

Clinical Quality Management Committee Meeting Cleveland TGA November 16, 2020 Meeting Minutes



Attendees:

Name	Agency/Affiliation	Representing
Brittany Pope	AIDS Healthcare Foundation	Part A Funded Agency
Joye Toombs	AIDS Taskforce	Part A Funded Agency
Fatima Warren	Circle Health Services	Part A Funded Agency
Mary Beth Gramuglia	Cleveland Clinic	Part A Funded Agency
David Smith	DSAS	Part A Funded Agency
Allison Kloos	Far West Center	Part A Funded Agency
Doug Vest	May Dugan	Part A Funded Agency
Dr. Ann Avery	MetroHealth	Part A Funded Agency
Daytona Harris	Neighborhood Family Practice	Part A Funded Agency
Kim Rodas	Nueva Luz Urban Resource Center	Part A Funded Agency
Brittany Anderson-Freese	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
Deairius Houston	AIDS Taskforce	Community Member
Kelly VanDerShaegen	Cleveland Clinic	Community Member
Brittany Hinton	Circle Health Services	Community Member
Sandrell Porter	DSAS	Community Member
Jason McMinn	MetroHealth	Community Member
Jean Luc Kasambayi	Nueva Luz Urban Resource Center	Community Member
Roberta Taliaferro	May Dugan Center	Community Member
Robin Orłowski	Signature Health	Community Member
Kristin Ziegler Alban	Signature Health	Community Member
Melissa Rodrigo	Cuyahoga County Board of Health	Ryan White Part A Office
Zach Levar	Cuyahoga County Board of Health	Ryan White Part A Office
Gloria Agosto-Davis	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

CQM Timeline

- Zach discussed the 2 year CQM timeline, which can be found in the committee approved CQM plan.

Overall TGA Data

Changes to Care Continuum:

- Eligible Scope is now included (reports on all Part A eligible clients), so this will expand the amount of data contributing to Continuum.
- Continuum will be developed using Performance Measures rather than Financial Reports.
- Part A funded agencies will now have ability to pull real-time Agency Care Continuum via Performance Measures(Look out for CW Manual update to include instruction)

Linked to Care

- Definition- Part A eligible client who has received a medical visit, CD4 or viral load test in measurement year.
- The changes noted above mean that more clients are qualifying as linked to care. This will further enhance the other elements of continuum.

CY2019 Care continuum Raw Data

5892 - HIV diagnosed clients in Cleveland TGA (Source: ODH Surveillance)

3014 – Part A Clients

2975 – Linked to Care Clients

2368 – Retained in Care Clients

2834 – Clients on ART

2399 – Virally Suppressed Clients

Target population overlay

- Four CQM Target Populations: Transgender, youth, AA/Latino women, MSM of color
- Presentation slides depict line graph of how they have trended over approximately last 2 years
- Zach asked attendees to please continue to clean data throughout the year to assess accurate trends, not just at RSR time.

CY2020 QI project progress

- Review of overall VLS data through Q3 for 2020 projects.
- Discussion of how DMAIC process is used for agency QI projects
- Review of most common barriers to care due to COVID-19 pandemic
 - Isolation of clients – fear of going to receive care during pandemic
 - Viral Suppression – lack of lab draws, prescription refills
 - Technology – distraction for clients

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

Provider presentations (please see presentation slides for more information)

May Dugan Center

- Target Population – All HIV Clients
- Wanted to address items that related to stigma and lack of education that prevent people from getting care
- Decision to create training for the other programs about resources for HIV clients
- Created a HIV resource guide that was disseminated through the building and programs at May Dugan rather than a presentation due to pandemic
- Positive response so far, helps providers to have a quick conversation with clients
- 25-30 guides have been handed out
- Viral suppression 100% for 10 clients
- Roberta added that the resource guide has been very helpful to internal departments and agencies in the building

Cleveland Clinic

- Target Population – Part A MCM Clients
- Decided to focus on a tool to help manage all the timelines and dates for ODHAP and Part A
- Goal of being able to run one report and have all the information in that one report
- Report could be run for each MCM client by CCF staff
- Mary Beth has taken online courses throughout the year on MS Access to develop skillset
- 41 clients at 75% viral suppression

