Boston EMA Ryan White Planning Council

Meeting Agenda - Thursday, October 13th, 2022

Location: Zoom
Zoom Meeting Link: https://us02web.zoom.us/j/9178940335?pwd=R3VRY2t1TTN2SE52ZVcyTDhtbTEvdz09
Passcode: 20222023

Meeting Focus

- Learn about the epidemiological profile of the Boston EMA.
- Learn about using data for decision making from PCS
- Hear about the timelines, process, and data outcomes of the 2021-2022 Needs Assessment.

Agenda Topic	Time Frame
1. Welcome and Moment of Silence *Patrick Baum, Chair*	4:00pm – 4:05pm
2. Review Meeting Agenda *Patrick Baum, Chair*	4:05pm – 4:10pm
3. Review and Approval of September 15, 2022 Meeting Minutes *Patrick Baum, Chair*	4:10pm – 4:15pm
4. Agency Representative Updates *Office of Medicaid; New Hampshire Department of Health and Human Services; Massachusetts Department of Public Health; Mayor's Office; Boston Public Health Commission*	4:15pm – 4:30pm
5. Committee Reports *SPEC, MNC, & Exec Leadership*	4:30pm - 4:40pm
6. Data for Decision Making Presentation *Planning Council Support*	4:40pm – 5:00pm
7. Boston EMA Epidemiological Profile *Ryan White Services Division (RWSD)*	5:00pm – 5:25pm
8. Needs Assessment Update *Clark Azubuike, Needs Assessment Intern*	5:25pm – 5:45pm
9. Announcements and Adjourn	5:45pm – 6:00pm

Boston EMA Ryan White Planning Council

Patrick Baum, Chair	

Planning Council Meeting
Thursday, October 13th, 2022
Zoom
4:00 - 6:00pm

Summary of Attendance

Members Present
Justin Alves
Daniel Amato
Adam Barrett
Stephen Batchelder
Patrick Baum
Cindi Bell
Lamar Brown-Noguera
Henry Cabrera
Barry Callis
Stephen Corbett
Sandra Custodio
Larry Day
Beth Gavin
Robert Giannasca
Amanda Hart
Melissa Hector
Darian Hendricks
Brian Holliday
Alison Kirchgasser
Wendy LeBlanc
Jordan Lefebvre
Kathy Lituri
Margaret Lombe
Allan McClendon
Keith Nolen
Ericka Olivera
Ethan Ouimet
Arielle Pierre
Mahara Pinheiro
Manuel Pires
Serena Rajabiun
Darren Sack
Mairead Skehan Gillis
Michael Swaney
Bryan Thomas
Catherine Weerts
Karen White
Kim Wilson
Tim Young

Members Excused
Nate Ross
Naika Williams

Members Absent
Joey Carlesimo
Damon Gaines
Jerome Hazen
Lorraine Jones
Luis Rosa

PCS
Claudia Cavanaugh
Clare Killian
Abiola Lawson
Clark Azubuike, Intern

BPHC Staff
Melanie Lopez
Eileen Merisola

Guests:
Roxy Dai

Topic A: Welcome and Introductions

Patrick Baum, Planning Council Chair, welcomed everyone, led a moment of silence, reviewed the ground rules and meeting agenda. He directed members to write questions in the chat or raise their hands. Claudia Cavanaugh, PCS led member roll call.

Topic B: Review Meeting Minutes

September 15th, 2022, minutes were reviewed.
Motion to Approve: Bryan Thomas
Second: Kimberly Wilson
Result: The minutes were approved. Online Poll: 86% Approve; 14% Abstain

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Topic C: Agency Updates

Members received the following agency updates:

Massachusetts Department of Public Health, Office of HIV/AIDS – Barry Callis

- The Integrated Prevention and Care Plan (IP 2.0) in draft - John Snow Institute (JSI) worked with advisory groups including members of the Planning Council since the spring to develop the Integrated Plan. It will be jointly submitted by DPH and BPHC. Draft is in review and working on edits in anticipation of having a meeting mid-November with Integrated Prevention and Care Committee.
- Per the feedback from the meeting on Sept. 12th to review core goals and objectives, there is a commitment to make sure the plan is grounded in a racial and health equity framework.
- The OHA is convening a short-term group of individuals interested in advising us on reducing disparities and improving access to the JYNNEOS vaccine (Monkeypox Vaccine) among gay, bisexual, and other men who have sex with men, transgender, gender non-conforming, or nonbinary people, particularly among BIPOC communities. Fosu8c will be on generating practical and creative strategies. Contact: Barry.Callis@Mass.Gov

NH Department of Health and Human Services, NH Care Program – Cindi Bell

- Cindi Bell will be leaving the NH CARE team and her role as ADAP Analyst and Acting Program Manager on October 20th to transfer to a clinical nurse manager role at DHHS. Therefore, she will step away as a member of the RW Planning Council. A new Program manager is scheduled to be on-boarded early November.
- NH CARE is still recruiting to fill vacancies for the following:
    - Oversight and Monitoring Coordinator
    - Enrollment Specialist

  Interest in these positions can be directed to Megan Heddy at Megan.S.Heddy@dhhs.nh.gov
- NH CARE is preparing for ACA Marketplace open enrollment which begins each year in November. NH CARE pays for ACA insurance premiums for clients of the Program.
- NH is working with JSI to complete the updated Integrated HIV Prevention and Care Plan, due in December. The workgroup held 4 sessions over the summer to gather stakeholder input on new goals and objectives that will guide DHHS in the coming years
- During the pandemic emergency, clients who are eligible for expanded NH Medicaid continue to access this coverage. Staff are watching notifications closely to determine when benefits for this group will end. Clients eligible for ACA insurance will be enrolled should they lose NH Medicaid coverage

Massachusetts Office of Medicaid (MassHealth) - Alison Kirchgasser
• Alison introduced herself as the representative to the Planning Council from the Massachusetts Office of Medicaid. She provides updates on the Massachusetts program which is the largest health insurer for PLWH and AIDS in Massachusetts.

On September 28, 2022 the Commonwealth of Massachusetts received approval for an extension of its MassHealth 1115 Demonstration "waiver", effective 10/1/22 through 12/31/2027. The waiver allows MassHealth to provide additional benefits and cover additional people than states are normally allowed to do in traditional Medicaid i.e. The CommonHealth Program for disabled individuals and special program for PWH whose income is over traditional Medicaid level are authorized under this waiver. The waiver is renewed every 3-5 years and includes initiatives to advance health equity and reduce disparities.

The five primary goals for this 1115 demonstration:
1. Continue the path of restructuring and re-affirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model
2. Reform and invest in primary care, behavioral health, and pediatric care that expands access and moves the delivery system away from fee-for-service health care
3. Advance health equity, addressing health-related social needs and specific disparities
4. Sustainably support the Commonwealth's safety net, including increased funding for safety net providers, with a continued linkage to accountable care
5. Maintain near-universal coverage, including updates to eligibility policies to support coverage and equity:

MassHealth will hold a public meeting to discuss the recent approval by the Centers for Medicare and Medicaid Services (CMS) of the current MassHealth 1115 Demonstration on October . During this meeting MassHealth will also discuss the recently released annual report on the progress of delivery system reform and the Delivery System Reform Incentive Program (DSRIP) for calendar year 2020. Stakeholders will have an opportunity to ask questions.

For more information on the approval and the public meeting please visit: 1115 MassHealth Demonstration ("Waiver") | Mass.gov

BPHC Ryan White Services Division – Eileen Merisola
- New CQM Program Coordinator starts 10/31 and will be the SPEC Liaison.
- HRSA site visit is the week of 10/24.
- RWSD is preparing for sweeps and releasing EHE (Ending the HIV Epidemic) awards.

Topic D: Committee Updates

Planning Council leadership provided updates on their meetings that took place this month:

Executive Committee Meeting
- Reviewed evaluations & attendance
- Reviewed October PC agenda
- Meeting location discussion – Due to audio challenges with the hybrid meetings at the Old South Church, the Planning Council meetings will be virtual. NRAC and SPEC will remain hybrid. Members are encouraged to show up in person and to complete the attendance tracker.

SPEC

- Member spotlight intro and sign-up – Henry Cabrera did the member spotlight for October.
- Reviewed committee charge and workplan
- Reviewed FY23 Service Categories
- Vice-Chair nominations - Election to be held 11/3

MNC

- Reviewed committee charge & workplan
- Member update: Reviewed 22-23 Planning Council Slate
- Orientation evaluations
- Registered for Planning CHATT learning collaborative
- Mentorship planning
- Vice-Chair nominations - Election to be held 11/7

Consumer

- Robert Giannasca was elected as the committee chair and Tim Young was elected vice-chair
- Reviewed workplan and committee charge
- Had discussion on educational presentations e.g., Injectable HIV Medication. Members were asked to share any topics they would like to see presented
- Anti-Stigma Campaign – Creating an adhoc committee of folks interested in working with the anti-stigma video and working on potential events where the video can be shared along with panel discussions. Anyone on Planning Council is welcome to join the meeting. Next meeting will be before Planning Council next month at 2pm.

