-3.6%	-3.4%



Cervical Cancer Screening Data by Race/Ethnicity									
	06/01/14 - 05/31/15			09/01/14 - 08/31/15			12/01/14 - 11/30/15		
	Black	Hisp	White	Black	Hisp	White	Black	Hisp	White
Number of HIV-infected female clients who had Pap screen results documented in the measurement year	260	99	27	206	89	22	169	70	17
Number of HIV-infected female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	1,157	501	148	1,139	493	156	1,142	487	156
Percentage	22.5%	19.8%	18.2%	18.1%	18.1%	14.1%	14.8%	14.4%	10.9%
Change from Previous Quarter Results	-5.5%	-5.7%	-11.2%	-4.4%	-1.7%	-4.1%	-3.3%	-3.7%	-3.2%



Pap Smear Screening by Agency										
	09/01/14 - 08/31/15					12/01/14 - 11/30/15				
	A	B	C	D	E	A	B	C	D	E
Number of HIV-infected female clients who had Pap screen results documented in the measurement year	48	84	47	140	10	39	55	17	146	12
Number of HIV-infected female clients who had a medical visit with a provider with prescribing privileges at least once in the measurement year	250	890	321	357	23	243	885	310	383	22
Percentage	19.2%	9.4%	14.6%	39.2%	43.5%	16.0%	6.2%	5.5%	38.1%	54.5%
Change from Previous Quarter Results	-4.8%	-0.3%	-10.0%	-6.6%	15.5%	-3.2%	-3.2%	-9.2%	-1.1%	11.1%



Footnotes:
1. Table/Chart data for this report run was taken from "ABR152 v3.3.1 9/2/15", "ABR076A v1.4.1 10/15/15 [ExcludeVL200=yes]", and "ABR163 v2.0.6 4/25/13"
A. OPR Measures used for the ABR152 portions: "Viral Load Suppression", "Linked to Care", "CERV", "Medical Visits - 3 months", and "Viral Load Monitoring"

2016 Client Satisfaction Survey Update

A. Client Satisfaction Survey Process Overview

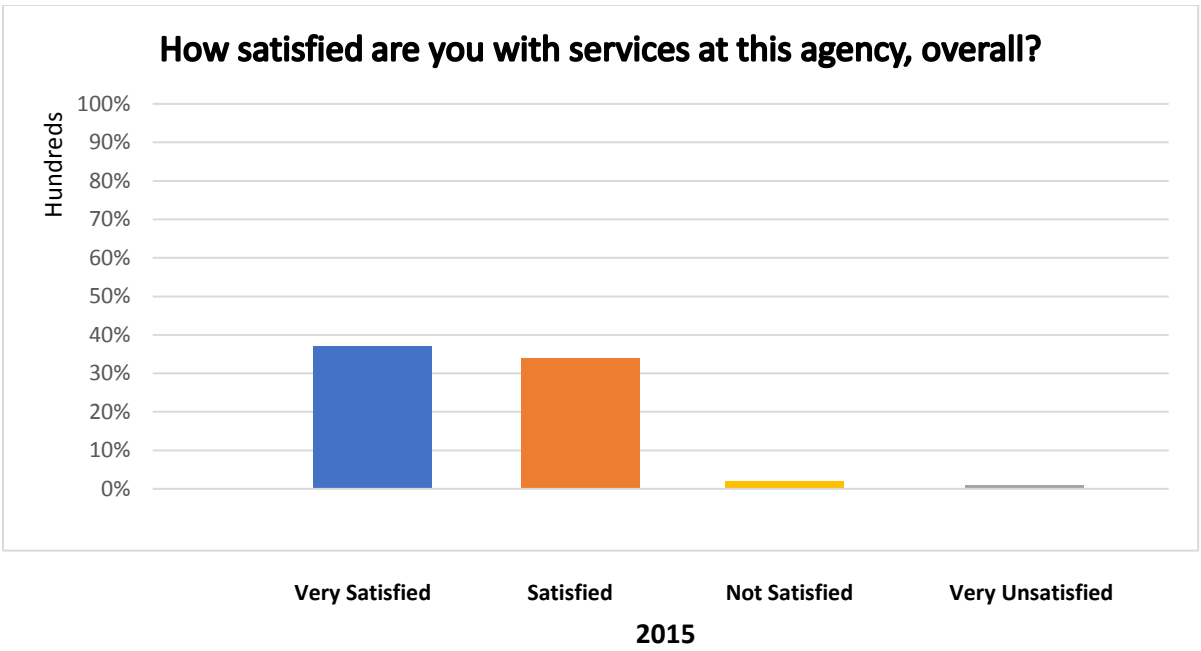
Ryan White Grant Administration has collected client satisfaction data since 2002. Client satisfaction is one method Ryan White Grant Administration uses to measure the quality of Part A funded HIV care delivery in the Houston EMA. Client satisfaction measurement activities in the Houston EMA are designed to assess satisfaction with Part A services, to highlight agency strengths, and to identify areas where clients may have problems with service delivery.

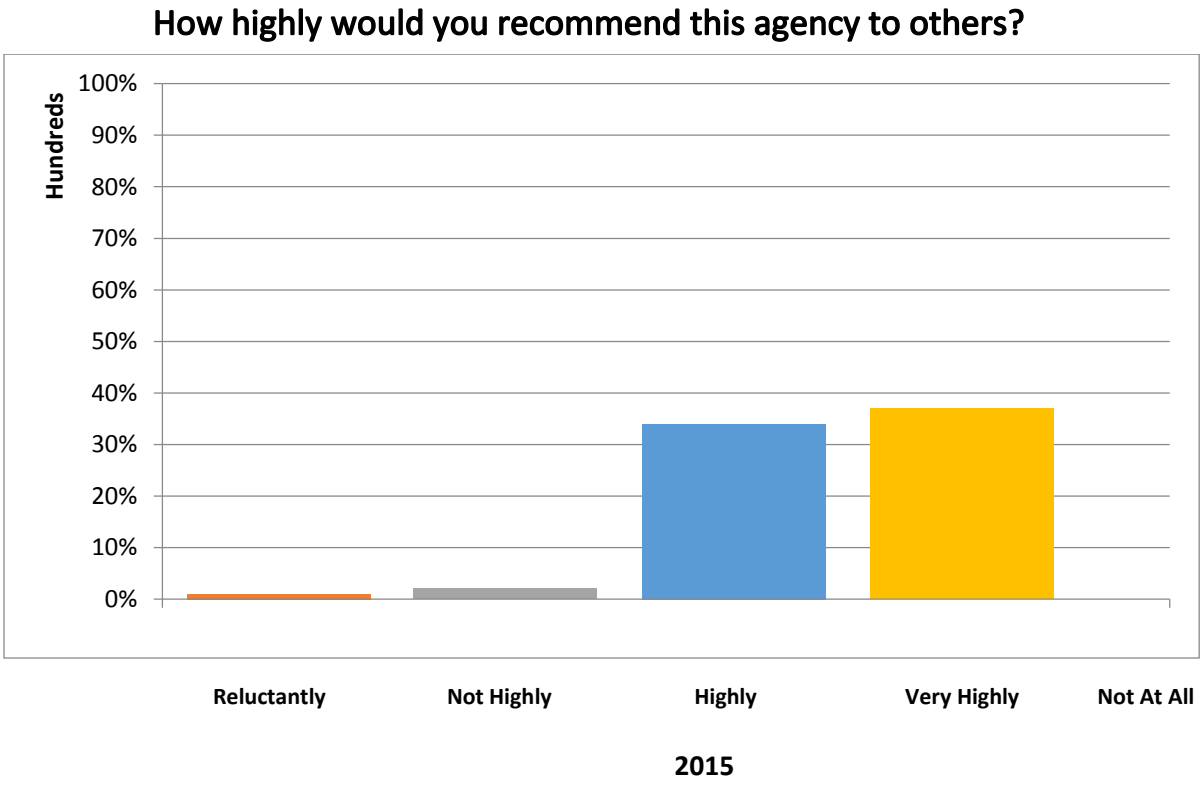
Data are collected using standardized client satisfaction surveys for each service provided through Part A of the Ryan White Program. The survey tools were developed to gather information on both service-specific and agency-focused topics. Each Part A service category utilizes a unique survey tool, with certain agency-focused questions being common to all surveys. This methodology allows for analysis of satisfaction with care using a standardized approach which ensures “apples to apples” comparisons across provider agencies and service areas. This also allows for examination of general trends in satisfaction each year.

In 2008 RWGA introduced the capability to complete online standardized client satisfaction surveys through the CPCDMS by using their unique CPCDMS client code. This addition to the client satisfaction survey process improved accessibility for consumers & was less burdensome for service providers. To encourage consumers to more routinely use this collection method, in 2012 RWGA introduced client incentives in the form of $5 gift cards as a component of our online client satisfaction process.

