

Access Network of Care

Meeting Agenda

April 27, 2017

Wake County Human Services

10 Sunnybrook Road, Raleigh, NC

Welcome/Introductions/Housekeeping

Open Comment

Immigration

Duke Legal

Deliverables

- Grievance Policy June 2017
- Satisfaction Survey June 2017
- Quality Management Plan June 2017
- Evaluation Plan June 2017

HOPWA Update

- Duke HOPWA
- Wake HOPWA
- Durham HOPWA

Budget Update / Contracts

State Meeting Updates: Group Initial Site Visit May 18th, 2017

New Contractual Obligations

- Cultural Competency Trainings: Next May 11-12, 2017 at Wake Commons, Raleigh

Open Comment / State Discussion

2017 Meetings:

- | | |
|---------------------|---------------------------------|
| ☉ June 29, 2017 | Healing with CAARe |
| ☉ August 31, 2017 | Durham County Health Department |
| ☉ October 26, 2017 | Wake County Human Services |
| ☉ December 14, 2017 | Durham County Health Department |

Access Network of Care April 28, 2016

Wake County Human Services

Funded Provider Programs		State Programs		Other Programs	
Wake County Human Services (Care Network Lead Agency) (RWB, EC, PF, HOPWA, CAPUS, MAI, RWC)	Karen Best, David Buss, Gladys Bonilla, John Brown, Katie Horstmann, Michael McNeill, Yvonne Torres				
Alliance of AIDS Services – Carolina (PF)	Lindsay Holland				
Duke Partners in Caring (HOPWA, PF, RWB)	Amber Esters, Suzette Curry	NC DHHS	Eric Davis, Robin Rivera,		
Durham County DSS (HOPWA)	Contessa Sawyer	ACP	Kenya Servia, Sharema Williams		
Duke Pediatric ID (RWB, RWD)	Mary McLees-Lane				
Healing with CAARe, Inc (RWB, PF, CAPUS, MAI)	Carolyn Hinton,				
Lincoln Community Health Center	Sandra Gomez				
North Carolina Central University (PF)	Osaffo James, James Perry				
WECAHC (RWB, PF)	Ricky Duck, Gregorio Lazo				

Welcome/Introductions/Housekeeping

Michael McNeill welcomed the network meeting. Introductions were made among those present.

Review of April Notes:

No changes were noted during the meeting.

Open Comment

- No open comments of note

Immigration

Both the Latino Commission on AIDS and the Duke Legal Project were asked to present about the challenges facing some of our clients with the national attention on immigration and deportation. Neither program could join the network today. The Duke Legal Project did not know that they had much to offer. However, they would like to join us in the future to talk about HIV decriminalization. The Latino Commission hopes to join us soon.

Deliverables:

The network reviewed its deliverables due to the state later this year. Per the RFA, the network must have a network wide grievance policy, satisfaction survey, quality management plan and evaluation plan. These plans already exist within the care realm; however, as a network, we must incorporate prevention into those plans. Given that the plans were not altered in the RFA development stage, the RFA response indicated that they would be provided in 2017. As a body, the network reviewed the following deliverables and made the following recommendations:

Grievance Policy: The network agreed to keep the care policy as is and create a mirrored prevention policy that references the upcoming prevention coordinator.

Evaluation Plan: The network agreed to update the service matrix in the plan and to add a prevention component to the plan. The prevention leads agreed to gather to discuss what those measures should be and report back to the network.

Quality Management Plan: The network agreed to drop HAB01, HAB02, and HAB04 from the plan and focus those now onto Core Measures 1-4. The prevention leads agreed to gather to add prevention measures to the matrix.

HOPWA

Duke HOPWA (Lee, Person, Warren & Vance): Currently out of STRMU funds but looking to possibly realign budget.

Durham HOPWA (Chatham, Durham, Granville & Orange): Getting things on track. STRMU services have begun.

Wake HOPA (Franklin, Johnston, Wake): No issues to report.

Budget updates / contract

Michael McNeill reported that the network spent > 99% of funds making it (hopefully) eligible for carry-over funding in 2017-18 if available. Wake Part B / EC contracts are going out to sub-contractors. Still do not have final budget from the state.