Questions/Comments:

- Are the meetings virtual for just the remainder of 2022 or for the remainder of the Planning Council year? There will be a few mandatory in-person meetings for the Planning Council meetings such as December for the Funding Streams Expo.

Action Item: PCS will send an email out with updates on the in-person meetings.

Topic E: Data & Decision Making

Claudia Cavanaugh, PCS Staff, led the group in a data and decision-making presentation. The presentation began with a brainstorming activity, where Council members were asked to think of 2-3 words that they think of when they hear the word data and type it into the chat. The responses were shared in a word cloud.

The goal of the presentation was to learn the importance of using data to make an informed, evidence-based decision. This is intended to support the Planning Council to better understand, use, and manage data for decision-making.

She reviewed the types of data (qualitative and quantitative) and examples of data sources used by the Planning Council including needs assessment data epi data of the EMA, spending and utilization data, performance data from quality improvement projects and focus group data.

Topic F: Demographic Overview of Part A Client Population

Sarah Kuruvilla, RWSD Clinical Quality Management Coordinator, presented the Demographic Overview of Part A Client Population for FY21-22.

Presentation Objectives:

- To provide a snapshot view of who the Boston EMA Ryan White Part A Program serves
- To share insight into FY 2021 demographics of the Part A population that helps contextualize planning and decision- making this planning cycle
- To familiarize Planning Council members with e2Boston data

Demographic Overview of Part A Clients

- Background information on e2Boston Data, purpose and utility and explanation of data measures
- Epidemiological Profile of Boston EMA for FY21 and FY22 (up to July 2022)
  - Diagnostic Information of Part A Clients
  - Gender of Part A Clients - Population of females have been increasing
  - Age Groups of Part A Clients
  - Race/Ethnicity of Part A Clients
  - Exposure Category of Part A Clients
  - Income of Part A Clients
  - Insurance Status of Part A Clients
  - Housing Status of Part A Clients
- HIV Care Continuum Among Newly Diagnosed Clients – Snapshots from diagnosis to Viral suppression
  - Linkage to care and retention is low so CQM team is working to understand why.
  - 60% of clients newly diagnosed with HIV have become virally suppressed within the same year
  - Viral Suppression by Race and Ethnicity, Exposure Category and by Housing/Living Arrangement
  - Majority of virally suppressed individuals are white and black non-Hispanic or LatinX. Majority identify heterosexual contact as exposure category and largest proportion are permanently housed at 88%. Data aligns with the overall makeup of the EMA
- More data on the demographics of PLWH in the entire Boston EMA will be presented later in the year.

Note – The Planning Council uses this date to understand who is impacted and allocate funds for healthcare and social services.

Questions/Comments:

- For housing, how do you classify the homeless population? Broken this down more specifically which is why there are multiple categories. It is per the discretion of the person entering the data and the way each agency assesses their clients. We have a breakdown of different types of temporary or transitional situations. If a client is completely unhoused or unsheltered typically people check off "Place not meant for human habitation".

- How do you define retention in care? Measure used by CDC and HRSA, medical visit frequency – 2 care engagements (medical visits, CD4 counts or viral load test) within at least 2 months in a given year. Note, this is a high standard as it is not necessarily needed by every PLWH, but it is part of the care continuum and with those critiques to note, still helpful to look at especially for newly diagnosed clients.
- Homelessness does not fit into the categories "Place not meant for human habitation" and transitional housing. Those terms are very stigmatizing to the homeless population. How were these terms

developed? The categorizations are commonly used ways of defining housing status, incorporated when E2Boston was created. Unfortunately, a lot of the federal language used are outdated – Both terms are language still used by HUD. There is potential for discussion on future categorizations but generally we maintain the categories to align with other data sets.

- Language Used – HRSA will categorize housing status as unstably housed (includes homeless), temporary and permanent. We might want to consider using these definitions.

- Can you explain the income levels, why is there an option for greater than 500%FPL? Eligibility criteria is for clients to be at or below 500% FPL. Greater than 500% might be due to a client's progress at a particular time. This category is constantly updated to monitor compliance.

- Does some of your data come directly from Mass HDAP? No. Have ability to see some of it in E2Boston. All data excludes Massachusetts HDAP data.

- Is the categorization of AIDS those who are currently in an AIDS diagnosis or have had an AIDS diagnosis at some time? Anyone who has ever had an AIDS diagnosis is listed as having an AIDS diagnosis and will stay reported that way.

- Have you done any overlay of information relative to understanding the transitional impact of clients as it compares to non-client HIV population?
  - For example, if I get an HIV diagnosis, is there an overlay of my income went from a specific level, how long am I staying as a Part A client and what's the trigger point that made me exit out as a client to normal stabilization. i.e., How do Part A clients compare to PLWH over 500% FPL not on Ryan White Services?
  - E2Boston only shows Part A clients, don't get to easily compare with general population. Not able to track individuals as the data is deidentified.
  - Clients have client codes within Part A agencies but don't have code for those not receiving Part A Services.
  - Has there been a look at the trigger points of entry into Ryan White and exit out so people can strategize what services keeps people more stabilized? Regular contract monitoring can get descriptive agency level information on successes and challenges with clients, but the database doesn't track reasons people are entering or exiting care or where the entry points are.

- This year, Social Security increase may put people over 500% of FPL. Concerned people may lose MassHealth coverage. Federal Poverty Level is $13, 590.

- Example of over 500% - If you are making over 500% of FPL, you could still qualify for Ryan White Dental if you had over 10% of your income out of pocket on medical expenses, you would be able to qualify for Ryan White Dental. Check Ryan White provider handbook for more information.

Topic G: Needs Assessment Update: Findings From 2022 Consumer and Provider Surveys

Clark Azubuike, Needs Assessment Intern, presented findings from the 2022 Needs Assessment Consumer and Provider Capacity and Capability Surveys. The presentation included the following:

- Methodology for Needs Assessment
- Consumer Survey Results
- Focus Group Discussion Results
- Provider Capacity and Capability Survey Results
- Limitations of the study and next steps

Copies of the survey result are posted on Basecamp.

Questions/Comments:

- Why not ask about relationship status (married, single) or had children? Not something typically considered in the past.

- Why did you think it's an important question or something that should be collected for future data collection?
  - For the slide that showed identification of sexual identity, heterosexual and gay population was large. Heard increase in HIV infection is higher with those having multiple sexual partners and identify as bisexual so fascinated bisexual classification wasn't higher.
  - Curious to know whether heterosexual populations are married or gay are partner populations, and whether people would identify if they had multiple partners in a relationship or not in a relationship, as it relates to getting to medication adherence and viral suppression.
  - Previous presentation showed correlation between housing stability and adherence and undetectability. Wondering if there is correlation with relationship status to allow for identification of services that help with the Care Continuum outcomes.
  - Additionally, the question on stigma, I wonder if single people or those in relationships feel a higher sense of stigma.

- Why were surveys sent to 95 individuals in 30 organizations? Sent to all staff members in the agencies to send out to contacts to share with their networks and clients to complete the survey.

- For seven-day noncompliance with medications, 90% WERE compliant with taking their HIV medications and 9% were non-compliant. In line with what we see clinically.

- For those administering intravenous, how are people going to track adherence and what's the impact if someone doesn't show up for their scheduled monthly injection? How do you measure impact of non-compliance and undetectability? Anecdotally, have patients who have developed resistance to the injectables because of the infrequency with which they were taking them. Think that is rare and works really well for most people who go on injectables. MSM who are IDUs might be a vulnerable group.

- If I miss injection by two weeks, would I then become detectable? Yes, see risk of resistance if people keep doing that, they start getting detectable viral loads and get re-exposed and treated with the drugs. Don't necessarily know the effect of that until we've been doing it longer.

- Have forms on E2Boston been updated to see if people have started taking injectables or oral medication? No, it doesn't track that

- Most people interested in nuances of data but be mindful of scope of what the Planning Council has a purview on (prioritizing services and allocating funds). Data might not be able to answer all the questions as it is limited. Might be a useful topic to explore in the Coffee Chat.

- Members shared their desire to continue conversations on people being served to understand risks, needs and realities, to the degree they align with the work that is legislatively mandated. Additionally, we should also make opportunities for people to learn.

- One piece that's important for example is the slide on seven-day compliance: If you're on injectables, you would answer no since you don't take pills. It also changes the importance of the office visit; you can still pick up pills without the office visit but would be a different case if you miss office visit for

injectables. It's an important concept to think about as we plan. Don't have enough people on injectables to see an impact on decisions we have to make but it could change the way we think about things.