B. 2014 Client Satisfaction Survey Results

Virtually all agencies are utilizing the online client satisfaction survey, with the exception of City of Houston. RWGA is excited about the renewed interest in the process from providers as well as from clients. RWGA Quality Management Development can provide an update to the Quality Improvement Committee on a bi-monthly basis or as necessary.


How satisfied are you with services at this agency, overall?
Hundreds
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Very Satisfied
Satisfied
Not Satisfied
Very Unsatisfied
2015


How highly would you recommend this agency to others?
Hundreds
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Reluctantly
Not Highly
Highly
Very Highly
Not At All
2015

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2015 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,250,873**	**305,482**	**353,474**	**-39,131**	**0**	**9,870,698**	**47.06%**	**9,870,698**	**0**		**7,082,031**	**72%**	**92%**
1.a	Primary Care - Public Clinic (a)	3,385,563	113,189	0	531,711		4,030,463	19.22%	4,030,463	0	3/1/2015	$2,593,118	64%	75%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	1,011,437	33,816	89,106	-154,800		979,559	4.67%	979,559	0	3/1/2015	$986,705	101%	92%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	881,197	29,461	89,106	-154,800		844,964	4.03%	844,964	0	3/1/2015	$656,579	78%	92%
1.d	Primary Care - CBO Targeted to White/MSM (a) (	878,426	29,368	29,012	-50,400		886,406	4.23%	886,406	0	3/1/2015	$496,943	56%	92%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,083,965	36,241	0	-235,000		885,206	4.22%	885,206	0	3/1/2015	$685,005	77%	92%
1.f	Primary Care - Women at Public Clinic (a)	1,767,268	59,085	0			1,826,353	8.71%	1,826,353	0	3/1/2015	$1,435,482	79%	75%
1.g	Primary Care - Pediatric (a.1)	14,342	479				14,821	0.07%	14,821	0	3/1/2015	$13,200	89%	92%
1.h	Vision	228,675	3,843	146,250	24,158		402,926	1.92%	402,926	0	3/1/2015	$215,000	53%	92%
2	**Medical Case Management**	**2,031,556**	**184,145**	**125,000**	**45,475**	**0**	**2,386,176**	**11.38%**	**2,386,176**	**0**		**1,790,405**	**75%**	**92%**
2.a	Clinical Case Management	448,044	40,611		-20,000		468,655	2.23%	468,655	0	3/1/2015	$329,300	70%	92%
2.b	Med CM - Public Clinic (a)	149,107	13,515	0	33,500		196,122	0.94%	196,122	0	3/1/2015	$169,458	86%	75%
2.c	Med CM - Targeted to AA (a) (e)	294,386	26,684	53,750	21,500		396,320	1.89%	396,320	0	3/1/2015	$442,426	112%	92%
2.d	Med CM - Targeted to H/L (a) (e)	294,388	26,684	53,750	21,500		396,322	1.89%	396,322	0	3/1/2015	$167,224	42%	92%
2.e	Med CM - Targeted to W/MSM (a) (e)	98,334	8,913	17,500	7,000		131,747	0.63%	131,747	0	3/1/2015	$125,012	95%	92%
2.f	Med CM - Targeted to Rural (a)	319,775	28,986	0			348,761	1.66%	348,761	0	3/1/2015	$268,739	77%	92%
2.g	Med CM - Women at Public Clinic (a)	165,325	14,986	0			180,311	0.86%	180,311	0	3/1/2015	$106,968	59%	75%
2.h	Med CM - Targeted to Pedi (a.1)	146,749	13,301	0	-13,000		147,050	0.70%	147,050	0	3/1/2015	$88,027	60%	92%
2.i	Med CM - Targeted to Veterans	73,374	6,651	0	-5,025		75,000	0.36%	75,000	0	3/1/2015	$60,975	81%	92%
2.j	Med CM - Targeted to Youth	42,074	3,814	0			45,888	0.22%	45,888	0	3/1/2015	$32,278	70%	75%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,219,276**	**362,164**		**36,716**	**0**	**2,618,156**	**12.48%**	**2,618,156**	**0**	**3/1/2015**	**$2,029,973**	**78%**	**92%**
4	**Oral Health**	**163,653**	**2,751**	**0**	**0**	**0**	**166,404**	**0.79%**	**166,404**	**0**	**3/1/2015**	**151,950**	**91%**	**92%**
4.a	Oral Health - Untargeted (c)	0		0	0		0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	163,653	2,751	0			166,404	0.79%	166,404	0	3/1/2015	$151,950	91%	92%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,209,100**	**20,322**	**0**	**0**	**0**	**1,229,422**	**5.86%**	**1,229,422**	**0**	**3/1/2015**	**$1,106,965**	**90%**	**92%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**-12,000**	**0**	**33,677**	**0.16%**	**33,677**	**0**	**3/1/2015**	**$27,100**	**80%**	**92%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.63%**	**341,395**	**0**	**3/1/2015**	**$310,420**	**91%**	**92%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Non-Medical Case Management**	**1,440,385**	**0**	**0**	**-31,060**	**0**	**1,409,325**	**6.72%**	**1,409,325**	**0**		**944,485**	**67%**	**92%**
12.a	Service Linkage targeted to Youth	110,793		0			110,793	0.53%	110,793	0	3/1/2015	$67,003	60%	92%
12.b	Service Linkage targeted to Newly-Diagnosed/No	245,497			-110,000		135,497	0.65%	135,497	0	3/1/2015	$78,982	58%	92%
12.c	Service Linkage at Public Clinic (a)	490,886		0	48,940		539,826	2.57%	539,826	0	3/1/2015	$296,754	55%	75%
12.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209		0	30,000		623,209	2.97%	623,209	0	3/1/2015	$501,746	81%	92%
13	**Medical Transportation**	**527,363**	**0**	**0**	**0**	**0**	**527,363**	**2.51%**	**527,362**	**1**		**306,514**	**58%**	**92%**
13.a	Medical Transportation services targeted to Urbal	252,680	0	0	0		252,680	1.20%	252,680	0	3/1/2015	$225,922	89%	92%
13.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.46%	97,185	0	3/1/2015	$80,592	83%	92%
13.c	Transportation vouchering (bus passes & gas car	177,498	0	0	0		177,498	0.85%	177,497	1	3/1/2014	$0	0%	0%
14	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
15	**Legal Assistance**	**293,406**	**0**	**0**	**0**	**0**	**293,406**	**1.40%**	**293,406**	**0**	**3/1/2015**	**$266,514**	**91%**	**92%**
BEO27616	**Total Service Dollars**	**17,522,684**	**874,864**	**478,474**	**0**	**0**	**18,876,022**	**90.00%**	**18,876,021**	**1**		**14,016,359**	**74%**	**92%**
	Grant Administration	**1,612,704**	**0**	**0**	**0**	**0**	**1,612,704**	**7.69%**	**1,612,704**	**0**	**N/A**	**262,498**	**16%**	**92%**
BEO27617	HCPHES/RWGA Section	1,126,122	0	0		0	1,126,122	5.37%	1,126,122	0	N/A	$0	0%	92%
PC	County Judge & RWPC Support*	486,582	0		0	0	486,582	2.32%	486,582	0	N/A	262,498	54%	92%
BEO27621	**Quality Management**	**485,000**	**0**	**0**	**0**	**0**	**485,000**	**2.31%**	**485,000**	**0**	**N/A**	**$2,082**	**0%**	**92%**
		19,620,388	**874,864**	**478,474**	**0**	**0**	**20,973,726**	**100.00%**	**20,973,725**	**1**		**14,280,939**	**68%**	**92%**
								Unallocated	Unobligated					
	Part A Grant Award:	**20,495,250**	*Carry Over:*	**478,475**		*Total Part A:*	**20,973,725**	-1	**0**					

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2015 Ryan White Part A and MAI
Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
		Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent				
	Core (must not be less than 75% of total service	15,261,530	874,864	478,474	31,060	0	16,645,928	88.19%	16,645,928	88.33%				
	Non-Core (may not exceed 25% of total service c	2,261,154	0	0	-31,060	0	2,230,094	11.81%	2,199,034	11.67%				
	Total Service Dollars (does not include Admin a	17,522,684	874,864	478,474	0	0	18,876,022		18,844,962					
	Total Admin (must be ≤ 10% of total Part A + MA	1,612,704	0	0	0	0	1,612,704	7.69%						
	Total QM (must be ≤ 5% of total Part A + MAI)	485,000	0	0	0	0	485,000	2.31%						