Upcoming Meeting agenda items

Reminder of the Group Initial Site Visit on May 18, 2017

2017 Meetings

- 🕒 **June 29, 2017** **Healing with CAARe**
- 🕒 **August 31, 2017** **Durham County Health Department**
- 🕒 **October 26, 2017** **Wake County Human Services**
- 🕒 **December 14, 2017** **Durham County Health Department**

Access Network of Care Grievance Policy

- 1 All Network partners will be required to maintain a current Grievance Policy
- 2 Each partner will submit a copy of their agency's Grievance Policy to the Network Administrator(s) each year between January 1 of the given year and March 31 of the given year. This submission will correspond to the continuation application/competitive application process. Submission deadlines may be shortened or extended dependent upon application deadlines imposed by grantees.
- 3 The Network Administrator(s) will maintain a copy of each network partner's grievance policy.
- 4 During sub-recipient monitoring, Network Administrator(s) will verify that clients have been made aware of the respective agency's grievance policy.
- 5 "Grievances" will have a permanent place on the network meeting agendas.
- 6 Each network partner will be responsible for reporting any grievance filed during the network meetings. The findings and results of the grievance must be reported as well. If the grievance is on-going, then updates/resolutions to the grievance must be reported in subsequent network meetings
- 7 The procedure for filing a grievance with the network will be given to each client during both Ryan White Part B eligibility enrollment/re-enrollment. Clients must sign or initial that they have received a copy of the procedure for filing a grievance with the network.

Access Network of Care Grievance Procedure

Members of the Access Network of Care share a common goal of having high quality HIV-related services available to persons living with HIV disease across its eleven county region: Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake and Warren Counties. However, as a consumer (or the guardian or caregiver of a consumer) you may have legitimate complaints about services or service providers. Often these complaints can be resolved informally by the parties involved, and the Access Network of Care encourages you to seek to resolve those issues with your particular provider. In the event that such local provider attempts do not resolve the conflict, the Access Network of Care maintains the following formal grievance policy for clients served within this eleven county region.

In order to file a grievance with the Access Network of Care about a service/service provider within the network, OR to file a grievance against the network itself, please adhere to the following procedure:

If the grievance is about a network service/service provider, please first submit your grievance with that particular agency in accordance with the agency's internal grievance policy. The Access Network of Care will not consider nor will it review any grievance against a network partner that has not been completely through the local entity's grievance policy. As such, please include with your filing the following:

- A copy of the initial grievance to the host agency including the date of the initial filing
- A copy of the initial findings of the grievance
- A copy of the Appeal to the findings (If you are unhappy with the initial findings of the host agency's grievance policy, it is not acceptable to forego the host agency's appeals process in lieu of filing a grievance with the Access Network of Care. Following the initial grievance through the appeals process is required as being "completely through" the local entity's grievance policy.)
- A copy of the appeals' findings

If the grievance is about the Access Network of Care itself, please submit the following:

- A written description of your grievance (providing as much detail and example as possible) within 30 days of the offending incident.
- An address, phone number, and/or other methodology for contacting you with the findings of the Network

Once your grievance has been completely and appropriately filed with the Access Network of Care, you will maintain the following rights and responsibilities:

- The right to file a written grievance with/against the Access Network of Care at the following address: Access Network of Care Administrator, c/o Clinic B, Wake County Human Services, 10 Sunnybrook Road, Raleigh, NC 27610 within 30

days of your grievance with the network or within 30 days of the end of the grievance process of the offending agency.

- The right to have your grievance acknowledged within 15 days of submission.
- The right to have your grievance reviewed by the Access Network of Care at the first network meeting following receipt of your grievance as long as the grievance is filed at least 48 hours prior to the next network meeting. [The Access Network of Care meets on the last Thursday of the month during the following months: February, April, June, August, October and on the second Thursday in December (unless otherwise posted/announced)]. If the grievance is not filed a minimum of 48 hours prior to the next network meeting, the network reserves the right to postpone review of the grievance until the second meeting following receipt of the grievance.
- The right to receive the findings of the Network regarding your grievance within 30 days of review by the network.
- The right to appeal, in writing, the Network's finding (should your grievance remain unresolved to your satisfaction) at the following address: Access Network of Care Administrator, c/o Clinic A, Wake County Human Services, 10 Sunnybrook Road, Raleigh, NC 27610.
- The right to have your appeal acknowledged within 15 days of submission.
- The right to have your appeal reviewed by the Access Network of Care at the first network meeting following receipt of your appeal as long as the appeal is filed at least 48 hours prior to the next network meeting. [The Access Network of Care meets on the last Thursday of the month during the following months: February, April, June, August, October and on the second Thursday in December (unless otherwise posted/announced)]. If the appeal is not filed a minimum of 48 hours prior to the next network meeting, the network reserves the right to postpone review of the appeal until the second meeting following receipt of the grievance.
- The right to receive the findings of the Network regarding your appeal within 30 days of review by the network.
- The right to submit your grievance with the AIDS Care Unit