Topic H: Announcements, Evaluation & Adjourn

PCS made the following announcements:

1. Meeting Update – Council and Consumer will be virtual, SPEC and NRAC remain hybrid
2. Attendance Tracker – Complete for NRAC and SPEC meetings. Tracker is sent with all reminders.
3. Staffing Update - The new PCS Program Manager, Clare Killian was introduced. Patrick thanked the PCS Consultants

Meeting to Adjourn
Motion: Bryan Thomas
Second: Margaret Lombe
Result: The meeting was adjourned

Boston EMA
Ryan White
Planning Council

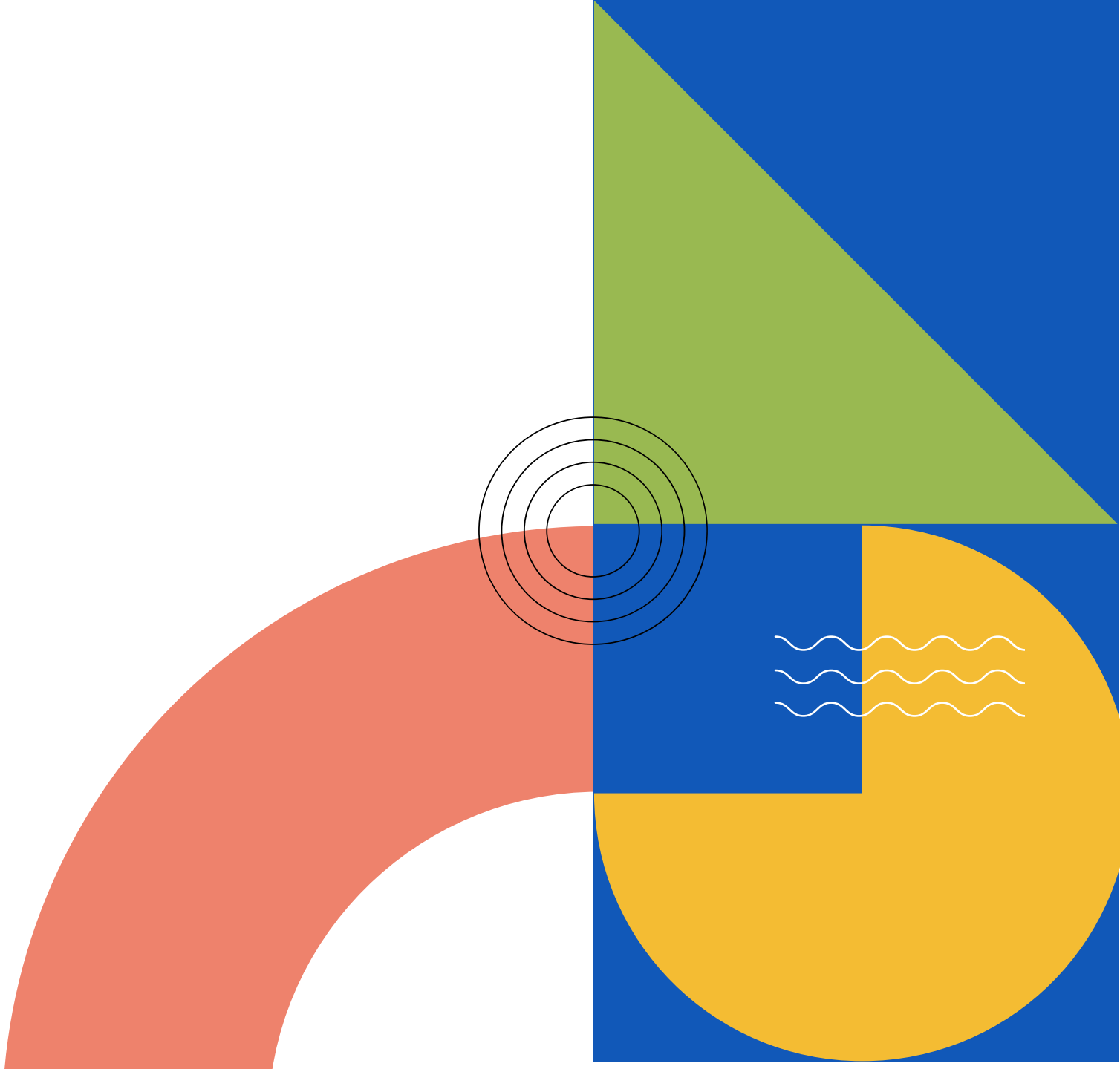
Planning Council Meeting

Patrick Baum, Chair
Darren Sack, Chair-Elect

October 13, 2022

Moment of silence

At this moment, let’s take a moment of silence in remembrance of those who came before
us, those who are present, and those who will come after us.



Attendance

R O L L C A L L

State “present” when you hear your name called for the record

Please note: You do NOT have to disclose your status during the introduction if you do not want to.

Ground Rules and Meeting Etiquette

- Be on time
- No side conversations
- Silence cell phones
- Presenters represent agencies- no personal attacks
- Participate
- Don't ask questions that accuse or assume where someone is coming from. Stick to asking questions regarding information.
- Be respectful
- Respect the option for presenters to come back with additional information or answers.
- Agree to disagree
- Send questions with more detailed explanations to the Executive Committee or PCS
- Ask questions
- Whenever possible, enjoy yourself
- Speak up so everyone can hear you
- Don’t assume everything is public knowledge
- Raise your hand and wait to be acknowledged by the Chair
- Step up, step back
- Don't interrupt

Overview

TODAY'S AGENDA
DISCUSSION TOPICS

- Review September Meeting Minutes
- Agency Representative Updates
- Committee Reports
- Data for Decision Making Presentation
- Boston EMA Epidemiological Profile
- Needs Assessment Update
- Announcements and Adjourn

Approving Meeting Minutes

September 13th, 2022

Steps in approving minutes:

- Review minutes
- Make a first and second motion to approve minutes
- Vote (Zoom poll)

- All in Favor: Yes, I approve the minutes
- Opposed: No, I do not approve the minutes
- Abstention: Decline to vote

Agency Representative Updates

MAYORAL LIAISON TO RYAN WHITE PLANNING COUNCIL

Melissa Hector

MA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF HIV/AIDS

Barry Callis

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES, NH CARE PROGRAM

Cindi Bell

MA OFFICE OF MEDICAID

Alison Kirchgasser

BOSTON PUBLIC HEALTH COMMISSION

Eileen Merisola

Subcommittee Updates

Executive (Patrick Baum)

- Introductions
- Reviewed evaluations & attendance
- Reviewed October PC agenda
- Meeting location discussion

SPEC (Margaret Lombe)

- Member spotlight intro and sign-up
- Reviewed committee charge and workplan
- Reviewed FY23 Service Categories
- Vice-Chair nominations
  - Election to be held 11/3

MNC (Michael Swaney)

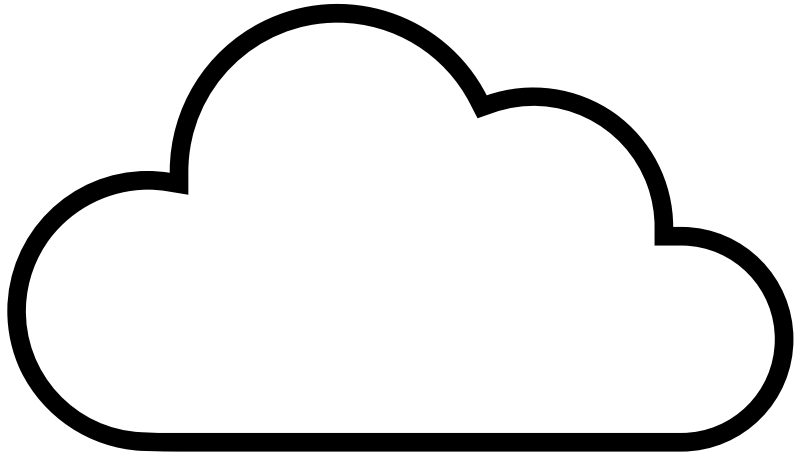
- Reviewed committee charge & workplan
- Member update:
  - 22-23 PC Slate
  - Orientation evaluations
  - Planning CHATT
- Mentorship planning
- Vice-Chair nominations
  - Election to be held 11/7

Consumer (Darren Sack)

- Chair & Vice Chair elections
- Reviewed committee workplan & charge
- Discussed educational presentations and Trainings

Data & Decision Making

PCS



Activity

- Brainstorm **2-3** words that you think of when you hear the word **data** and type into the chat!

At the most basic level, data are collections of facts and information. This information can be packaged as numbers, words, measurements, observations, or descriptions.

Decision- Making

After collecting data (information), you can then make a decision. When you make a decision, you can use the data you collected as evidence to make an informed decision.

Data-Driven

Decision-Making

- Data-driven decision-making is the practice of basing decision on the analysis of data rather than using your intuition, guess, or estimate.

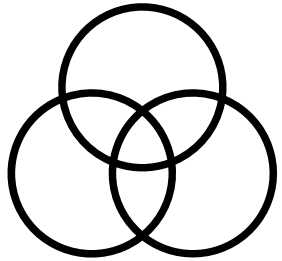
The goal of this next section is to learn the importance of using data to make an informed, evidence-based decision. This is intended to support the Planning Council to better understand, use, and manage data for decision-making

Data in Planning Council decision making and voting

"Without data, all anyone has are opinions. Data elevates the probability that you'll make the right decision."

—W. Edwards Deming

Types of Data



- **Qualitative**
  - Personal experiences, observations, anecdotes are often called qualitative information – contains greater detail.
    - Information that cannot be expressed as a number or quantified. Qualitative data include descriptive data such as your friend's favorite holiday, the most common given names in your town, or how to describe the smell of a freshly cooked meal.
- **Quantitative**
  - Decision making that is guided and supported by data, or documented information collected in a uniform way. Often called quantitative information.
    - This is information that can be counted or measured.