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	1,930,538	80,668	0	0	0	2,011,206	100.00%	1,930,538	80,668		1,609,850	83%	83%
1.b (MAI)	Primary Care - CBO Targeted to African America	975,842	40,776		0	0	1,016,618	50.55%	975,842	40,776	3/1/2014	$839,850	86%	83%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	954,696	39,892		0	0	994,588	49.45%	954,696	39,892	3/1/2014	$770,000	81%	83%
	Total MAI Service Funds	1,930,538	80,668	0	0	0	2,011,206	100.00%	1,930,538	80,668		1,609,850	83%	83%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27516	**Total MAI Funds**	1,930,538	80,668	0	0	0	2,011,206	100.00%	1,930,538	80,668		1,609,850	83%	83%
	MAI Grant Award	2,011,206	*Carry Over:*	441		*Total MAI:*	2,011,647							
	Combined Part A and MAI Total	21,550,926												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase funding scenario.
(c)	Funded under Part B and/or SS
(d)	*Not* used at this time
(e)	10% rule reallocations
(f)	Include MAI funds when reviewing 10% rule reallocations

The Houston Regional HIV/AIDS Resource Group, Inc.
FY 1516 Ryan White Part B
Procurement Report
September 1, 2015 - March 31, 2016

Reflects spending through January 2016

Spending Target: 72%

Revised 3/17/2016

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Oral Health Care	$1,120,201	57%		$1,120,201	57%	9/1/2015	$804,036	72%
7	Health Insurance Premiums and Cost Sharing*	$700,496	36%		$700,496	36%	9/1/2015	$353,321	50%
9	Home and Community Based Health Services**	$135,335	7%		$135,335	7%	9/1/2015	$74,880	55%
	Total Houston HSDA	1,956,032	100%	$0	$1,956,032	100%		1,232,237	63%

* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.
Ending dates: Part A 02/29/16, Part B 03/31/16, State Services 08/31/16

** HCBHS - Provider has had staff turnover and services will increase once staff has been replaced.

2015 - 2016 Ryan White Part B Service Utilization Report
9/1/2015 - 11/30/2015
1st Quarter

Revised 3/17/2016

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Health Insurance Premiums & Cost Sharing Assistance	*500*	193	88.1%	11.4%	0.0%	0.5%	30.0%	35.2%	29.5%	5.3%	0.0%	0.0%	2.0%	19.7%	19.2%	16.1%	42.5%	0.5%
Home & Community Based Health Services	*55*	28	78.6%	21.4%	0.0%	0.0%	57.1%	25.0%	14.3%	3.6%	0.0%	0.0%	0.0%	10.7%	7.1%	25.0%	50.0%	7.2%
Oral Health Care	*2,000*	1,118	78.1%	21.4%	0.1%	0.4%	44.0%	23.9%	29.8%	2.3%	0.0%	0.0%	0.3%	7.2%	15.7%	16.3%	52.6%	7.9%
Unduplicated Clients Served By RW Part B Funds:	*NA*	1,874	76.5%	22.8%	0.01%	0.7%	47.8%	20.8%	29.0%	2.4%	0.0%	0.2%	1.7%	14.8%	19.3%	15.2%	43.1%	5.7%

NOTE: The Part B Contract Year will change in 2016 returning to the April 1st through March 31st Contract Year. The next Part B SUR will be provided in May and will include the year-end data.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1516 DSHS State Services

Procurement Report

September 1, 2015 - August 31, 2016

Chart reflects spending through January 2016

Spending Target: 42%

Revised 3/17/2016

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment	Contractual Amount	% of Grant Award	Date of Original Procurement	Expended YTD	Percent YTD
6	Mental Health Services	$300,000	15%		$300,000	15%	9/1/2015	$119,303	40%
7	Health Insurance Premiums and Cost Sharing*	$1,041,183	53%		$1,041,183	53%	9/1/2015	$143,765	14%
9	Hospice	$414,832	21%		$414,832	21%	9/1/2015	$172,700	42%
11	EIS - Incarcerated	$166,211	8%		$166,211	8%	9/1/2015	$72,884	44%
16	Linguistic Services**	$35,000	2%		$35,000	2%	9/1/2015	$5,800	17%
Total Houston HSDA		1,957,226	100%	$0	$1,957,226	100%		514,451	26%

* HIP - Funded by Part A,B, and State Services. Provider is spending grant funds before grant ending date.
Ending dates: Part A 02/29/16, Part B 03/31/16, State Services 08/31/16

** Demand for services is currently low. All request for services have been met.

2015 - 2016 DSHS State Services Service Utilization Report
9/1/2015 thru 11/30/2015
1st Quarter

Revised 3/17/2016

Funded Service	UDC		Gender				Race				Age Group							
	Goal	YTD	Male	Female	FTM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	*850*	436	81.4%	17.4%	0.0%	1.2%	74.5%	14.7%	9.6%	1.2%	0.0%	0.6%	5.7%	25.5%	27.8%	13.1%	26.1%	1.2%
Health Insurance Premiums & Cost Sharing Assistance	*1,200*	347	84.7%	15.0%	0.0%	0.3%	30.8%	38.9%	26.8%	3.5%	0.0%	0.5%	2.9%	15.6%	22.8%	15.6%	38.9%	3.7%
Hospice	*35*	11	90.9%	9.1%	0.0%	0.0%	72.7%	9.1%	18.2%	0.0%	0.0%	0.0%	0.0%	9.1%	9.1%	0.0%	81.8%	0.0%
Linguistic/Interpreter Services	*40*	15	40.0%	60.0%	0.0%	0.0%	53.3%	0.0%	6.7%	40.0%	0.0%	0.0%	0.0%	0.6%	72.5%	26.3%	0.6%	0.0%
Mental Health Services	*250*	238	96.6%	2.9%	0.0%	0.5%	26.4%	48.9%	24.7%	0.0%	0.0%	0.0%	2.3%	16.6%	20.2%	16.6%	40.3%	4.0%
Group:		14																
Individual:		170																
Unduplicated Clients Served By State Services Funds:	*NA*	972	84.7%	14.6%	0.0%	0.7%	50.3%	28.9%	18.5%	2.3%	0.0%	0.5%	4.0%	20.1%	24.7%	14.5%	33.6%	2.6%

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 9/1/2015-1/31/16

Revised: 3/16/2016

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	*Number of Requests (UOS)*	*Dollar Amount of Requests*	*Number of Clients (UDC)*
Medical Co-Payment	469	$26,655.16	309			*0*
Medical Deductible	405	$86,418.28	270			*0*
Medical Premium	2614	$880,754.68	806			*0*
Pharmacy Co-Payment	1538	$123,345.38	591			*0*
APTC Tax Liability	0	$0.00				*0*
Out of Network Out of Pocket	0	$0.00				*0*
ACA Premium Subsidy Repayment	14	$1,453.00		*NA*	*NA*	*NA*
Totals:	5026	$1,115,720.50		0	$0.00	

Comments: This report represents services provided under all grants.

THE RESOURCE GROUP
2015 CHART REVIEW
COMBINED PACKET

TABLE OF CONTENTS

2015 SERVICE CATEGORY OVERVIEW

NOTE: DSHS has changed the file sample percentage which will result in a lower number of files being reviewed in 2016.

Home & Community Based Health Services

Overall, quality of services is good. Through the nursing assessment: 25% (10) of clients were identified as needing physical therapy and a referral was made to 100% of identified clients; 100% (40) received referrals for food pantry; 20% (8) were identified as needing a referral to a dietician, which was completed for 100% of identified clients; 40% (16) were identified with a diagnosis of hypertension and 100% of those showed evidence that their hypertension was controlled (Systolic <140, Diastolic <90) in the past 6 months. Percentage of HIV-positive clients who have an undetectable viral load has improved from 61% in 2014 to 78% in 2015.

Hospice Services

The review showed that Hospice Care continue to be delivered at a very high standard. Nine data elements were scored at 100% compliance. Of the client records reviewed, 38% (9) of records indicated the client was homeless on admission. This is an increase from 17% in 2014. Additionally, 25% (6) of records reviewed showed evidence that the client had active substance abuse on admission; 13% (3) of records reviewed showed evidence of active psychiatric illness on admission (excluding depression).

Oral Health Care Services

2015 data shows a continuation of excellent overall oral healthcare. Eight (8) data elements reviewed were 100%. Health history and updates were appropriate and timely. Allergies and medication sensitivities were well documented. Clinical oral care was excellent; vital signs, medication review, and tooth chart documentation was completed on all charts reviewed. All newly assessed data elements, including assessment for tobacco use; recreational drug use and alcohol use were completed at a rate of 100%.

HOME & COMMUNITY-BASED HEALTH SERVICES
2015 CHART REVIEW REPORT

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic, and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring each finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with one Subgrantee to provide home and community-based health services in the Houston HSDA.