Once your grievance has been completely and appropriately filed with the Access Network of Care, the ANC will maintain the following responsibilities:

- The responsibility to acknowledge your grievance within 15 days of receipt.
- The responsibility to review your grievance at the first network meeting following receipt of your grievance as long as the grievance is filed at least 48 hours prior to the next network meeting. [The Access Network of Care meets on the last Thursday of the month during the following months: February, April, June, August, October and on the second Thursday in December (unless otherwise posted/announced)]. If the grievance is not filed a minimum of 48 hours prior to the next network meeting, the network reserves the right to postpone review of the grievance until the second meeting following receipt of the grievance.

- The responsibility to provide you with the findings of the Network regarding your grievance within 30 days of review by the network.
- Should the findings of the Network fail to resolve your grievance, you have the right to appeal. Should you appeal the findings of the Network, the Network maintains the responsibility to acknowledge your appeal with 15 days of receipt.
- The responsibility to review your appeal at the first network meeting following receipt of your appeal as long as the appeal is filed at least 48 hours prior to the next network meeting. [The Access Network of Care meets on the last Thursday of the month during the following months: February, April, June, August, October and on the second Thursday in December (unless otherwise posted/announced)]. If the appeal is not filed a minimum of 48 hours prior to the next network meeting, the network reserves the right to postpone review of the appeal until the second meeting following receipt of the grievance.
- The responsibility to respond to your appeal within 30 days of review by the network.
- Should your grievance remain unresolved, the Network maintains the responsibility to provide you with the name, address, and telephone number of the AIDS Care Unit with which you may continue your grievance process.

For questions about the Network Needs Grievance Process, please contact one (or both) of the following:

Michael McNeill

Network Ryan White Administrator

Wake County Human Services

10 Sunnybrook Road

Raleigh, NC 27610

919-250-4481

Michael.mcneill@wakegov.com

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Access Network of Care Quality Management Manual Summary

Purpose

The purpose of this plan is to set forth a coordinated approach to addressing quality assessment and process improvement across the Access Network of Care via a systematic, region-wide process for planning, designing, measuring, assessing and improving performance with the following components:

Infrastructure

Network participants voted that each network partner will have representation on the Quality Management Committee. As a result, the Network body is the Quality Management Committee. Smaller, sub-committees may be formed to work on a particular issue or measure; however, final decisions, changes, updates, edits, etc., regarding the management plan will be made by the larger network.

The network's administrative entity, currently Wake County Human Services will assume responsibility for coordinating any quality management meetings, for monitoring quality management data, and for reporting quality management data back to the larger network. The network's entity, currently Wake County Human Services, will also assume responsibility for working one-on-one with individual providers to provide monitor quality management guidance. The responsibility for these functions will always remain with the the network's administrative entity(ies), regardless of the individual staff person(s) fulfilling the duties of "network administrator" as outlined via required language in the Ryan White Part B budget narrative.

In order to monitor the data in a systematic fashion, CAREWare will be used as the data collection and reporting tool. Network partners will enter relevant data into CAREWare. Data for quality monitoring will be pulled from CAREWare in accordance with the perimeters established by the network and/or by the Ryan White Part B grantee, the state of North Carolina's AIDS Care Unit (ACU).

CAREWare data is housed on server with the North Carolina AIDS Care Program.

The network will participate in the North Carolina Quality Council (NCQC). It will be the expectation of the network that all regional Grantees participate directly with the NCQC. Measures adopted by the NCQC will automatically be adopted by the network.

Measures adopted and mandated by the AIDS Care Unit will be discussed by the network during the process of inclusion in the region's quality management plan.

The Network can and will adopt measures outside of the perimeters of the NCQC and/or the ACU

Quality improvement initiatives will equal those established by the NCQC. The Network can and will establish quality improvement initiatives beyond those of the NCQC. Network participants will report, at network meetings, updates on their quality improvement initiatives.

Performance Measurement:

NOTE: Unless otherwise specified, all measures will be collected and monitored AS THEY ARE WRITTEN AND DEFINED BY HRSA (i.e. for those with a program-provided OUTPATIENT AMBULATORY CARE VISIT).

