

Cuyahoga Regional HIV / AIDS Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Robert Watkins – Co-Chairs



Quality Improvement Committee Minutes

Wednesday, October 21, 2020

3:00 pm to 4:00 pm

Start: 3:00 pm

End: 4:02 pm

Facilitating Co-chair: J. McMinn

Moment of Silence

Welcome and Introductions

QI Co-chair, J. McMinn, opened the meeting with attendee introductions and brief statements.

Approval of Agenda: October 21, 2020

Motion: N. O'Neal

Seconded: L. Yarbrough-Franklin

VOTE: In Favor: All

Opposed: 0

Abstained: 0

Approval of Minutes for September 16, 2020

Motion: C. Barnett

Seconded: N. O'Neal

VOTE: In Favor: 12 Opposed: 0 Abstained: 2- L. Yarbrough-Franklin, J. Patterson

New Business

Oral Health (Dental) Service Category Review

J. McMinn led the discussion on Oral Health. He stated that the purpose of the review was not an attempt to cut services, but rather this was a Quality Improvement activity designed to look deeper into the Standards of Care for Oral Health and develop ideas and strategies on how to improve services. For the next few months, the committee will become experts in all things involved with teeth.

Things to consider:

More detail needed on dental services and which organizations have funds.

Develop a list of questions for providers.

Gather dental data from Part B.

Review past utilization and spending trends over several years, as needed.

Review the carryover process and how it affects this category.

Discuss how/if the AETC can help in this process.

Review websites for potential information helpful to this category.

There are lot of resources, including links to HRSA site that list HIV & Oral Health factsheets, including Barriers for PLWH to oral health care: Lack of dental insurance; Lack of financial resources; Shortage of dentists trained or willing to treat PLWHA; Shirking adult dental Medicaid services; Patient fear of and discomfort with dentists; Perceived stigma within health care systems; Lack of awareness of the importance of oral health.

Cuyahoga Regional HIV / AIDS Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Robert Watkins – Co-Chairs



Standards of Care Overview

1. Services are provided by trained professionals
2. Oral health clients have a dental treatment plan developed or updated in the measurement year.
3. Oral Health clients have a dental and medical health history recorded or updated in the measurement year.
4. Oral health clients receive oral health education at least once in the measurement year.
5. Oral health clients receive a periodontal screening or exam at least once in the measurement year.
6. Oral health clients are linked to medical care.
7. Clients had less than 200% copies/ml at last viral load test during the measurement year.

The following are comments and Q&A's on how Oral Health services can be improved.

**Comment:* R. Watkins - It's a lot to cover, but thinking we should focus on service standards first, establish our goals, and then the other things can come later.

**Response:* J. McMinn – Yes, agreed - that's a great place to start.

**Question:* J. McMinn –Regarding dental treatment plans, do patients leave with a plan, or is it with their record?

**Response:* Grantee -It should be both and a summary in their EMR.

**Comment:* Dr. Gripshover – Sometimes clients bring them to their medical appt.

R. Watkins, QI Co-Chair, proposed the following nine questions regarding the goals, corresponding to each goal separately, for the committee to consider/review.

1. How many agencies currently provide dental care in our TGA, who are they?
2. How many trained professionals currently that provide dental services to PLWH/A?
3. What is total number of clients currently enrolled in treatment; do we have 100% documentation of their treatment on file?
4. How many clients have requested oral health and are waiting to receive care?
5. Are there any issues with meeting the 80% documentation of case completion?
6. Is there current documented proof of oral health education for 80% all clients seen in this measurement year?
7. Has 80% of the clients seen in this measurement year, received a periodontal screening?
8. Has 80% of the clients seen in measurement year had at least one medical visit, viral load, or test charted in their file?

Cuyahoga Regional HIV / AIDS Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Robert Watkins – Co-Chairs



9. Has 80% of clients seen in the measurement year shown documentation of a viral load test in CAREWare?

**Comment:* S. Harris – We have to consider the most recent data will be pre-Covid.

**Comment/Response:* Grantee - We monitor the current year and look at previous years. There will be no monitoring this year due to Covid, and the data provided will be 2018 data, as the data is always a year in the rear.

**Question:* N. O'Neal – Can we as a planning council know who the providers are, are we privy to that information, and can we discuss that in planning council?

**Response:* Grantee: Yes, the information is on our website, all the providers and their contact information is on the website.

**Response:* S. Harris – We are not to discuss specific provider performance or the provider, only the services that are provided and the details of the service.

Oral Heal Overview/Preliminary Report – Z. Levar

Typically, for oral health, the only areas we usually find issues are with oral health education documentation in the charts. This often seems more of a documentation thing, rather than a non-compliance, or lack of service issue. Also, sometimes there are issues with linking to medical care and viral suppression but that's usually because the reporting systems are not linked.

**Question:* R. Watkins - How can we get that information?

**Grantee:* We can give cumulative reports and summaries, based on the questions.

**Question:* S. Harris – Regarding Standard #7, how critical is that standard when the dental providers are not linked to the EMR information system to allow dentists to verify?

