Clinical Quality Management Committee Meeting
Cleveland TGA
November 18, 2019 Meeting Minutes

Attendees:

Name	Agency/Affiliation	Representing
Brittany Pope	AIDS Healthcare Foundation	Part A Funded Agency
Deairius Houston	AIDS Taskforce	Part A Funded Agency
Adriana Whelan	Circle Health Services	Part A Funded Agency
Mary Beth Gramuglia	Cleveland Clinic	Part A Funded Agency
David Smith	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 Health	Part A Funded Agency
Dr. Ann Avery	MetroHealth	Part A Funded Agency
Kim Rodas	Nueva Luz Urban Resource Center	Part A Funded Agency
Cathy Iannadrea	Signature Health	Part A Funded Agency
Dr. Barb Gripshover	University Hospitals	Part A Funded Agency
Kate Burnett-Bruckman	University Hospitals	Ryan White Part C/D
William Simpson	AIDS Taskforce	Community Member
Sandrell Porter	DSAS	Community Member
Candace Clark	Far West Center	Community Member
Ashley Hollohazy	Mercy Health	Community Member
Jason McMinn	MetroHealth	Community Member
Jean Luc Kasambayi	Nueva Luz Urban Resource Center	Community Member
Stacy Noyes	Signature Health	Community Member
Robin Orlowski	Signature Health	Community Member
Kristin Ziegler Alban	Signature Health	Community Member
Robert Watkins	Community Member	Planning Council QI Co-chair
Melissa Rodrigo	Cuyahoga County Board of Health	Ryan White Part A Office
Zach Levar	Cuyahoga County Board of Health	Ryan White Part A Office
Tahir Arif	Cuyahoga County Board of Health	Ryan White Part A Office
Vino Panakkal	Cuyahoga County Board of Health	Ryan White Part A Office
Melissa Kolenz	Cuyahoga County Board of Health	Ryan White Part A Office

1:00 – Welcome and Introductions

- All CQMC members introduced themselves—agency, title, and name

1:15 – CQMC Updates and Data - Zach Levar & Tahir Arif

- Discussed and reviewed CQM Plan
- Next target VLS = 90%
- Organizational Assessment highlights – priority populations and new/emerging populations
- Ideas for new trainings were discussed
- Possible future presentation – HIV molecular surveillance/cluster (looking for trends or patterns in HIV transmission via genotype, strain, geography, etc.)
- Discussion of Care Continuum for FY18, VLS numbers to date, Treatment cascade by service area, ART and VLS categories that showed larger than 5% difference in ART and VLS
- Overview of the three year VLS numbers for each target subpopulation and overall

1:45 – CQM QI Project Presentations - Part A Funded Providers

- AHF – Brittany Pope: Communicated loss of their physician to CQMC. AHF is currently searching for a new physician—one physician from Columbus comes up once a week on Wednesdays. AHF feels they have kept their care, intake, and services exemplary regardless of physician departure, thus their VLS has not been an issue. They've gained clients over the term of the project, but nonetheless increased their VLS%.
- ATF – Deairius Houston: ATF's Deairius Houston and colleagues have been working with Brothers Health Connection to work with those who are virally suppressed, but have fallen out of care; and those who are not virally suppressed. ATF's life coaches will meet clients where they are and complete home visits.
- Circle – Adriana Whelan: One of Circle Health Services focuses is linking clients to services. With mobile phones, MCMs can now start the intake process whilst out at the clients home. MCMs will also monitor lapses in coverage, monthly. EIS clients (non-virally suppressed) will be picked up by Circle for their appointment if they need transportation. Circle has also worked to decrease the wait times for depression screening/counseling by hiring a 2nd psychiatrist. Going forward, Circle is looking into using social media (Facebook, Instagram, Twitter, etc.)
- CCF – Mary Beth Gramuglia: One of the larger barriers to care is the failure to renew OHDAP and Medicaid, which in turn causes issues with medication adherence. They have now been reminding clients of insurance renewal dates, which has decreased this barrier dramatically. CCF has also considered putting up signage in the department to remind patients to get labs done (the lab is out of the way of the department, thus some patients forget while leaving the appointment). Walking patients down to their labs was discussed as a solution.
- DSAS – David Smith: DSAS's "Home Support QI Project" has deployed home health aides (HHA) who service Ryan White clients several times a week. DSAS trained HHAs to ensure the client has, and is, taking their medication. When visiting the client homes they will ask clients: do you have enough medication(s) for the next week? When is the next dose due? From there, if the response or observation is not indicating medication adherence, (i.e. Mr. X's medication box looks like there were more medicine than there should have been for someone regularly taking their meds) the HHA would bring that information back to DSAS and take note of it for follow-up. Clients see the same HHA to ensure continuity of care. All HHAs were

trained in this process. DSAS went from 25 to 33 clients, so VLS changed drastically—lost some to care that were suppressed, gained some who were not suppressed.