The following measures will be monitored by the network.:

HAB 01

Measure	HAB01: Percentage of clients with HIV infection who had two or more medical visits at least three months apart in an HIV care setting in the measurement period
Justification	Part of Group I of the HIV AIDS Bureau (HAB) performance measures; adopted by the AIDS Care Unit; proxy measure of the NCQC.
Applicable to	All providers of outpatient/ambulatory care to HIV+ individuals
Who will collect/report	Each outpatient/ambulatory care provider will be responsible for collecting their own data and getting it into the CAREWare system. The network administrator will monitor the data and report it back to the individual provider (agency) as well as to the larger network.
Mechanism by which data will be reported	HAB01 will be reported via the CAREWare system using the language specific to measure (as written by HAB) and as defined within the CAREWare program. Data will be reported, minimally, quarterly to the network. Network Quality Management summaries will be reported to the ACU in a manner reflective of the ACU's review and presentation of data across all networks.
Mechanism for Analysis and Articulation of Findings	Network will work jointly to analyze the data in CAREWare and to report it both to the provider (agency) as well as to the larger network.
Timeline for implementation	Data for HAB01 will be gathered during the 2010-2011 fiscal year. At the network meeting in March 2011, the will present data related to HAB01 as it is presented in CAREWare. That will be the baseline for improvement activities. Updates to the measure will be reported, minimally, quarterly to the network.
Goal	85% compliance by March 31, 2014
Process for improvement	Each agency will be responsible for developing quality improvement activities for the measure in a manner reflective of the NCQC process. Activities for

improvement will be reported, minimally, quarterly at network meetings.

HAB01 definition:

Numerator: Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges, i.e. MD, PA, NP, in an HIV care setting two or more times at least 3 months apart during the measurement period

Denominator: Number of Active HIV-infected clients who had a medical visit with a provider with prescribing privileges at least once in the measurement period

Exclusions:

1. Patients newly enrolled in care during last six months of the reporting period

HAB 02

Measure	HAB02: Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement period
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HAB 03

Measure	HAB03: Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm ³ who were prescribed PCP prophylaxis
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HAB 04

Measure	HAB04: Percentage of clients with AIDS who are prescribed HAART
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HAB 05

Measure	HAB05: Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy
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HAB 07

Measure	HAB07: Percentage of women with HIV infection who have a Pap screening in the measurement year
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HAB 09

Measure	HAB09: Percentage of clients with HIV infection screened for Hepatitis C since diagnosis of HIV
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HAB 13

Measure	HAB13: Percentage of HIV-infected adult clients who had syphilis test performed in measurement year
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HAB 17

Measure	HAB17: Percentage of clients with HIV-infection who have been screened for Hep B virus infection status
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IN-Care 04

Measure	INC04: Percentage of clients with HIV-infection whose last viral load in the measurement year is less than 200 copies
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IN-Care 04a

Measure	INC04a: Percentage of clients with HIV-infection AND prescribed Anti-retroviral therapy (ART) whose last viral load in the measurement year is less than 200 copies
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HAB PEDIATRIC 06

Measure	HAB-PEDIATRIC05: Percentage of exposed infants born to HIV-infected women who received recommended virologic diagnostic testing ² for exclusion of HIV infection in the measurement period
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Core Measure: Viral Suppression

Measure	Core Viral Suppression: Percentage of clients regardless of age, with a diagnosis of HIV with an HIV viral load test <200 copies/ml at last HIV viral load test during the measurement year.
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Core Measure: Prescription of HIV Antiretroviral Measure

Measure	Core ART Prescription: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year.
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Core Measure: HIV Medical Frequency

Measure	Core HIV Medical Frequency: Percentage of patients, regardless of age, who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits
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Core Measure: Gap in HIV Medical Visits

Measure	Core Gap in HIV Medical Visits: Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year
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Timelines

Data on all measures were gathered during the April 1, 2009 – March 31, 2010 time period. Subsequently, the network has engaged in periodic data reviews that coincide with the quarterly North Carolina Quality Council Meeting. The network has established as its goals those identified by the AIDS

Care Program unless otherwise noted. Goal dates (timelines) for each respective measure are detailed within the discussion of the measure.

Changes to the Plan/Additions to the plan

Changes to the Quality Management Plan will be made by consensus of the network. New measures will be added secondary to the network's identification of "areas for improvement," OR secondary to the requirement of grantors.

"Areas of improvement" will be identified via CAREWare data as well as data from other sources: Needs Assessment, Patient Satisfaction Surveys, Budget expenditures, and service demand/utilization." The network will systematically review data relating to each data source (as outlined in the Needs Assessment Plan, the Patient Satisfaction Survey Plan, the contract requirements for Budget Review and the network's regular discussion on service utilization and delivery." Secondary to those reviews, areas will be identified as needing special attention for study and potential improvement.

