

# Clinical Quality Management Committee Meeting Cleveland TGA January 29, 2018 Webinar Minutes



## Attendees:

Name	Agency/Affiliation	Representing
Erica Shields	AIDS Healthcare Foundation	Part A Funded Agency
Joye Toombs	AIDS Taskforce	Part A Funded Agency
Adrianna Whelan	Circle Health Services	Part A Funded Agency
Mary Beth Gramuglia	Cleveland Clinic	Part A Funded Agency
Sandrell Porter	DSAS	Part A Funded Agency
Jennifer Gosnell	Family Planning of Lorain	Part A Funded Agency
Allison Kloos	Far West Center	Part A Funded Agency
Doug Vest	May Dugan	Part A Funded Agency
Summer Barnett	Mercy Medical	Part A Funded Agency
Dr. Ann Avery	MetroHealth	Part A Funded Agency
Rochena Crosby	ORCA House	Part A Funded Agency
Cathy Iannadrea	Signature Health	Part A Funded Agency
Dr. Barb Gripshover	University Hospitals	Part A Funded Agency
Susan DiCocco	Ohio Department of Health	Ryan White Part B
Tammie Jones	Cleveland Dept. of Public Health	Community Agency
Jason McMinn	MetroHealth	Planning Council - QI Representative
William Cartwright	Ohio Dept. of Health	Community Member
Darlene Wade	DSAS	Community Member
Sarah Hoehnen	AIDS Healthcare Foundation	Community Member
Robin Orłowski	AIDS Taskforce	Community Member
Glenda Morrison	Signature Health	Community Member
Jeanie Citerman-Kraeger	Signature Health	Community Member
Clemens Steinbock	National Quality Center	AIDS Institute, NY State Dept. of Health
Zoe Osborne	National Quality Center	AIDS Institute, NY State Dept. of Health
Melissa Rodrigo	Cuyahoga County Board of Health	Ryan White Part A Office
Kate Burnett-Bruckman	Cuyahoga County Board of Health	Ryan White Part A Office
Zach Levar	Cuyahoga County Board of Health	Ryan White Part A Office

## Meeting Minutes:

### 2:00 – Welcome and Introductions

### 2:05 – 2017 Quality Improvement Project Review – Kate Burnett-Bruckman/Part A funded agencies

- Kate provided data regarding VL suppression rates across agencies for calendar year 2017.
  - Disparities project showed an overall improvement in viral load by 8%.
  - The TGA has a 1% increase for the total populations viral suppression rate.

- Funded agencies each provided a summary of their efforts in 2017 including their progress, strengths, and barriers to date.
  - Some barriers noted by providers:
    - Keeping clients engaged
    - Clients dropping out of care
    - Issues and constraints by IT at provider's agency
    - Being a smaller agency
  - Some accomplishments noted by providers:
    - Linking clients to local resources
    - VL suppression improvements
    - Incorporating education and testing
    - Consistent messaging between appointments by case managers
    - Medications delivered to office to bring patients in

### 2:35 – Retention in Care Measure – Kate Burnett-Bruckman

- Kate went over the data for the Retention in Care measure within the Cleveland TGA and how it compares to other regions and the state.

### 2:45 – Retention in Care Poll Results – National Quality Center

- Clemens Steinbock and Zoe Osborne presented a two polls; one regarding a retention in care measure for the next phase of our CQM project, and a needs assessment to gauge the needs of funded providers – Results Below:

#### Retention in Care Poll

- Which measure should be used for measuring retention in care in 2018?
  - 2 or more VL and/or CD4 tests (90 days apart) **12.5%**
  - 2 or more OAHS visits (90 days apart) **0%**
  - 2 or more VL and/or CD4 tests (1 in 1<sup>st</sup> 6 months, 1 in last 6 months) **62.5%**
  - 2 or more OAHS visits (1 in 1<sup>st</sup> 6 months, 1 in last 6 months) **18.75%**
  - None of the above **6.25%**

#### Needs Assessment

- Use of basic tool of quality to analyze causes of problems
  - Above Average= 53%
  - Average or Below= 47%
- Understand data and use it to develop improvement projects
  - Above Average= 65%
  - Average or Below= 35%
- Implement the key points of the HIV/AIDS Bureau's Policy Clarification Notice 15-02
  - Above Average= 12%
  - Average or Below= 88%
- Develop a performance measure in keeping with the goals of the quality program
  - Above Average= 59%
  - Average or Below= 41%
- Conduct PDSA Cycles
  - Above Average= 35%
  - Average or Below= 65%
- Structure a quality improvement project

- Above Average= 65%
- Average or Below= 35%
- Lead a quality team in my organization
  - Above Average= 38%
  - Average or Below= 62%

**4:20 - Next Steps and Wrap Up – Kate Burnett-Bruckman**

- Kate notified everyone that there will be more discussion regarding retention in care at the next in-person CQM meeting.
- Meeting minutes and a copy of the PowerPoint presented today will be e-mailed out to all.
- **The next CQMC meeting will be held at 1:00 pm on Monday, March 19, 2017. Location TBD.**