Qualitative vs Quantitative

Examples of Data Sources used by PC

NEEDS ASSESSMENT DATA

EPI DATA OF THE EMA

SPENDING AND UTILIZATION DATA

PERFORMANCE DATA FROM QUALITY IMPROVEMENT PROJECTS

FOCUS GROUP DATA

Demographic Overview of Part A Client Population

October 13, 2022

Ryan White Services Division | Boston Public Health Commission
Melanie Lopez, RWSD Sr. Program Manager
Sarah Kuruvilla, CQM Coordinator

Presentation Objectives

- To provide a snapshot view of **who the Boston EMA Ryan White Part A Program serves**
- To share insight into FY 2021 demographics of the Part A population that helps **contextualize planning and decision-making this planning cycle**
- To familiarize Planning Council members with **e2Boston data**

Presentation Roadmap

- Background information
  - About e2Boston Data
  - Purpose and Utility
  - Information on Data Measures
- Epi Profile Breakdown

Background Information

About e2Boston Data

- e2Boston is a cloud-based database for Ryan White Part A
- Each agency is responsible for entering its own Part A clients' utilization, demographic, and medical/outcomes information
- All Part A clients:
  - Are HIV positive
  - Reside within the 10 counties of the Boston EMA
  - Have an income at or below 500% of the Federal Poverty Line (FPL)

Purpose and Utility of This Data

- Estimate needs for HIV/AIDS prevention
- Qualify for federal HIV/AIDS prevention and treatment funds
- Distribute federal HIV/AIDS prevention and treatment funds according to disease incidence and prevalence
- Allocate funds for health care and social services
- Target prevention activities, and treatment services and evaluate their effectiveness
- Detect trends in HIV transmission
- Monitor incidence and prevalence of diagnosed HIV infection and AIDS
- Routine follow-up for priority cases
- Track HIV-related morbidity and mortality
- Identify populations at risk
- Understand who is impacted

Explanation of Data Measures

MSM

- Men who have Sex with Men

IDU

- Injection Drug User

MSM/IDU

- Men who have Sex with Men and are also Injection Drug Users

Perinatal

- Contracted during pregnancy/childbirth

Pediatric

- Children 12 years and younger

Heterosexual Contact

- Sex with someone of the opposite Sex and knows their partner's or partner's risk for HIV infection or HIV status

Presumed Heterosexual

- Females who reported having sex with males, denies IDU and does not know their partner's or partners' risk for HIV infection or HIV Status

Other/Unknown

- All major risk categories are unknown

Explanation of Data Measures

Care Continuum

Steps PLWHA go through from diagnosis, linkage to care, engagement in medical care, retention in care, and viral suppression

Linkage to Care (30/90)

Rate at which clients attended a routine medical care visit within 30/90 days of an HIV/AIDS diagnosis

Retained in Care

Number of clients who had at least two viral load tests, CD4 tests, or medical visits at least 3 months apart within 12 months of diagnosis

Viral Suppression

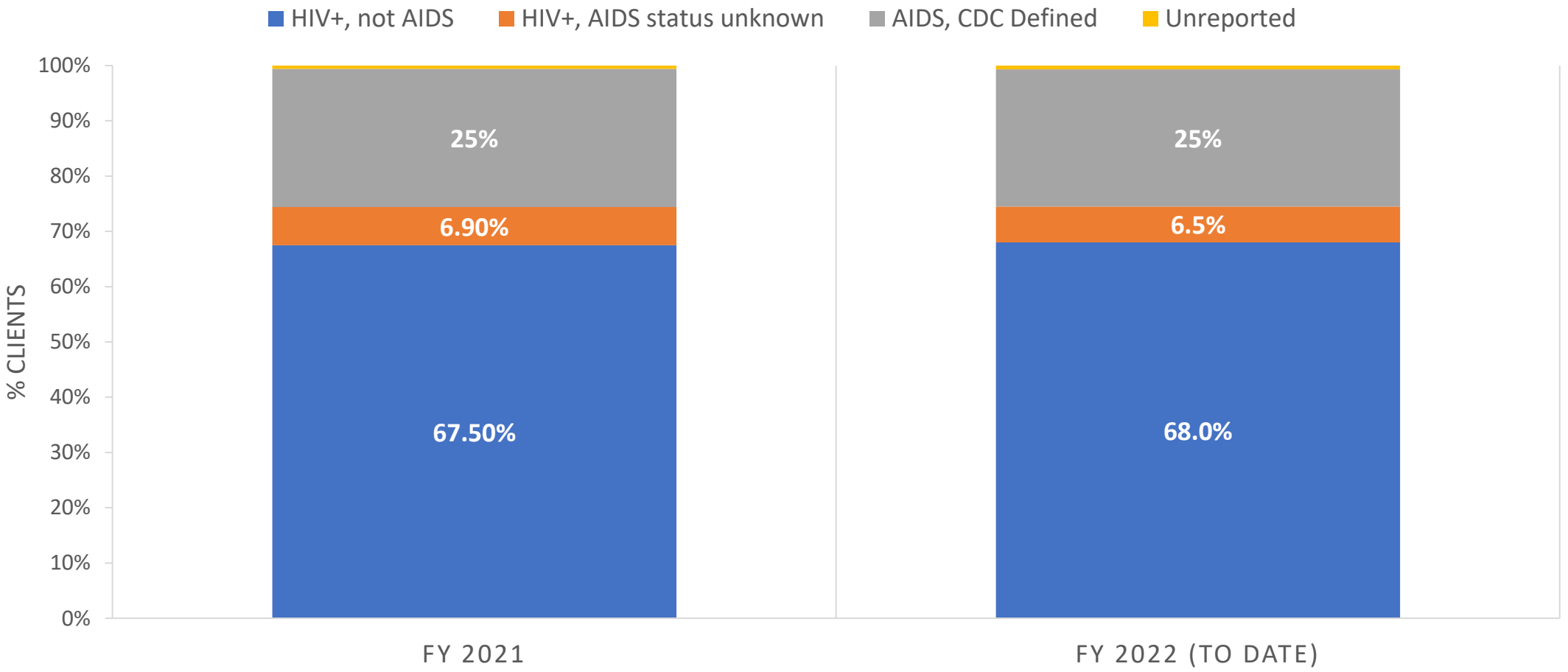
Clients who reach an HIV viral load of fewer than 200 copies, or "undetectable"

Epidemiological Profile of Boston EMA

Dark Yellow	greatest proportion of clients
Medium Yellow	2nd greatest proportion of clients
Light Yellow	3rd greatest proportion of clients