Signature Health

- Target Population – All Part A Clients
- Decided to assess how to get more clients involved in Psychosocial support groups, in the hopes that would help with viral suppression for those clients
- Formulated a needs assessment and plan for distribution
- Needs assessment showed that a significant portion of clients would like to connect to other clients and build a sense of community
- They plan to distribute needs assessment on a biannual basis

DSAS

- Target Population – All Part A Clients
- Goal of trying to increase clients' understanding and confidence in their treatment, which would hopefully lead to better adherence and increased viral suppression rates
- Created educational handout that nurse/home health aide uses to coach clients on how to prepare for an upcoming appointment
- The follow-up piece is to be able to see if the document had a positive impact on clients' clinic visits
- With switch to telehealth, the document wasn't as easy for clients to use or focus on...so DSAS looks forward to utilizing post-pandemic to test impact

Far West Center

- Target population - All Part A Clients
- In an effort to decrease no-show rates, Far West focused on pre-appointment phone calls and developed a decision tree on how to handle different issues such as no shows/barriers/last minute cancellations
- Enhanced follow-up procedure to include letters and phone calls
- With early success, Far West is looking into using this tool for the entire agency, expanding from just Part A clients

AIDS Healthcare Foundation

- Target Population – All Part A Clients
- Honed in on clients that were not virally suppressed and went through their files to see the barriers for each client and then compared those to virally suppressed clients (phone notes, clinic notes, etc.)
- Found that a few clients were newly diagnosed and had not had enough time on medication, while others had transferred to other care facilities.
- Now bringing non-VLS list to morning huddles with staff where they go into more detail about retention for each client.

MetroHealth

- Target population – Non-VLS Youth Clients (ages 13-29)
- Developed an ad hoc group consisting of MCM and grant support that meets monthly
- Group goes over youth cases to see why they are not virally suppressed and if there is something MetroHealth could do to help achieve viral suppression
- They wanted to see if monthly outreach could help with appointments and labs, prescriptions, etc.
- Compiled a list of barriers to address, and prioritized those barriers
- Perinatal-affected is toughest group to engage, trying to engage them and other youth in youth psychosocial groups

University Hospitals

- Target Population – Youth Clients (ages 13-24)
- Implemented case conferencing with social worker, quality improvement manager and nurse coordinator, focusing on not virally suppressed youth
- Began study testing effects of utilizing Lyft as a form of medical transportation to assist non-VLS youth in getting to medical and lab appointments
- Focused on developing policy including criteria on which clients are eligible to use Lyft

AIDS Taskforce of Greater Cleveland

- Target Population - MSM of Color (Brothers Health Connection Program-BHC)
- Project addressed the transition process from intensive MCM (BHC) to regular MCM after clients complete program
- Goal was to address potential issue of clients not transitioning well to different level of care

Circle Health Services

- Target population – MSM of Color
- Developed a tool to determine barriers for clients that may be preventing them from becoming or remaining medically adherent and retained in care
- Use scores on the tool to determine if client should remain in regular MCM or be transitioned to intensive EIS

Nueva Luz Urban Resource Center

- Target Population – MSM of Color
- Developed list of questions regarding medical care to ask non-VLS clients when client is receiving non-medical care at Nueva Luz
- Trained all staff members on how to approach conversation with clients
- Developed a flowchart on how to address any issues that come up from the questioning

Family Planning of Lorain

- Target Population – All Part A Clients
- Wanted access to work cell phone to better communicate with clients
- Approved for cell phone for EIS services, developed consent forms/standardized messaging for when phone is acquired

Mercy Health

- Target Population – Non-VLS Clients
- Developed a document to determine barriers for non-VLS population
- Did not think the VL tracking list made an impact, so will discontinue the list but did find value in the consistent text messaging with non-VLS clients and will continue into future

3:25 – Next Steps, Adjourn - Zach Levar & Melissa Rodrigo

- Data collection for Q4 of 2020 projects, submission due early January to Part A office
- Start thinking of CY2021 Project Ideas, look out for email to set up January meeting dates for project set up