INTRODUCTION

Description of Service

Home and Community-based Health Services (facility-based) is defined as a day treatment program that includes Physician ordered therapeutic nursing, supportive and/or compensatory health services based on a written plan of care established by an interdisciplinary care team that includes appropriate healthcare professionals and paraprofessionals. Services include skilled nursing, nutritional counseling, evaluations and education, and additional therapeutic services and activities. **Skilled Nursing:** Services to include medication administration, medication supervision, medication ordering, filling pill box, wound dressing changes, straight catheter insertion, education of family/significant others in patient care techniques, ongoing monitoring of patients' physical condition and communication with attending physicians (s), personal care, and diagnostics testing. **Other Therapeutic Services:** Services to include recreational activities (fine/gross motor skills and cognitive development), replacement of durable medical equipment, information referral, peer support, and transportation. **Nutrition:** Services to include evaluation and counseling, supplemental nutrition, and daily nutritious meals. **Education:** Services to include instructional workshops of HIV related topics and life skills. *Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.*

Tool Development

The Home and Community-Based Health Services review tool is based upon the established local standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

Using the ARIES database a file sample was created from a provider population of 46 who accessed home and community-based Health Services in the measurement year. The records of 40 clients were reviewed (representing 87% of the unduplicated population). The demographic makeup of the provider was used as a key to file sample pull.

NOTE: DSHS has changed the file sample percentage which will result in a lower number of files being reviewed in 2016.

RESULTS OF REVIEW

PROGRESS NOTES
Percentage of HIV-positive clients who had clear, concise, and comprehensive progress notes in their record each visit.

	Yes	No	N/A
Number of client records clear, concise, and comprehensive progress notes.	40	0	0
Number of HIV-infected clients in community based health services who were reviewed.	40	40	0
Rate	**100.0%**	0.0%	-

VITAL SIGNS
Percentage of HIV-positive clients who had vital signs taken at least once a week.

	Yes	No	N/A
Number of client records that showed vital signs were taken at each visit.	40	0	0
Number of HIV-infected clients in community based health services who were reviewed.	40	40	0
Rate	**100.0%**	0.0%	-

PHYSICAL THERAPY REFERRAL
Percentage of HIV-positive clients who received a referral in to physical therapy based on the nursing assessment.

	Yes	No	N/A
Number of client records that showed evidence of a physical therapy referral	10	0	30
Number of HIV-infected clients in community based health services who were reviewed and the nursing assessment indicated a need for physical therapy.	10	40	30
Rate	**100%**	0.0%	-

FOOD PANTRY REFERRAL
Percentage of HIV-positive clients who received a referral to food pantry

	Yes	No	N/A
Number of client records that showed evidence of a referral to food pantry	40	0	0
Number of HIV-infected clients in community based health services who were reviewed.	40	40	0
Rate	**100.0%**	0.0%	-

NUTRITIONAL REFERRAL

Percentage of HIV-positive clients who received a referral to nutritional services based on the nursing assessment.

	Yes	No	N/A
Number of client records that showed evidence of a referral to nutritional services.	8	0	32
Number of HIV-infected clients in community based health services who were reviewed that showed a need for nutritional counseling based on the nursing assessment.	8	40	32
Rate	**100%**	0.0%	-

MULTIDISIPLINARY TEAM CONFERENCE

Percentage of HIV-positive clients who received a community based health services that had at least one multidisciplinary team conference

	Yes	No	N/A
Number of client records that showed evidence of at least one multidisciplinary team conference.	40	0	-
Number of HIV-infected clients in community based health services that were reviewed.	40	40	-
Rate	**100.0%**	0.0%	-

HYPERTENSION COMORBIDITY

Percentage of HIV-positive clients who have been diagnosed with elevated blood pressure and are antihypertensive medications

	Yes	No	N/A
Number of client records that showed evidence of a diagnosis of hypertension.	16	24	-
Number of HIV-infected clients in community based health services that were reviewed.	40	40	-
Rate	**40%**	60%	-

DIABETES COMORBIDITY

Percentage of HIV-positive clients who have been diagnosed with elevated blood glucose levels and are diabetic medications

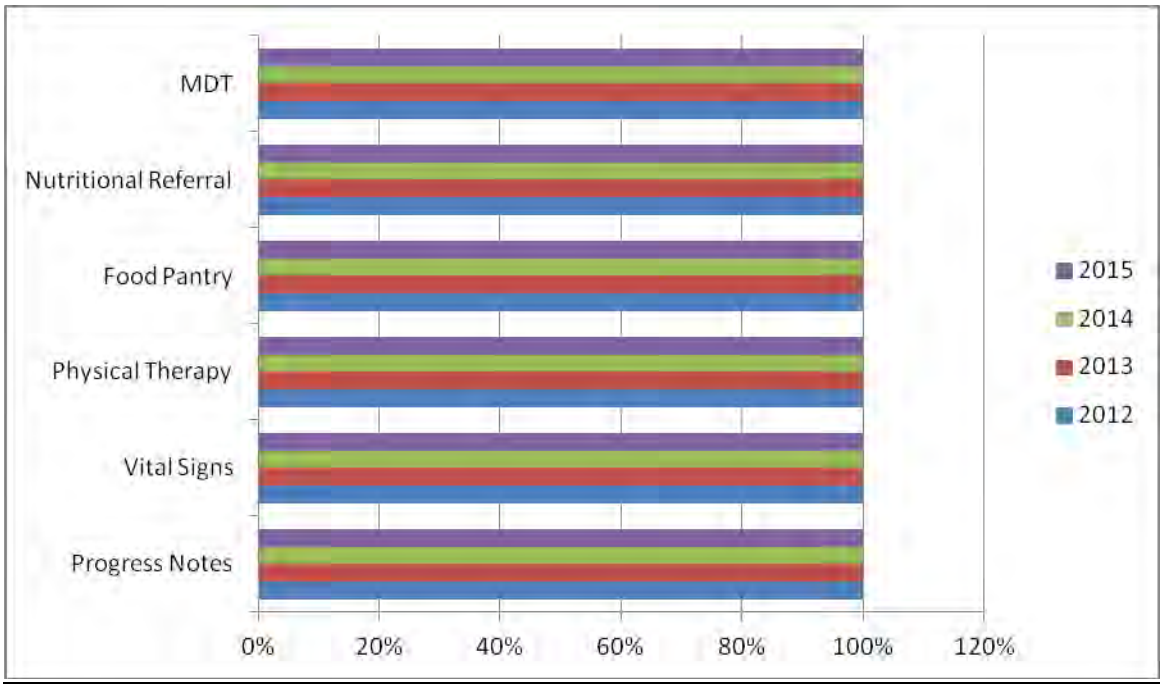
	Yes	No	N/A
Number of client records that showed evidence of a diagnosis of diabetes.	8	32	-
Number of HIV-infected clients in community based health services that were reviewed.	40	40	-
Rate	**20%**	80%	-

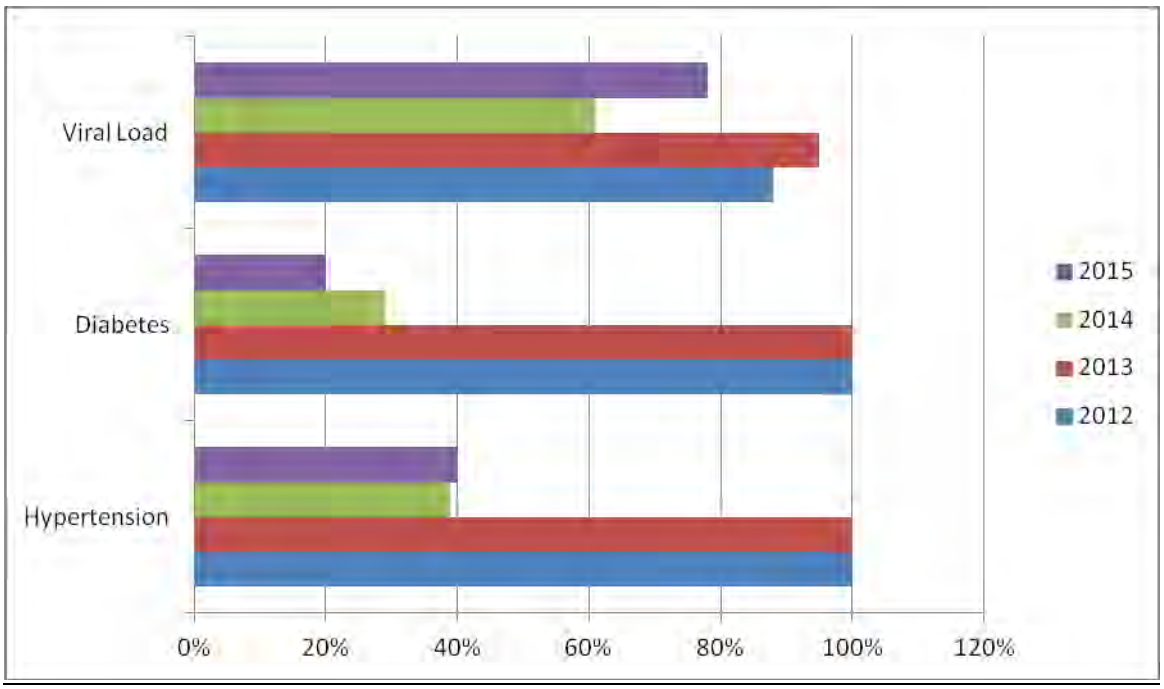
VIRAL LOAD COUNTS

Percentage of HIV-positive clients who have an undetectable viral load

	Yes	No	N/A
Number of client records that showed evidence of an undetectable viral load on their last blood test.	31	9	-
Number of HIV-infected clients in community based health services that were reviewed.	40	40	-
Rate	**77%**	23%	-

HISTORCAL DATA





CONCLUSIONS

Overall, quality of services is good. Through the nursing assessment: 25% (10) of clients were identified as needing physical therapy and a referral was made to 100% of identified clients; 100% (40) received referrals for food pantry; 20% (8) were identified as needing a referral to a dietician, which was completed for 100% of identified clients; 40% (16) were identified with a diagnosis of hypertension and 100% of those showed evidence that their hypertension was controlled (Systolic <140, Diastolic <90) in the past 6 months. Percentage of HIV-positive clients who have an undetectable viral load has improved from 61% in 2014 to 78% in 2015.