Other measures for improvement will be added and implemented by the network should those measures become mandates of the network's grantors.

Training

The network singularly represents more than 50% of the North Carolina Quality Council (NQC)'s participating body. With five Ryan White Part C programs as part of the network, the Access Network of Care will utilize the Ryan White Part C program consultant assigned by the HIVQual program as the region's primary source for quality training. All Part C programs within the network will work one-on-one with the consultant for specific agency review of their quality management activities and plans. Additionally, all Part C programs will work directly with the HIVQual consultant to identify staff training needs and work to provide any necessary training as indicated. Partnering with the region's Part C programs, non-Ryan White Part C programs will receive the same benefit by participating in NQC activities.

Quality improvement plans, activities and data are discussed at the network's meeting as a means of establishing new quality improvement initiatives, of providing training and education on quality improvement, and of communicating quality improvement activities to the region's various stakeholders.

2015-2016 Region VI Network Evaluation Plan

NETWORK DESCRIPTION

The Region VI Network of care is comprised of providers who deliver services in the region (Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake and Warren counties). The region is home to Ryan White Part B, Emerging Communities, Ryan White Part C (5 grantees) and Ryan White Part D (2 grantees) funds. Additionally, the region receives both State HOPWA dollars as well as Eligible Metropolitan Area dollars.

Lead Network Agencies

Wake County Human Services (Ryan White Part B)
 Duke Partners in Caring (State HOPWA)

The Region VI Network of Care provides the following Ryan White Core and Support services, and HOPWA Services to clients in the 11 county region via the funded providers indicated:

Provider (Agency):	CAH	ComW	DUA	DPIC	DUP	HWC	LCHC	WCHS	WV
RYAN WHITE CORE MEDICAL SERVICES:									
Outpatient/Ambulatory Health Services		X	X		X		X	X	X
Oral Health Care (all FFS)		X				X (via UNC)	X	X	X
Health Insurance Premium and Cost-Sharing Assistance									
Mental Health Services		X	X			X	X	X	
Medical Nutrition Therapy		X	X		X			X	
Medical Case Management (including Treatment Adherence)	X	X	X	X	X	X	X	X	X
Substance Abuse Services- outpatient		X	X		X	X	X	X	
RYAN WHITE SUPPORT SERVICES:									
Emergency Financial Assistance									
Food Bank/Home-delivered Meals						X		X	
Medical Transportation Services					X				X
Provider (Agency):	CAH	ComW	DUA	DPIC	DUP			WCHS	WV

Evaluation Methodology: To measure the effectiveness of providing High Risk Food Pantry, the Network will evaluate this service using the following measures:

1. Of the Network clients who received High Risk Food Pantry, what percentage of those clients received at least 1 HIV medical care visit?
2. Of the Network clients who received High Risk Food Pantry, what percentage of those clients received at least 2 HIV medical care visits?
3. Of the Network clients who received High Risk Food Pantry, what percentage of those clients received Mental Health and/or Substance Abuse Services
4. Of the Network clients who received High Risk Food Pantry, what percentage of those clients are virally suppressed (<200 c/mL) in the measurement period?

Service to be evaluated: Medical Transportation Services

Agency providing service: WCHS, DUP, WVCHC

Goal for the Service: Provide direct assistance (bus passes, taxis, gas cards, drivers, parking passes) to people living with HIV to overcome transportation barriers that prevent access to medical care or retention in medical care

Evaluation Methodology: To measure the effectiveness of providing Medical Transportation Services, the Network will evaluate this service using the following measures:

1. Of the Network clients who received Medical Transportation Services, what percentage of those clients are virally suppressed (<200 c/mL) in the measurement period?

HOPWA

Service to be evaluated: Tenant Based Rental Assistance (TBRA)

Agency providing service: AAS-C, DPC

Goal for the Service: Provide stable housing/housing assistance to help people living with HIV overcome barriers that may prevent access to medical care or retention in medical care

Evaluation Methodology:

1. Of the Network clients who received TBRA, what percentage of those clients are virally suppressed (<200 c/mL) in the measurement period?

NETWORK EVALUATION OF RESULTS

The Network will conduct an evaluation of the above services using the methodologies proposed. This evaluation will occur in February 29, 2016, and the results will be submitted to the AIDS Care Program no later than 2/29/16.

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