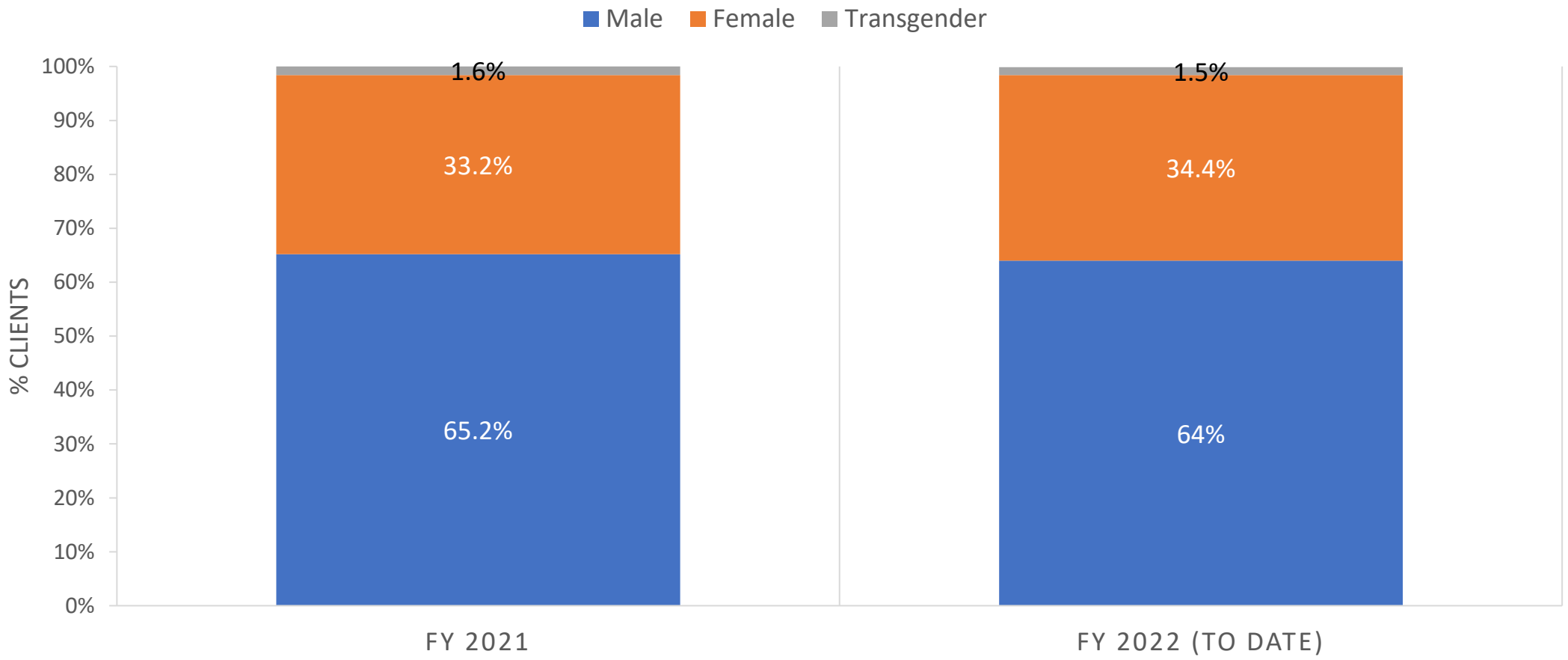
BOSTON PUBLIC HEALTH COMMISSION

DIAGNOSTIC INFORMATION OF PART A CLIENTS, FY 2021-22



Data was pulled on 8/29/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

GENDER OF PART A CLIENTS, FY 2021-22



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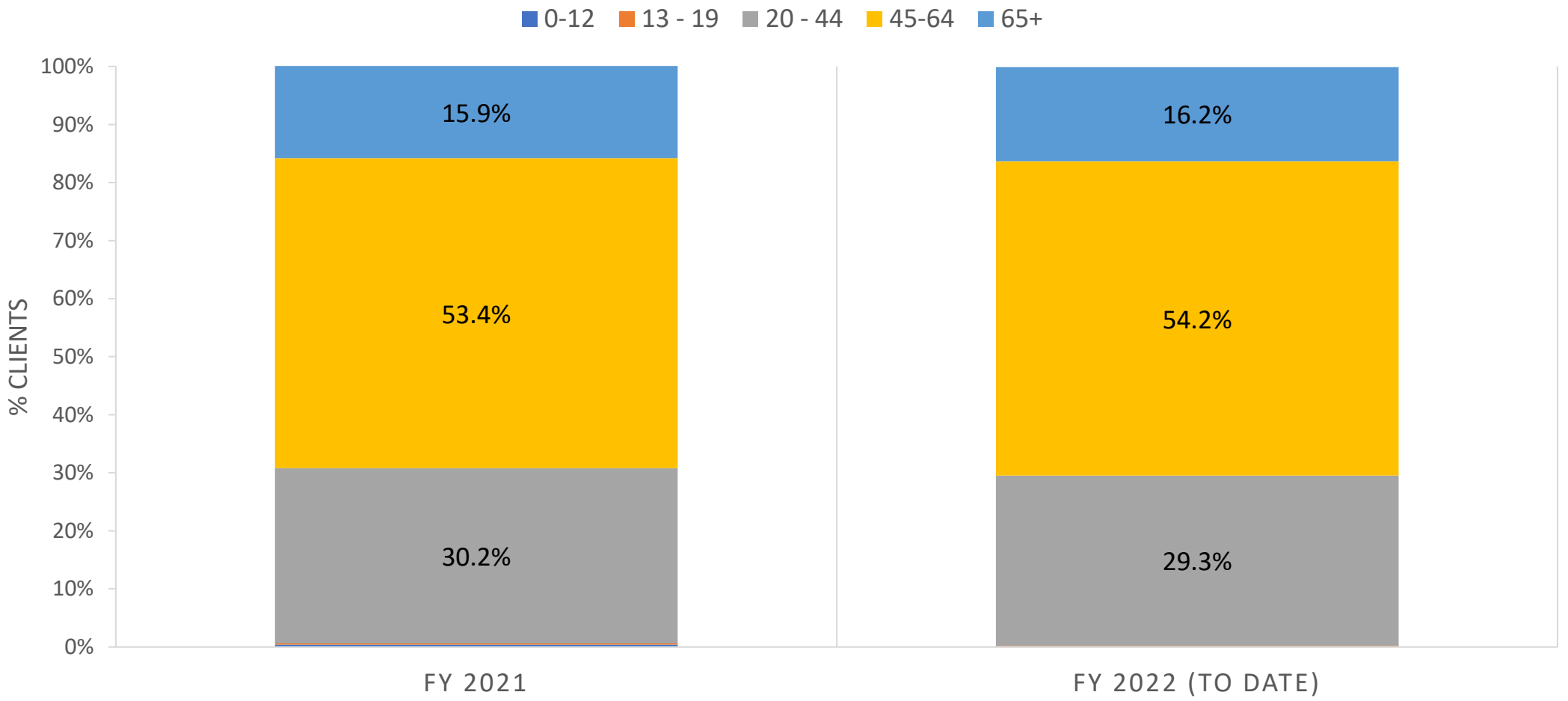
AGE GROUPS OF PART A CLIENTS, FY 2021-22



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Race/Ethnicity FY 2021

	Hispanic or Latinx		Not Hispanic or Latinx		Unknown/Unreported	
	# Clients	%	# Clients	%	# Clients	%
White	914	17.5%	1495	28.6%	2	0.04%
Black or African American	281	5.4%	1785	34.1%	2	0.04%
Asian	1	0.0%	71	1.4%	0	0.00%
Native Hawaiian	7	0.1%	3	0.1%	0	0.00%
American Indian	6	0.1%	10	0.2%	0	0.00%
More than one race selected	58	1.1%	38	0.7%	0	0.00%
Unknown / unreported	466	8.9%	76	1.5%	20	0.38%

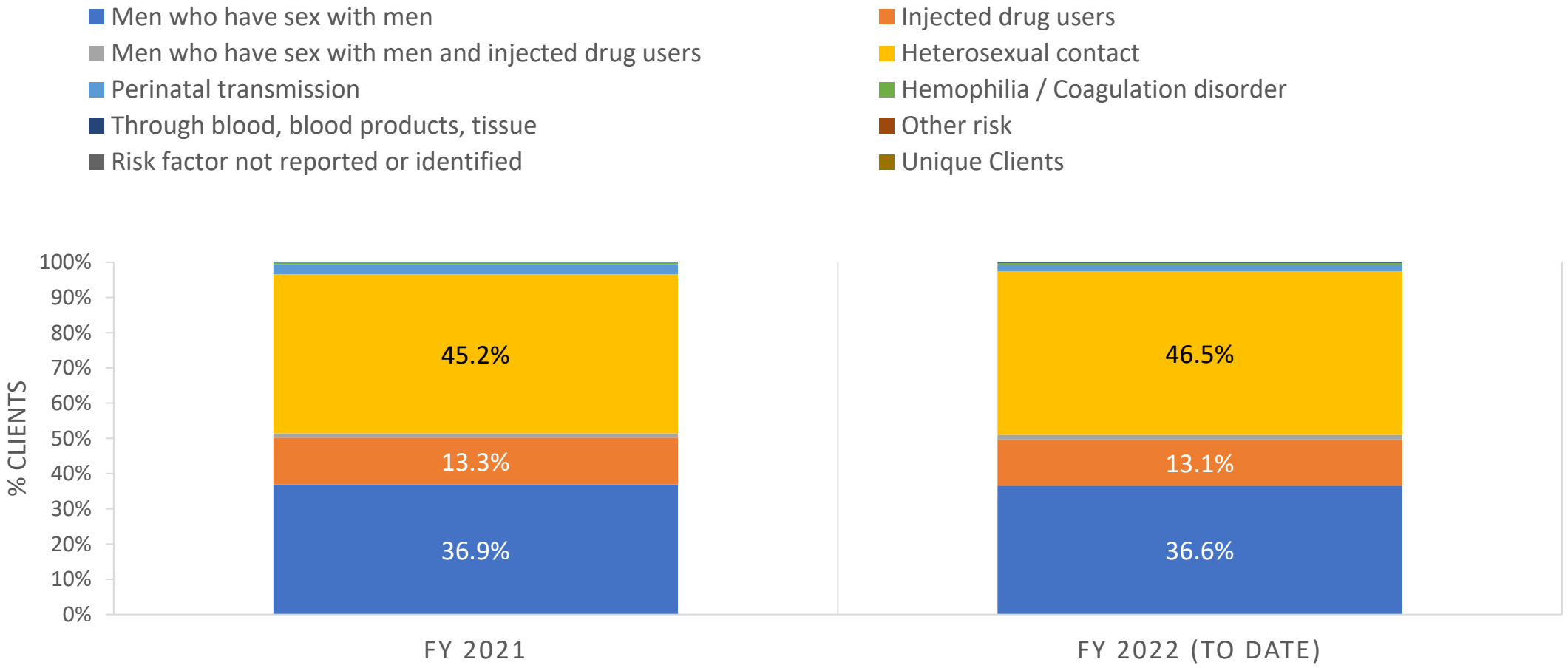
Data was pulled on 8/29/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

Race/Ethnicity FY 2022

	Hispanic or Latinx		Not Hispanic or Latinx		Unknown/Unreported	
	# Clients	%	# Clients	%	# Clients	%
White	688	13.1%	1069	20.4%	1	0.02%
Black or African American	224	4.3%	1293	24.7%	0	0.00%
Asian	2	0.0%	60	1.1%	0	0.00%
Native Hawaiian	4	0.1%	2	0.0%	0	0.00%
American Indian	2	0.0%	8	0.2%	0	0.00%
More than one race selected	38	0.7%	27	0.5%	0	0.00%
Unknown / unreported	335	6.4%	47	0.9%	27	0.52%