HOSPICE SERVICES
2015 CHART REVIEW REPORT

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts one Subgrantee to provide hospice services in the Houston HSDA.

INTRODUCTION

Description of Service

Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.

Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.

Tool Development

The TRG Hospice Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a provider population of 24 who accessed hospice services in the measurement year. The records of 24 clients were reviewed, representing 100% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

NOTE: DSHS has changed the file sample percentage which will result in a lower number of files being reviewed in 2016.

RESULTS OF REVIEW

ADMISSION ORDERS

Percentage of HIV-positive client records that have admission orders

	Yes	No	N/A
Number of client records that showed evidence of an admission order document.	24	0	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**100%**	0.0%	-

SYMPTOM MANAGEMENT ORDERS

Percentage of HIV-positive client records that have symptom management orders

	Yes	No	N/A
Number of client records that showed evidence of symptom management orders.	24	0	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**100%**	0.0%	-

MEDICATION ADMINISTRATION

Percentage of HIV-positive client records that have medication administration record

	Yes	No	N/A
Number of client records that showed evidence of medication administration.	24	0	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**100%**	0.0%	-

CARE PLAN CREATED AND UPDATED MONTHLY

Percentage of HIV-positive client records that have a completed initial plan of care

	Yes	No	N/A
Number of client records that showed evidence of completed initial plan of care.	24	0	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**100%**	0.0%	-

BEREAVEMENT CARE PLAN IS UPDATED MONTHLY

Percentage of HIV-positive client records that had bereavement care plans

	Yes	No	N/A
Number of client records that showed evidence of bereavement care plans.	24	0	-
Number of HIV-infected clients in oral health services that were reviewed.	24	24	-

Rate	**100.0%**	0.0%	-

WEEKLY IDT MEETING
Percentage of HIV-positive client records that showed weekly updates to the Interdisciplinary Team (IDT) care plan

	Yes	No	N/A
Number of client records that showed evidence of weekly updates to the IDT.	24	0	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**100%**	0.0%	-

HOMELESSNESS
Percentage of HIV-positive client records that show the client was homeless on admission

	Yes	No	N/A
Number of client records that showed evidence of documentation that the client was homeless on admission.	9	15	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**38%**	62%	-

SUBSTANCE ABUSE
Percentage of HIV-positive client records that showed the client had active substance abuse on admission.

	Yes	No	N/A
Number of client records that showed evidence of active substance abuse on admission.	6	19	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**25%**	75%	-

PSYCHIATRIC ILLNESS
Percentage of HIV-positive client records that showed the client had active psychiatric illness on admission (excluding depression).

	Yes	No	N/A
Number of client records that showed evidence of active psychiatric illness (excluding depression).	3	21	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**13%**	87%	-

PAIN ASSESSMENT
Percentage of HIV-positive client records that showed assessment for pain at each shift

	Yes	No	N/A
Number of client records that showed evidence of a pain assessment at each shift.	24	0	-
Number of HIV-infected clients in hospice services that were reviewed.	24	24	-
Rate	**100%**	0%	-

PCP CONTACT INFORMATION

Percentage of HIV-positive client records that had client PCP contact information

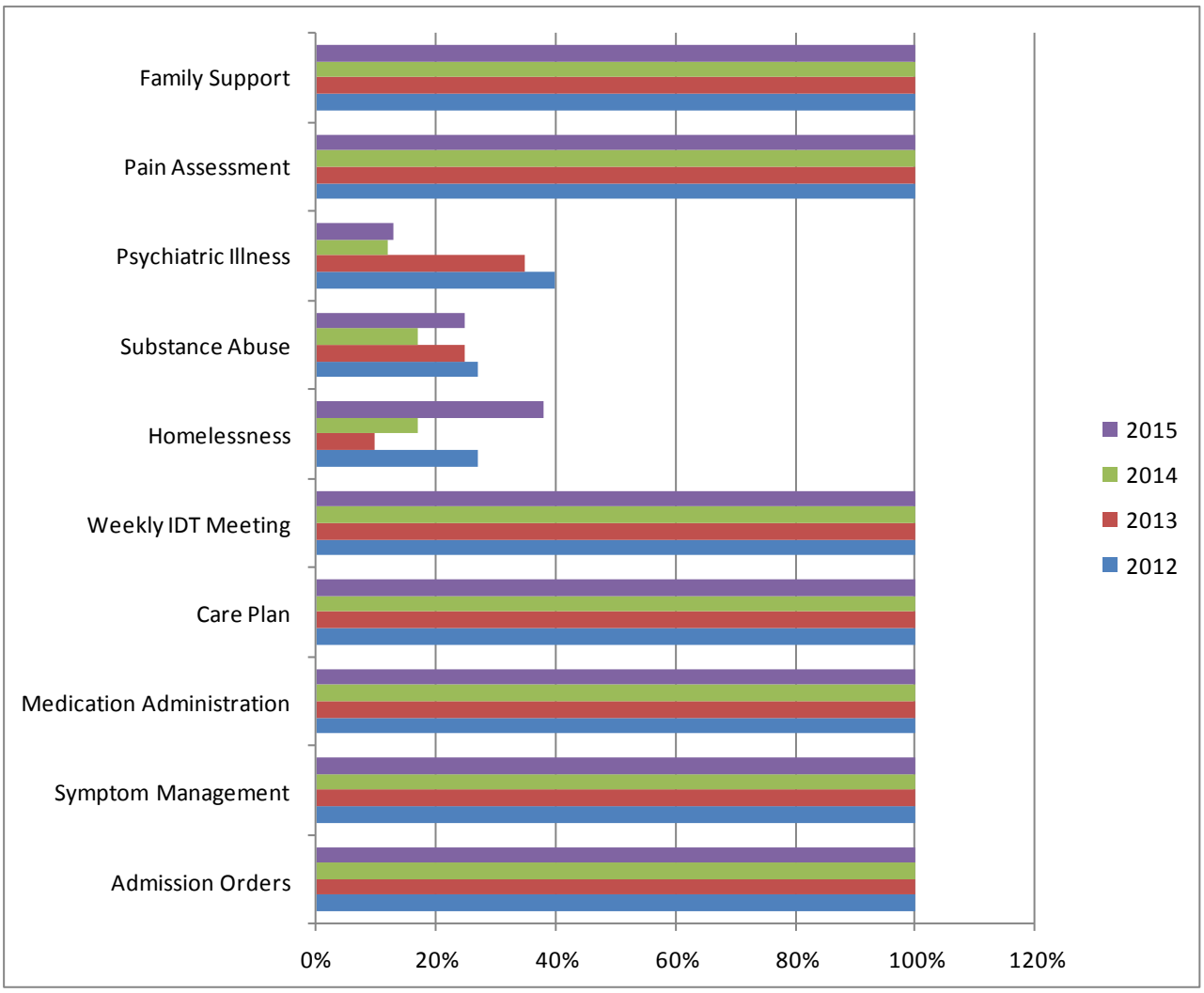
	Yes	No	N/A
Number of client records that showed evidence of client PCP contact information.	167	0	-
Number of HIV-infected clients in oral health services that were reviewed.	167	167	-
Rate	**100.0%**	0.0%	-

FAMILY SUPPORT

Percentage of HIV-positive client records that showed end of life support services were given to the family.

	Yes	No	N/A
Number of client records that showed evidence of support services being offered to the family.	24	0	0
Number of HIV-infected clients in hospice services that were reviewed.	24	24	0
Rate	**100%**	0%	%

HISTORICAL DATA



CONCLUSION

The review showed that Hospice Care continue to be delivered at a very high standard. Nine data elements were scored at 100% compliance. Of the client records reviewed, 38% (9) of records indicated the client was homeless on admission. This is an increase from 17% in 2014. Additionally, 25% (6) of records reviewed showed evidence that the client had active substance abuse on admission; 13% (3) of records reviewed showed evidence of active psychiatric illness on admission (excluding depression).

ORAL HEALTH CARE SERVICES
2015 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HDSA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantee's comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantee's. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts with two Subgrantees to provide oral health care services in the Houston HSDA.