- FPL – Jennifer Gosnell: Resource packet was created so that if a patient is lost to care or erratically in care, they will still have contacts for services if they ever need it. The resource packet includes services and cards from other providers, such as Nueva Luz Urban Resource Center and Mercy Health. Client population is small, so even one client dropping off or not being virally suppressed greatly affects the VLS% (only had about 4 or 5 clients over course of the project)
- Far West - Allison Kloos: HIV 101 trainings were a success and helpful for staff; they will continue with it annually. Some topics include: HIV transmission, treatment as prevention, PrEP, HIV in the US and globally, treatment methods, etc. Far West also had Jan Clark—PharmD from Ohio State University—give a 90 minute HIV101 training.

2:45 – Break

2:55 – CQM QI Project Presentations - Part A Funded Providers

- May Dugan – Doug Vest: The greatest barriers May Dugan encountered were transportation and client isolation. Doug created a transportation information brochure for all clients at May Dugan. The brochure includes the RTA bus schedule, which helped a client get transport. Doug also can distribute prepared transit tickets and will drive clients to appointments if need be. Facilitating referrals to HIV doctors has been ongoing and successful. The brochure (with bus schedule) will be updated and available for all clients at the front desk of May Dugan.
- Mercy Health – Summer Barnett: STI education, intake process, and gas card criteria and food voucher process were all implemented successfully. Summer Barnett described the intake process and gas/food voucher policy. Education and compliance have been very greatly affected (positively) by Mercy's STI education, especially for the MSM of color. Some new diagnoses caused the VLS% to drop in P3. Mercy Health will continue STI education for every patient at least once a year, as well as use the new standardized processes for food, gas, intake, etc.
- MetroHealth – Jason McMinn: MetroHealth developed a Lyft transportation program. The MCMs were concerned with overuse of Lyft service, so a policy with eligibility criteria was created to ensure Lyft is used by those that need it the most. MetroHealth will figure out if this is a viable option under Part A funding. Baseline through P2 data did not change because Lyft was still being figured out/implemented. One example of when Lyft was successful: client had issues ambulating so he can't make it to the bus stop. In that case, Lyft was essentially his only option.
- NLURC – Jean-Luc Kasambayi: NLURC observed fluctuations in VLS due to changes in patient pool – NLURC takes in many new clients every month, which affects the VLS%. The have been staying in contact with clients, have explained U=U, and have improved the intake process to make sure all services are met for the client. Matthew Dougherty is working with The Center for Evidence Based Treatment to implement group and individual counseling sessions.
- Signature Health – Cathy Iannadrea: Although the project was completed, a new barrier was encountered—there aren't Lyft drivers in Ashtabula. Ashtabula really doesn't have public transit and there is not a reliable taxi service, so Lyft was very important for clients to get transportation. The client can still get a ride back from their appointment to home via Lyft since

there are drivers in that area, but getting the Lyft in Ashtabula to their provider is not possible due to the dearth of Lyft drivers. Another barrier discussed is that since MCM are often in the field, it's hard to communicate with them all the time. Over the year, Signature has increased their patient load by more than 50%, many of whom are not virally suppressed or just came back into services.

- University Hospitals – Kate Burnett-Bruckman: VLS numbers fluctuating because the patient population changes. In addition, UH has some patients lost to care, erratically in care, or that have medication adherence issues, all of which also affect VLS. After completion of project, UH went back and did a deep dive into those clients who were not virally suppressed and studied their demographics and barriers to better serve them in the future. UH completed a data summary of their non-suppressed clients as of June 30, 2019, breaking out client population by demographic group: race/ethnicity, sex/gender, insurance status, age.

3:45 – Next Steps, Adjourn - Zach Levar & Melissa Rodrigo

- Providers should look out for an email soon regarding the finalized CQM plan and a Doodle Poll to set up the January 2020 QI site visit meeting