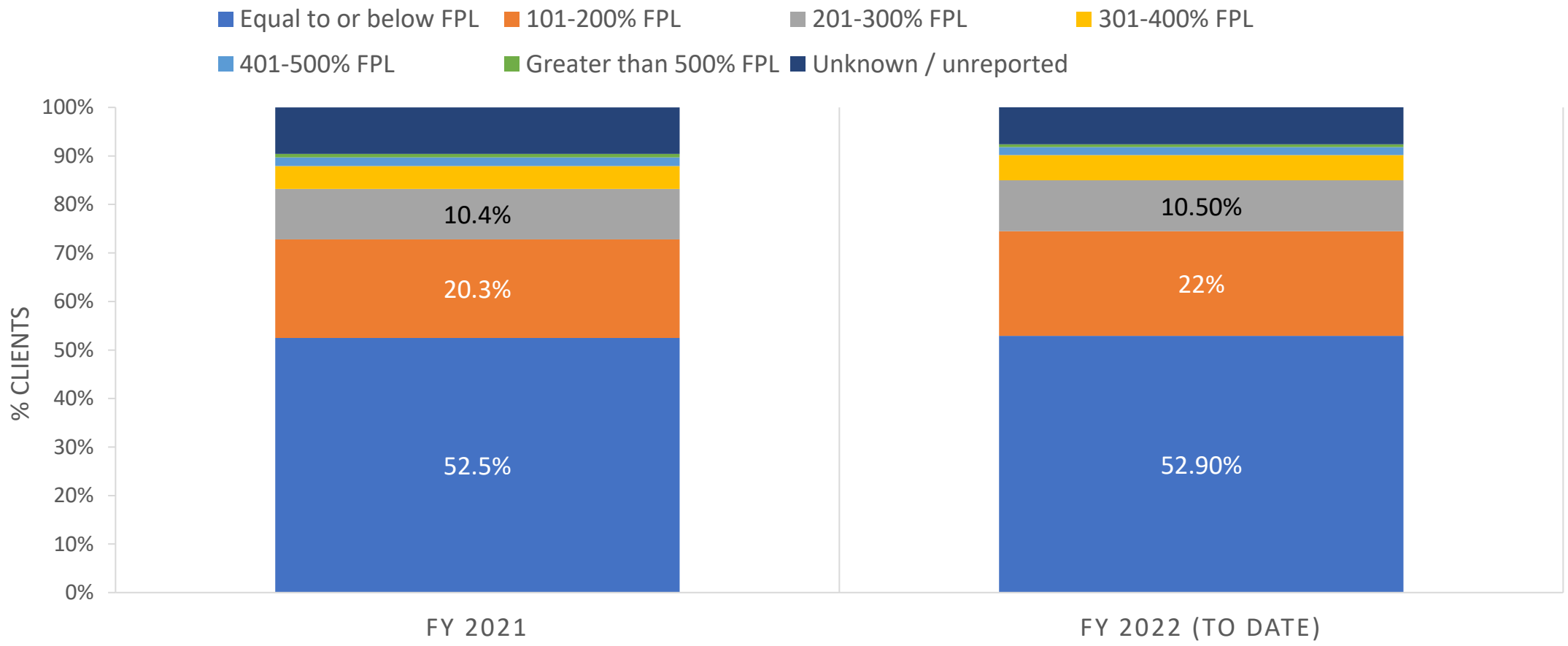
Data was pulled on 8/29. 22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

EXPOSURE CATEGORY OF PART A CLIENTS, FY 2021-22



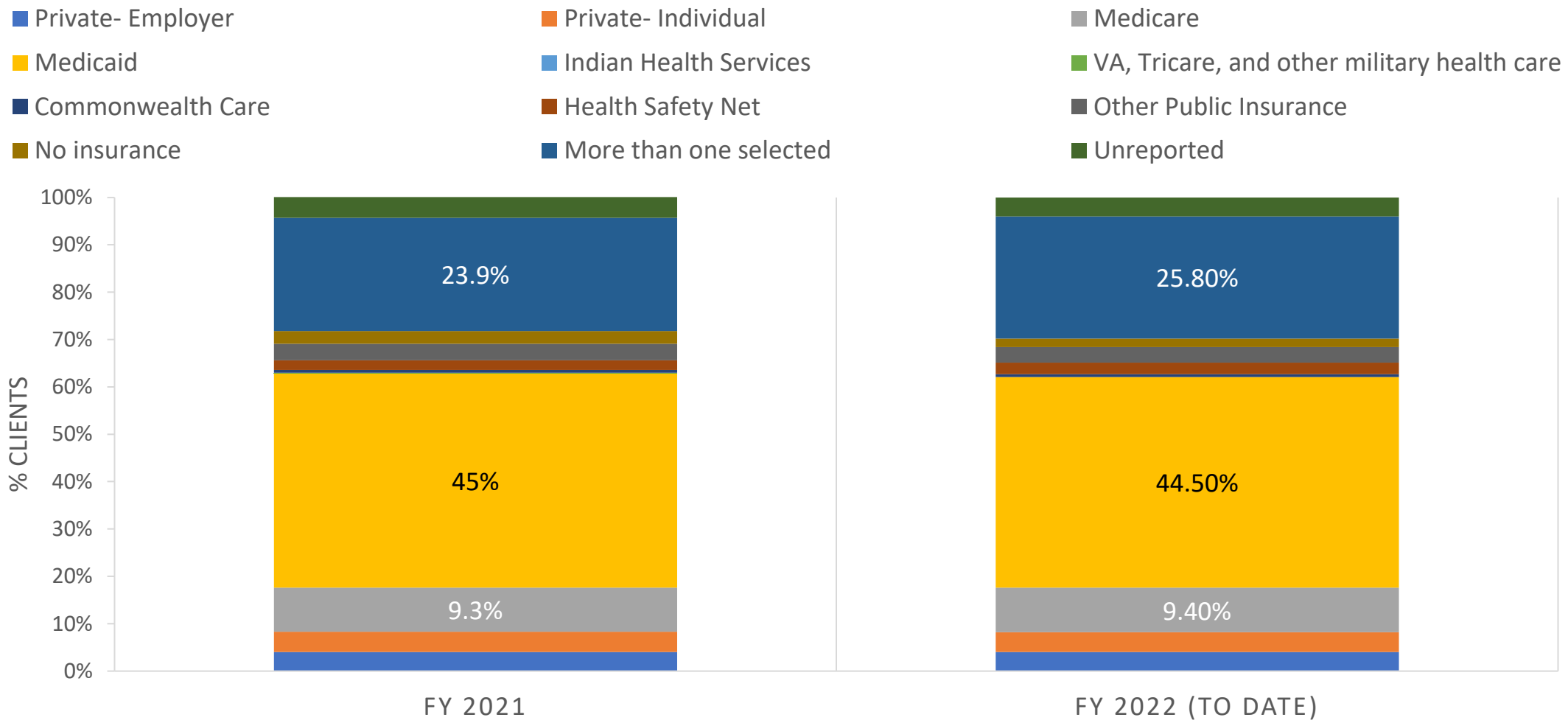
Data was pulled on 8/29/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

INCOME OF PART A CLIENTS, FY 2021-22



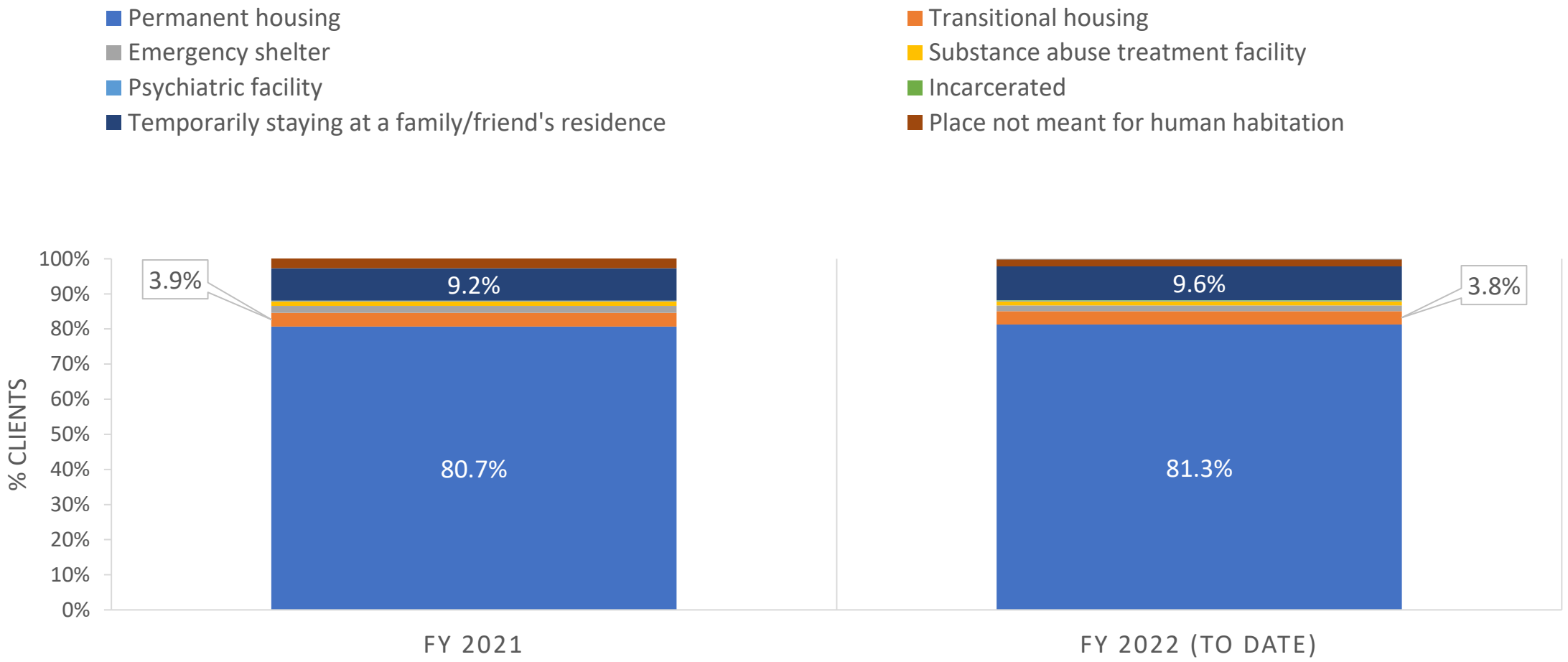
Data was pulled on 8/29/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