INTRODUCTION

Description of Service
Prosthodontics services to HIV infected individuals including but not limited to examinations and diagnosis of need for dentures, crowns, bridgework and implants, diagnostic measurements, laboratory services, tooth extraction, relines and denture repairs.

Tool Development
The TRG Oral Healthcare Review tool is based upon the established local and DSHS standards of care.

Chart Review Process
All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process
File sample was selected from a provider population of 2,070 who accessed oral healthcare services in the measurement year. The records of 231 clients were reviewed, representing 11% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

NOTE: DSHS has changed the file sample percentage which will result in a lower number of files being reviewed in 2016.

Results of Review

HEALTH HISTORY

Percentage of HIV-positive client records that had client initial health history

	Yes	No	N/A
Number of client records that showed evidence of a client initial health history.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

HEALTH HISTORY UPDATE

Percentage of HIV-positive client records that had client health history updated in the past 12 months.

	Yes	No	N/A
Number of client records that showed evidence of a client health history updated every 6 months.	224	7	-
Number of HIV-infected clients in oral health services that were reviewed that had over 6 months of oral care.	231	231	-
Rate	**97%**	**3%**	-

ALLERGIES AND DRUG SENSATIVITIES

Percentage of HIV-positive client records that had allergies and drug sensitivities documented.

	Yes	No	N/A
Number of client records that showed evidence of a client's allergies and drug sensitivities.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

VITAL SIGNS ASSESSMENT

Percentage of HIV-positive client records that showed vital signs assessed at every visit

	Yes	No	N/A
Number of client records that showed evidence of vital signs assessment at every visit.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

MEDICATION REVIEW

Percentage of HIV-positive client records that had HIV and NON-HIV medication documented

	Yes	No	N/A
Number of client records that showed evidence of client medication documentation.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

PCP CONTACT INFORMATION

Percentage of HIV-positive client records that had client PCP contact information

	Yes	No	N/A
Number of client records that showed evidence of client PCP contact information.	218	13	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**94.0%**	**5.6%**	-

CLINICAL TOOTH CHART

Percentage of HIV-positive client records that had a clinical tooth chart marked and up to date

	Yes	No	N/A
Number of client records that showed evidence of a client clinical tooth chart marked and up to date.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

HARD AND SOFT TISSUE EXAM

Percentage of HIV-positive client records that had a hard and soft tissue exam in the last 12 months

	Yes	No	N/A
Number of client records that showed evidence of an intraoral exam.	216	15	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**94%**	**6%**	-

ANNUAL XRAYS

Percentage of HIV-positive client records that had annual x-rays taken

	Yes	No	N/A
Number of client records that showed annual x-rays in medical chart.	183	7	-
Number of HIV-infected clients in oral health services that were reviewed.	190	190	-
Rate	**96%**	**4%**	-

ANNUAL ORAL HEALTH EDUCATION AND INSTRUCTIONS

Percentage of HIV-positive client records that had annual oral health instructions documented

	Yes	No	N/A
Number of client records that showed evidence of oral health instructions.	220	11	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**95%**	**5%**	-

ASSESS ALCOHOL USE

Percentage of HIV-positive client records that had been assessed for alcohol consumption

	Yes	No	N/A
Number of client records that showed evidence assessment for alcohol.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

ASSESS RECREATIONAL DRUG USE

Percentage of HIV-positive client records that had evidence of assessment for Recreational drug use

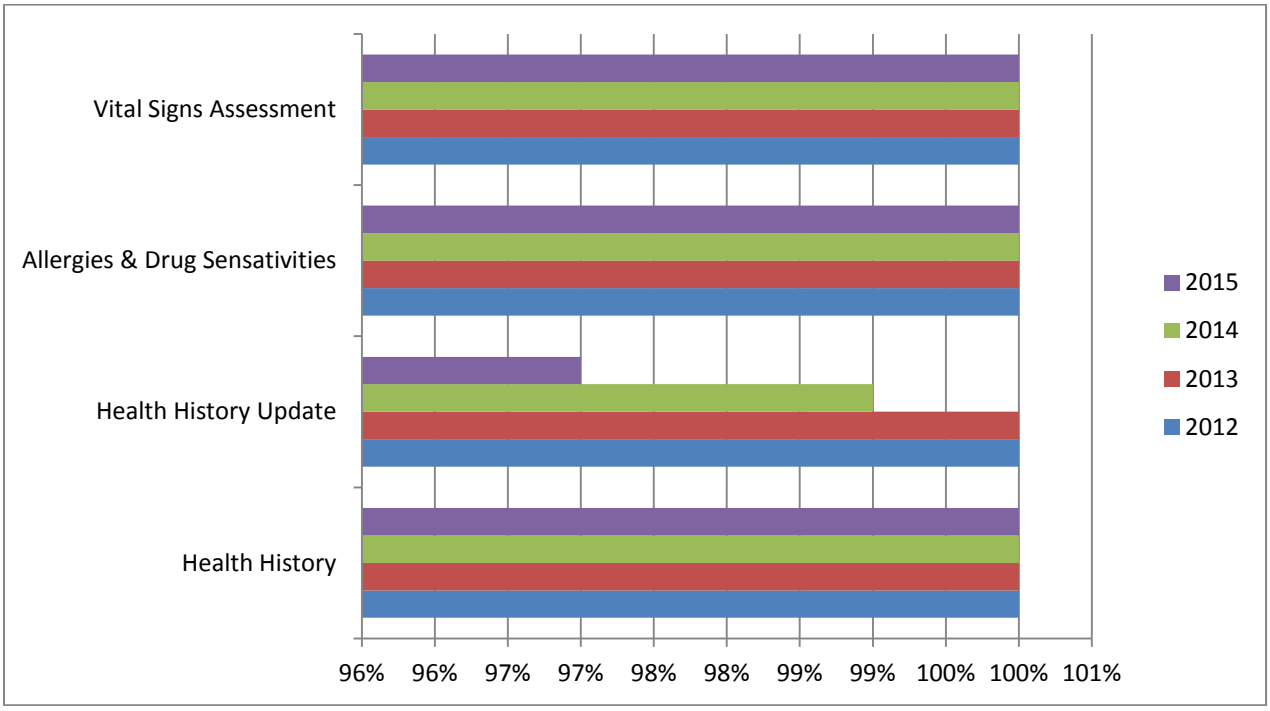
	Yes	No	N/A
Number of client records that showed evidence assessment of recreational drug use.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

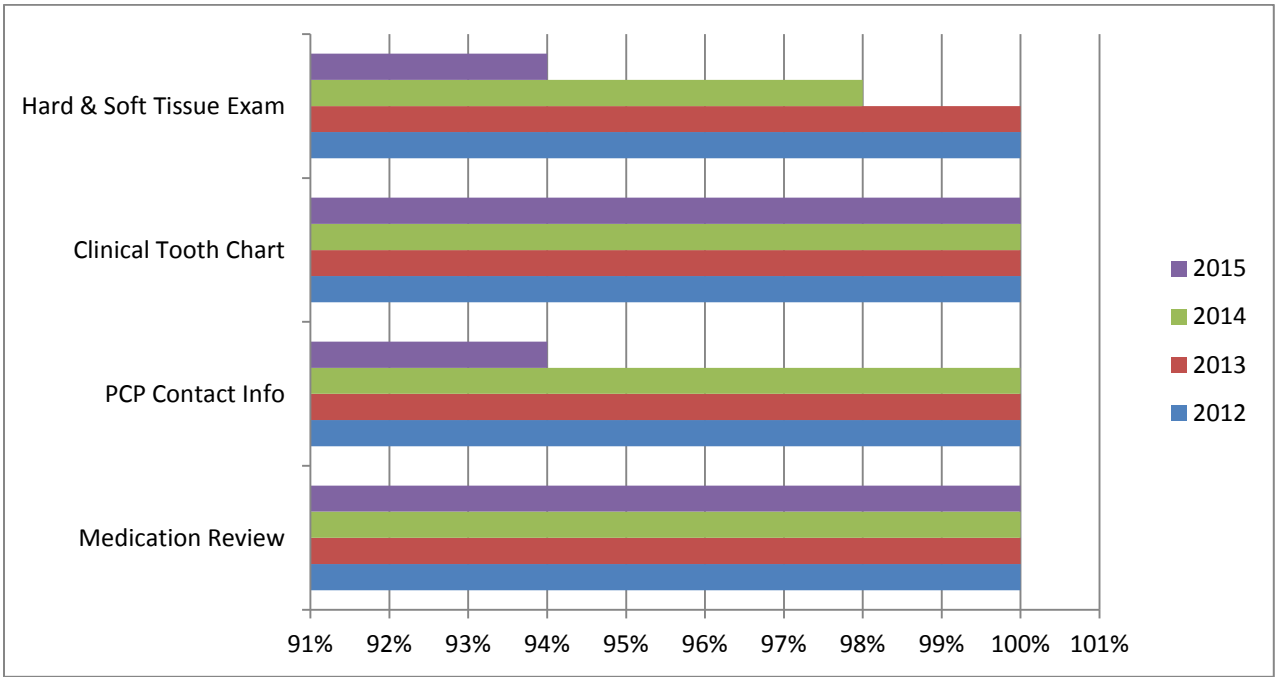
ASSESS TOBACCO USE

Percentage of HIV-positive client records that had assessment of tobacco use

	Yes	No	N/A
Number of client records that showed evidence assessment of tobacco use.	231	0	-
Number of HIV-infected clients in oral health services that were reviewed.	231	231	-
Rate	**100.0%**	**0.0%**	-

Historical Overview





CONCLUSION

2015 data shows a continuation of excellent overall oral healthcare. Eight (8) data elements reviewed were 100%. Health history and updates were appropriate and timely. Allergies and medication sensitivities were well documented. Clinical oral care was excellent; vital signs, medication review, and tooth chart documentation was completed on all charts reviewed. All newly assessed data elements, including assessment for tobacco use; recreational drug use and alcohol use were completed at a rate of 100%.