**Response:* Z. Levar – Definitely, viral load is critical. That standard is on every category. While it's not in the dental EMR, we still perform due diligence to make sure clients are virally suppressed.

**Response:* Grantee- We want to make sure to give credit where credit is due, and not ask to do things they cannot do. It's a delicate balance, we try not to discourage and lose a provider. Providers do, however, have to be non-profit dental providers. We cannot fund private dentists, due to Part A requirements, but we do have a dental program that's more comprehensive than the state program and compared to other TGA's. We also push exceptions through, whereas other TGA's have caps, we don't. We look at the best interest of the clients.

**Question:* R. Watkins – How many are currently providing dental services in our TGA and how many are non-profit?

**Response:* Grantee - They all have to be non-profit. We have three with a fourth in progress. They are: MetroHealth, University Hospitals, Circle Health, and the fourth is Signature Health.

Cuyahoga Regional HIV / AIDS Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Robert Watkins – Co-Chairs



**Question:* N. O'Neal – Can't they (Dentists) see viral load status in CAREWare?

**Response:* Grantee – They are currently not using CAREWare data.

**Question:* R. Watkins - Could that be added as a criteria?

**Response:* Dr. Gripshover – Usually providers ask for dental information.

**Question:* J. McMinn – From an HIV perspective that dental is important, what do you see with patient willingness?

**Response:* Dr. Gripshover – Oral health is important, in general, because extra inflammation is not good for the whole system, and HIV causes more inflammation so it is important that PLWH/A get good oral care. Also, we as providers must ask them about that, as we are audited on the type of questions that we ask patients. There are lots of people who take full advantage and go to the dentist, but not everyone wants to go to the dentist. Not matter how much conversation and effort is made, it still takes a while.

**Question:* R. Watkins – Regarding Standard#4, we need to know that if people are afraid to visit the dentist, what can quality improvement do to get that information from people, document/record that info, and then be able to pull from that data?

**Response:* N. O'Neal – This is two-fold. First, there are a lot of patients that have had appointments constantly changed, or they get to their appointments and they are cancelled after they have waited for hours. Also, sometimes the hours of availability are not necessarily conducive to clients that work during day. Last, a lot of people have been traumatized, left in waiting rooms, for 45 minute to an hour waits, sometimes in pain and leave frustrated to find that they couldn't be seen because office hours were over. There must be something they experienced as to why they don't go that needs to be looked into.

**Comment –* J. McMinn – We will explore these things and provide feedback for the next meeting. J. Patterson offered to provide information from a 2016 dental student that may help and S. DiCocco will get info on outcome measures of dental patients that could provide helpful data for clients in the TGA.

Summary – Next Steps – J. McMinn

The discussion raised good questions and ideas to touch upon. This dental presentation provided an interesting document to help guide in the process. The committee will also look at oral health plans at other sites. To do for next month:

- QI Co-chairs, Z. Levar, S. DiCocco, J. Patterson, and M. Rodrigo will put together data for an Oral Health survey.
- There will be a presentation about how the TGA is progressing with meeting Oral Health service standards from past audits and who the providers are.
- The committee will decide on whether to do a client or provider survey and then develop the questions.

Cuyahoga Regional HIV / AIDS Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Jason McMinn, Robert Watkins – Co-Chairs



Represent the TGA in Statewide Integrated Plan

Tabled.

Represent the TGA in the OH Needs Assessment Process

V. Panakkal - The final state report is in the hands of ODH, awaiting approval.

S. DiCocco – They stated they would get back to us by the end of the month, with the 40 page document. Further updates will be provided at the next meeting.

Standing Business

Agree on QI Committee work activity (if any) to be reported at Executive & Planning Council meetings

Agreed – to report on Oral Health discussion.

Determine formal CAREWare Data Request (if any)

Tabled.

Parking Lot Items

Tabled.

Next Steps

Tabled.

Announcements

None.

Adjournment

Motion: R. Watkins

Seconded: C. Nicholls, C. Barnett

	QI Committee	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Jason McMinn Co-chair	20	20					0	20	20	
2	Robert Watkins Co-chair	20	20					20	20	20	
3	Barb Gripshover	20	20					20	20	20	
4	Christy Nicholls	0	20					20	20	20	
5	Marlene Robinson-Statler	0	20					20	20	20	
6	Leshia Yarbrough-Franklin	20	20					0	0	20	
7	Billy Gayheart	20	20					20	20	20	
8	Jeannie Citerman-Kraeger							20	20	20	
	Total in Attendance	5	7					6	7	8	

PC Members: K. Dennis, C. Barnett, N. O’Neal, R. Rolling, L. Lovett, J. Patterson

Attendees: S. DiCocco, L. Clayton, K. Burnett-Bruckman

Staff: M. Rodrigo, S. Harris, Z. Levar, V. Panakkal, G. Agosto, T. Mallory