INSURANCE STATUS OF PART A CLIENTS, FY 2021-22



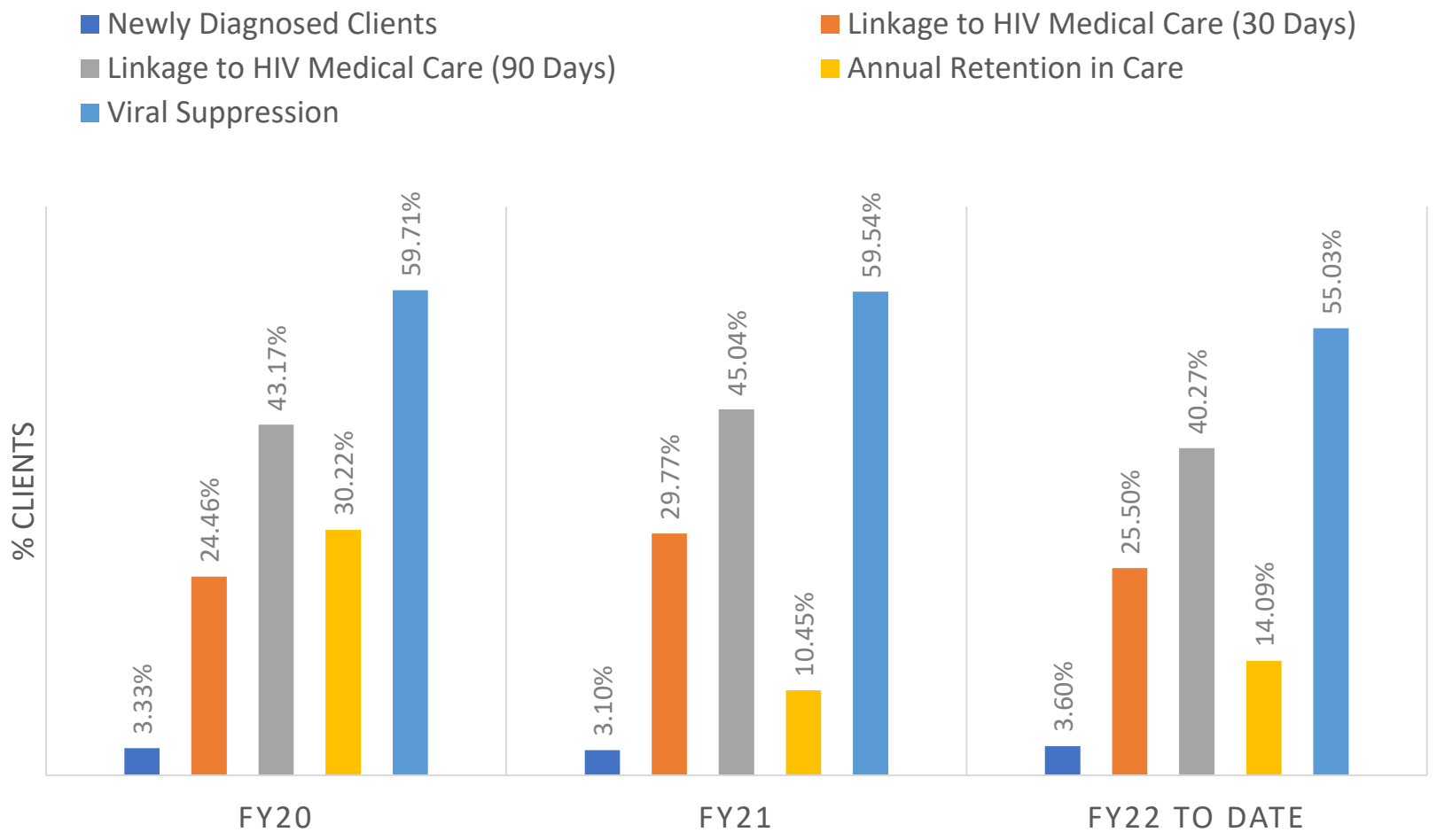
Data was pulled on 8/29/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

HOUSING STATUS OF PART A CLIENTS

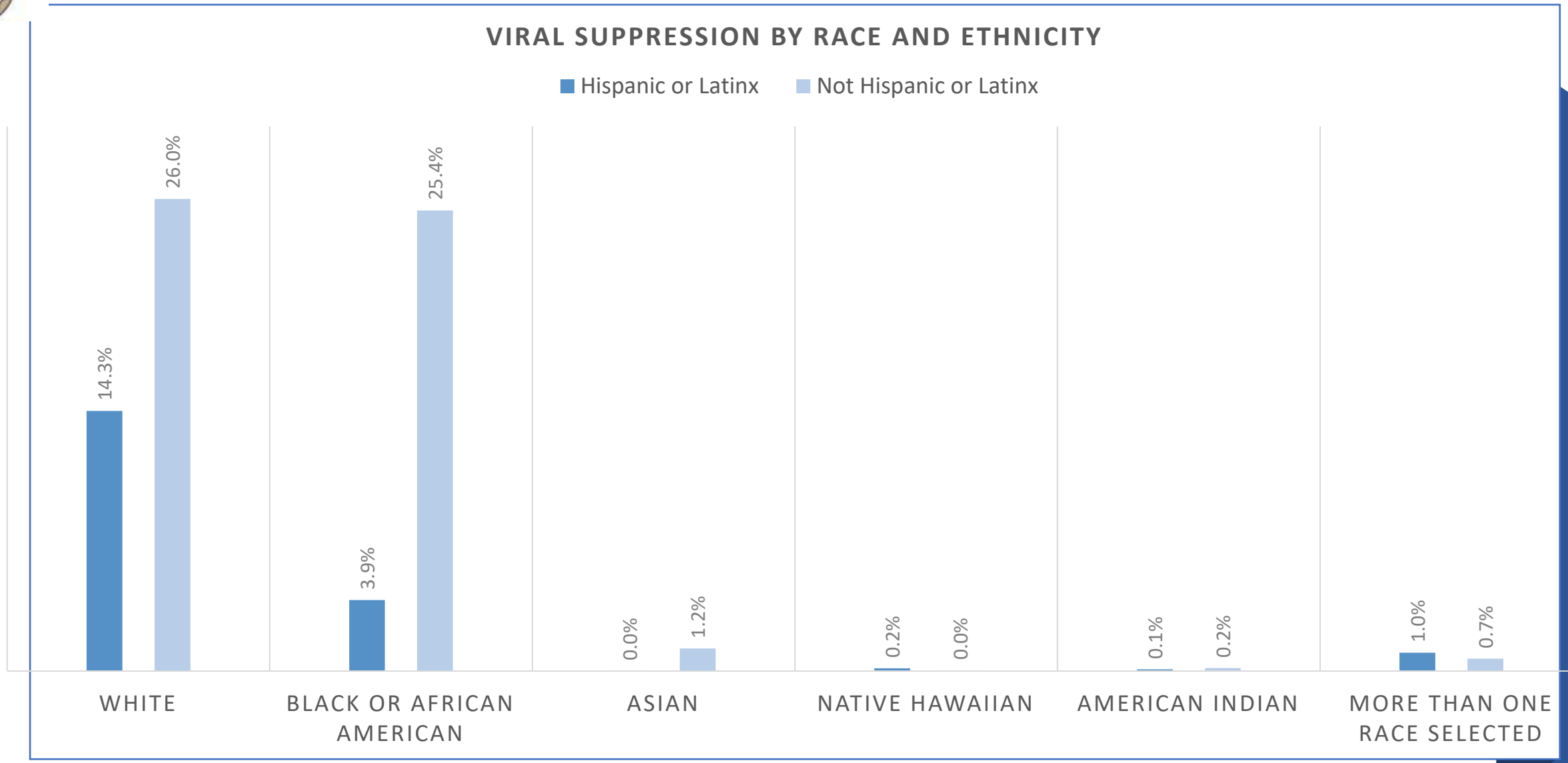


Data was pulled on 8/29/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.