FY 2017 *HOW TO BEST MEET THE NEED* WORKGROUP SCHEDULE *(Revised 03/01/16)*

Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027

TRAINING FOR ALL PARTICIPANTS:

1:30 p.m. ~ Thursday, April 14, 2016 ~ 2223 West Loop South, Room 532

SPECIAL WORKGROUPS:

Tuesday, April 19, 2016 ~ 10 a.m. Retention in Care ~ 1 p.m. Young MSMs of Color
2223 West Loop South, Room 416

All workgroup packets are available online at www.rwpcHouston.org on the calendar for each date below (packets are in pdf format and are posted as they become available).

Workgroup 1	***Workgroup 2***	***Workgroup 3***	***Workgroup 4***
10:30 a.m. **Tuesday, April 26, 2016** Room #532	**1:30 p.m.** **Tuesday, April 26, 2016** Room #532	**3:00 p.m.** **Wednesday, April 27, 2016** Room #416	**11:00 a.m.** **Tuesday, May 17, 2016** Room #240
Group Leaders: Skeet Boyle & Gloria Sierra	**Group Leaders:** Robert Noble & Isis Torrente	**Group Leaders:** Cecilia Ross & Steve Stellenwerf	**Group Leaders:** Ruth Atkinson & Curtis Bellard
SERVICE CATEGORIES:	***SERVICE CATEGORIES:***	***SERVICE CATEGORIES:***	***SERVICE CATEGORIES:***
Ambulatory/Outpatient Medical Care (includes Local Pharmacy Assistance, Medical Case Management and Service Linkage) – Adult and Rural	Health Insurance Premium & Co-pay Assistance	Early Intervention Services (Incarcerated)‡	Blue Book
Ambulatory/Outpatient Medical Care (includes Medical Case Management and Service Linkage) – Pediatric Only	Home & Community-based Health Services (Adult Day Treatment)‡	Legal Assistance	
Clinical Case Management	Hospice	Transportation (Van-based – untargeted & rural)	
Non-Medical Case Management (Service Linkage at Test Sites)	Linguistic Services‡		
Vision Care	Medical Nutritional Therapy and Supplements		
	Mental Health Services (Professional Counseling)‡		
	Oral Health – Rural & Untargeted‡		
	Substance Abuse Treatment/ Counseling		

Part A categories in **BOLD** print are due to be RFP'd.

‡ Service Category for Part B/State Services only; Part B/State Services categories are RFP'd every year. **To confirm information for Part B/State Services, call 713 526-1016.**

Revised Recommendation from the Quality Improvement Committee

as of 03-22-16

TASK: On March 3, 2016, the Steering Committee asked that the Quality Improvement Committee review and possibly revise the recommended definition for Wait Time. See below for the revised recommendation from the Quality Improvement Committee.

APPROVED: Wait List

Definition: Wait List is a roster developed and maintained by providers of patients awaiting a particular service when a demand for a service exceeds available appointments used on a first come next served method.

*(**Example**: A client calls on March 1 to an appointment. They are told that there are no appointments available and to please call back. If the agency has a wait list, the client would be put on the wait list at that time and they would stay on the wait list until an appointment had been made.)*

REVISED RECOMMENTATION:

NEEDS TO BE APPROVED – Wait Time

Recommended definition: Wait Time is the calculation of time from the first appointment given until the actual receipt of service.

*(**Example**: A client calls in April and May in an attempt to make an appointment. When they call again on June 15th, the provider gives the client an appointment for October 15th. Wait time is the calculation of time between June 15th and October 15th.)*

Operations Committee Report

IMPORTANT

From: Tori Williams, Director, Office of Support
Date: March 23, 2016
Re: NEW LINK to Open Meetings Act Training

It is a requirement of the Open Meetings Act that all Council, external committee members and staff participate in a 60 minute training on the Open Meetings Act at least once while serving with the Ryan White Program. At the end of the training there is a code that allows viewers to print a certificate. All members must turn in their certificates to the Office of Support before March 31, 2016. To see the video in the comfort of your own home or office, it is available online at: https://texasattorneygeneral.gov/faq/og-open-government-training-information.

Council members from whom we need a certificate include:

Denny Delgado
Rodney Mills
Shital Patel

IMPORTANT

From: Tori Williams, Director, Office of Support
Date: February 23, 2016
Re: Open Meetings Act Training

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To see the video with friends and colleagues, please join us in the Office of Support conference room immediately after the Council adjourns on Thursday, March 10th. Staff will print the certificates for you at the end of the video presentation. And, popcorn will be served. ☺

Council members from whom we need a certificate include:

Ted Artiaga
Rodriga Avila (May deadline)
Denny Delgado
Angela Hawkins
Rodney Mills (May deadline)
Allen Murray
Shital Patel
Tana Pradia
Gloria Sierra
Steve Stellenwerf
Carol Suazo
Isis Torrente

IMPORTANT

From: Tori Williams, Director, Office of Support

Date: February 23, 2016

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If you need assistance seeing the video, please see Diane Beck and she will make an appointment for you to view the view in our office. Diane can be reached at: diane.beck@cjo.hctx.net or 713 572-3724.

2016 Council Orientation Evaluation Results

Introduction

The 2016 Houston Area Ryan White Planning Council Orientation was held on January 21, 2016 at Trevisio Restaurant and Conference Center. The Planning Council Operations Committee serves the official Orientation host. Members attending Orientation were asked to complete evaluation forms at the end of the event. Twenty-four attendees completed an evaluation form, 21% of which were new members.

Members were asked to:

- Describe their favorite part of Orientation
- Rate the quality of logistic features of the event
- Rate the helpfulness of each session for preparing the members to serve on Council
- Rate their confidence in their ability to successfully participate in Council following Orientation
- Suggest any topics they thought would be useful to include in the 2017 Council Orientation

Successes

1. In descending order, the favorite parts of Orientation were Ann Robbins' presentation on the State of the State; honoring Modelle Brudner; the address from Judge Ed Emmett; the Member Introductions Lunch; and the overview of Houston HIV funding (new member session).
2. All meeting logistic features had mean quality ratings of 4.20 or higher. This means that, on average, the location, meeting space, food and drink provided, materials, overall agenda, facilitators, and staff communication were rated as "Very Good" or "Excellent". No logistic features received a "Poor" quality rating.
3. All Orientation sessions had a mean helpfulness rating of 4.04 or higher. This means that, on average, all sessions were rated as "Very Helpful", or "Extremely Helpful". Ann Robbin's State of the State Presentation received the highest mean helpfulness rating (4.57).
4. All new member sessions received helpfulness ratings of 4.20 or higher, meaning that, on average, all new member sessions were rated as "Very Helpful", or "Extremely Helpful".
5. The mean confidence rating was 4.72. This means, on average, members reported being "Very Confident" to "Completely Confident" following the 2016 Orientation, with skewing toward "Completely Confident".

Challenges

1. The Member Introductions Lunch and the Panel on Formal Relationships received the lowest mean helpfulness ratings (4.04 and 4.09).
2. The Ryan White Jeopardy Game could not be played due to technical difficulties.

Opportunities

The following are direct quotes from members who attended Orientation on what topics they would like to see included in the 2017 Council Orientation:

- "Ann Robbins"
- "Examples of special report, at least one publication"
- "Somebody needs to figure out a way to better control all the off-topic questions raised during Ann Robbins' presentation."
- "Texas department of state health updates"
- "Why is it recommended to get insurance, if I'm on Ryan White and love my providers?"

LIST OF RYAN WHITE WORK PRODUCTS

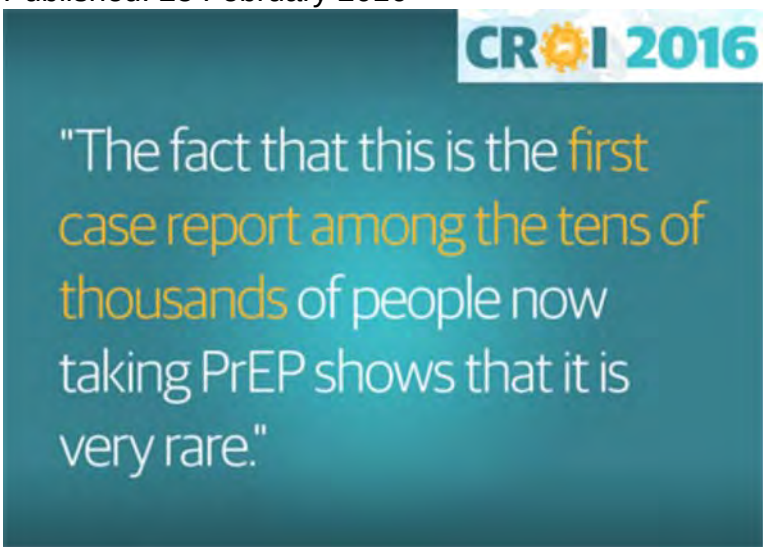
IMPORTANT: During Ryan White meetings, all Council and committee members are encouraged to express their ideas, opinions and concerns. If the subject of discussion relates to a service category for which the member is conflicted, the member is simply asked to hold up their red conflict of interest sign before speaking so that other members are aware of the conflict and so that staff can document in the meeting minutes that the member is acknowledging their conflict of interest before speaking.

Work Product	Does Conflict of Interest Apply? Yes	No	Notes and/or Justification
Epidemiological Profile		✓	Data reported in the Epidemiological Profile are acquired from state and local data systems.
Needs Assessments, including special studies		✓	Data gathered for the Needs Assessment and special studies reflect the experiences of consumers.
Comprehensive Plans		✓	The Comprehensive Plan details goals, strategies, and activities for enhancing the local HIV prevention and care system. Direct funding for agencies is not determined by this document.
Service Definitions	✓		Service definitions are included as part of a request for a proposal (RFP) and an agency contract. **Ryan White Process** will be to separate the service definitions into batches so that as many members as possible can vote on each batch.
Service Priorities	✓		Service priorities are used to determine specific allocations, and influence distribution during the re-allocation process.
Service Allocations	✓		Allocations are included in each request for proposal (RFP) and agency contract.
Standards of Care		✓	Direct funding to agencies is not associated with this document. Standards of Care describe minimal acceptable levels of quality in HIV service delivery within the Ryan White program.
Project LEAP Evaluation		✓	Data gathered for the evaluation report reflect the experiences of Project LEAP students.
The Early Identification of Individuals with HIV/AIDS (EIIHA) Strategy		✓	Direct funding to agencies is not associated with this document. The EIIHA Strategy fulfills a legislative requirement in the Ryan White Part A grant application.
Assessment of the Administrative Mechanism		✓	The Assessments of the Administrative Mechanism provides information on local procurement, expenditure, and reimbursement processes.

FYI

Almost-certain case of PrEP failure due to drug resistance reported at CROI 2016

Gus Cairns
Published: 25 February 2016



A case report of a man in Toronto who became infected with a multi-drug-resistant strain of HIV despite apparently very consistent adherence to PrEP was presented at the Conference on Retroviruses and Opportunistic Infection (CROI 2016) conference in Boston today.

Dr David Knox, a doctor at Toronto's Maple Leaf Medical Clinic, said the patient was a 43-year-old gay man who had been on PrEP for two years. At the time he started PrEP he had an HIV-positive partner who was undetectable on antiretroviral therapy, but also had other sex contacts involving the risk of HIV exposure.

He was a regular attender at the clinic and tested for HIV on average every three months. It was suggested to him that he start *Truvada* PrEP in April 2013 and he appeared to have good adherence to it on the basis of the frequency of pharmacy refills.

Two years later in April 2015 he started having symptoms after a period of exposure to HIV with multiple partners. The symptoms were not classic HIV seroconversion symptoms, and may have had nothing to do with the HIV; they involved an episode of fever with abdominal pain severe enough for him to go for hospital investigation, where a scan revealed an inflamed colon.

During this time he came in for his regular HIV and STI test and this showed he had acute HIV infection, with a negative test for HIV antibodies but a positive test for the HIV p24 antigen, which shows up sooner. His HIV viral load three days later was 28,000 copies/ml – rather low for acute HIV infection and suggestive that either his PrEP had 'blunted' viral replication without stopping infection, or that the highly drug-resistant virus was replicating weakly.

The patient was adamant that he maintained excellent adherence to PrEP so Dr Knox, by now concerned that he might be seeing a case of genuine PrEP failure, ordered more tests. One was a resistance test, for all antiretroviral drug classes, for his patient's virus, from a sample taken a week after his HIV diagnosis.

The other needs explanation. The patient was treated within a cash-poor public health setting and his old blood samples had not been saved. So there was no way to directly prove that he had drug levels consistent with high adherence around the time of HIV exposure.

There was an indirect way, however. Dr Knox analysed a so-called Dried Blood Spot (DBS) from the patient taken 20 days after he was diagnosed. The point of a DBS test is that it measures drug levels inside red blood cells, rather than inside the white blood cells HIV infects, or in blood plasma. Drug levels rise much more slowly inside red blood cells, taking 17 days to reach half of their steady-state levels, and a full eight weeks to reach the drug-saturated steady state completely. Drug levels also rise steadily and are less susceptible to short-term peaks and troughs. Drug levels in the patient's DBS were actually 47% higher than the average figure, suggesting consistent PrEP adherence for most of the period covering his exposure to HIV. If he had only been taking the drugs since he learned his diagnosis, the drug levels would only be 47% of the average steady state level or 31% of their actual level in this patient.

This is an indirect way of measuring drug levels. Given that the onset of symptoms occurred four weeks before the patient's HIV diagnosis and the dried blood test was taken over three weeks after, and that the period of risk according to the patient started two weeks before the onset of symptoms, thus leaving nine weeks for the drug to accumulate, this test did not entirely rule out the possibility that he had been off PrEP at the time he took a risk and that this had prompted him to start taking it again. However, the patient insists this is not the case.

There was a small blood sample left over from his diagnostic test, taken three days before the patient learned he had HIV. This revealed high levels of tenofovir and levels of emtricitabine so high they were above the test's limit of quantification. However this was not a test of long-term drug levels and again cannot completely rule out the possibility that he had had a lapse in adherence around the time he was exposed to HIV.

The resistance test showed that the patient had HIV that had no significant resistance to the protease inhibitor class of antiretrovirals. He had one resistance mutation to the first generation NNRTI drug nevirapine, and complete resistance to emtricitabine. He also had extensive resistance to the first-generation NRTI drugs like zidovudine (AZT) and stavudine (d4T), and these mutations also confer some resistance to tenofovir. However he did not have the so-called K65R mutation that confers high-level resistance to tenofovir, and it was estimated that the resistance pattern he did have only confers 1.3-fold resistance to tenofovir, meaning that drug levels 30% higher than those needed for non-resistant virus should have been enough to prevent infection – and he had much higher drug levels than this in the tests. Resistance, however is a complex process and some combinations of mutations can catalyse higher levels of resistance than they would produce alone.

Not relevant to the apparent PrEP failure, but to the spread of drug resistance, was the fact that this patient also had two resistance mutations to the integrase inhibitor drugs and complete resistance to the drug elvitegravir.

Transmission of HIV with integrase inhibitor resistance is very rare, and especially resistance to drugs other than raltegravir, the first integrase inhibitor. The pattern of resistance observed is

compatible with the unnamed person who passed on the virus being on a failing regimen of *Stribild* (the two-class, four-drug combination pill of tenofovir, emtricitabine, elvitegravir and cobicistat). Given that four out of the five first-line HIV drug regimens recommended by the US Department of Health and Human Services are integrase inhibitor-based, and that this drug class is being investigated for use as PrEP, it would be of concern if more integrase inhibitor-resistant virus started to circulate.

The patient himself was put on a potent three-class regimen of dolutegravir, rilpivirine and boosted darunavir and became virally undetectable only three weeks after starting it. The is no0w on a less intensive maintenance therapy.

In conclusion, this is probably not an absolutely clinching case – one would need drug level samples taken at the time of infection for that. But on the balance of probabilities, with three different measures all supporting the patient's self-report, this is probably the first documented case of the failure of *Truvada* PrEP despite high adherence and more-than-adequate drug levels though recently two cases on solo tenofovir were published.

It is not unexpected that there would be occasional cases of PrEP failure; but the fact that this is the first case report among the tens of thousands of people now taking PrEP shows that it is very rare.

Reference

Knox DC et al. *HIV-1 Infection with Multiclass Resistance despite Pre-exposure Prophylaxis (PrEP).* Conference on Retroviruses and Opportunistic Infections, Boston, abstract 169aLB, 2016

View the abstract on the conference website.

View a webcast of this session on the conference website.

NAM's coverage of CROI 2016 has been made possible thanks to support from Gilead Sciences and ViiV Healthcare.