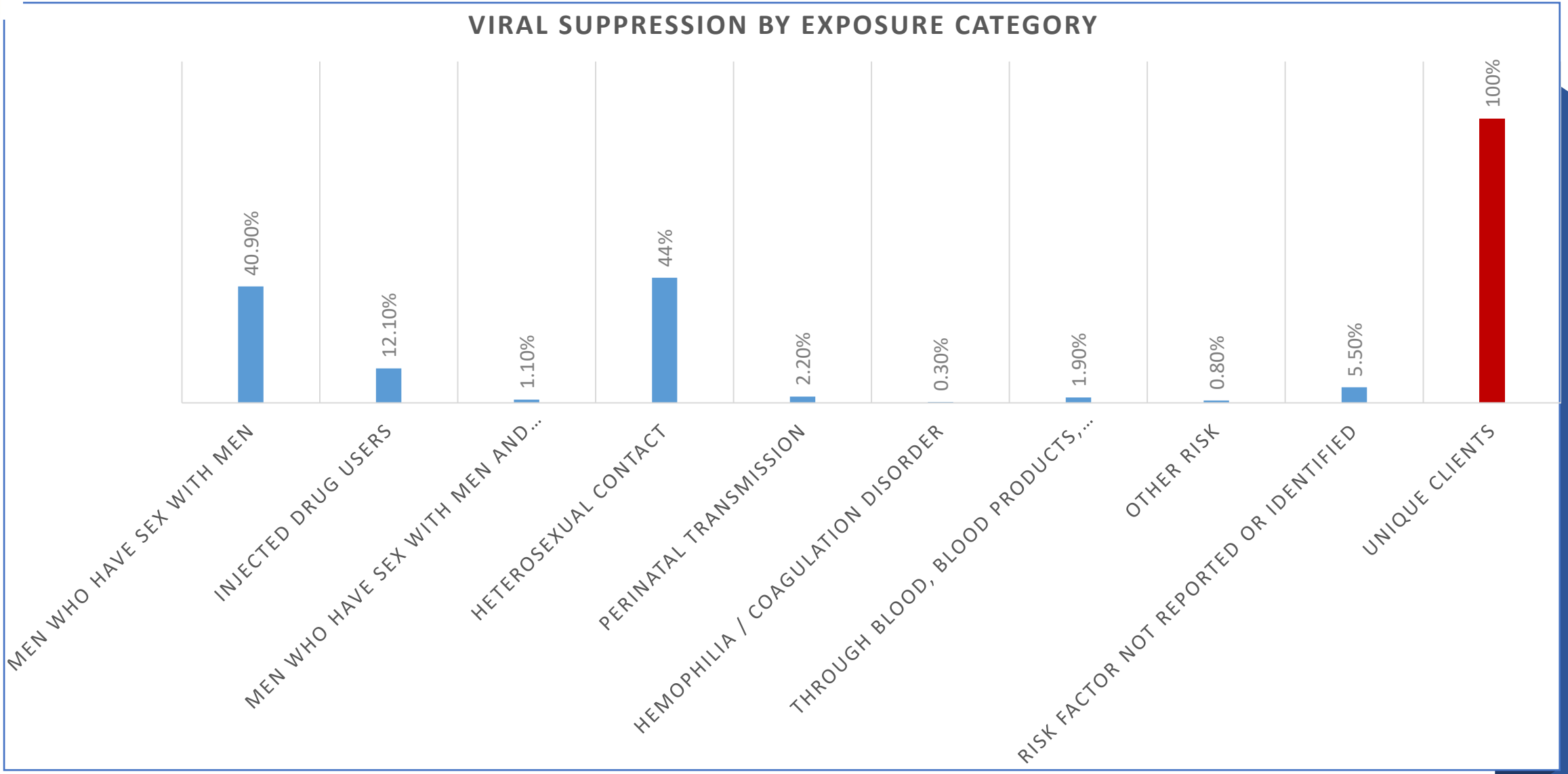
HIV CARE CONTINUUM AMONG NEWLY DIAGNOSED CLIENTS, FY 2020-22



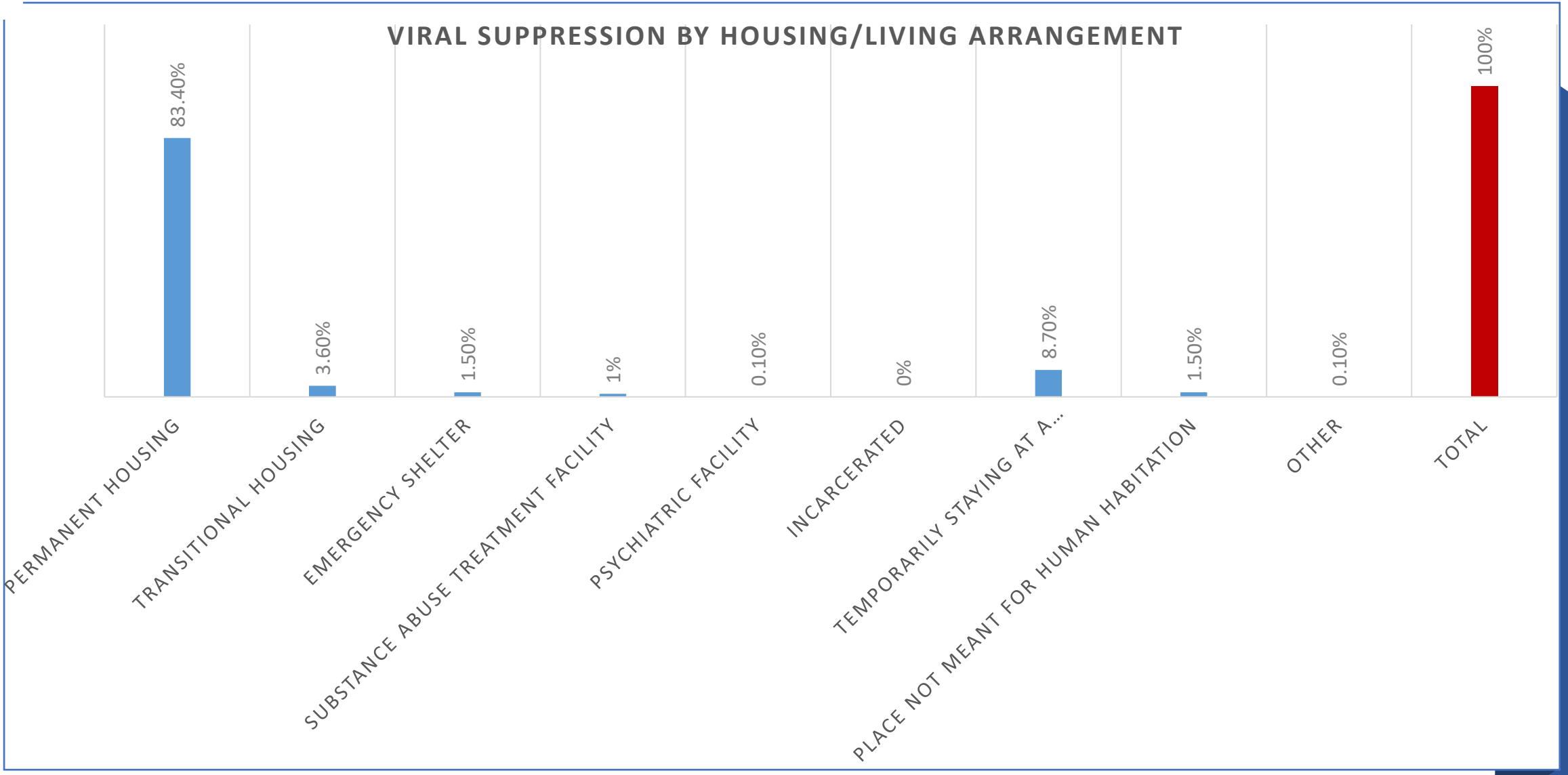
**Note: This dataset includes Part A clients who had a care engagement (an HIV medical visit, viral load, or CD4 test) within the measurement period. Data was pulled on 8/29/22, from HAB Measures Report for the reporting period 3/1/21 – 7/31/22, filtered by Services, All Providers, All Services, by both Part A and MAI.*



Data was pulled on 9/28/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Outcomes. Therefore, clients included in this dataset utilized Part A services AND have outcomes submitted within the measurement period.



Data was pulled on 9/28/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Outcomes. Therefore, clients included in this dataset utilized Part A services AND have outcomes submitted within the measurement period.



Data was pulled on 9/28/22, from Visual Analytics (Demographics) Report for the reporting period 3/1/21 – 7/31/22, filtered by Outcomes. Therefore, clients included in this dataset utilized Part A services AND have outcomes submitted within the measurement period.

Thank you!

If you have any questions, please contact the CQM team at cqm@bphc.org

Announcements

SHARE WITH THE COUNCIL

1. Meeting Update
2. Attendance Tracker
3. Staffing Update
    - Thank you, Lianne and Abiola!
4. Please complete meeting evaluations ☺

Other announcements?

Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!!!!