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, November 18, 2020

3:00 pm to 4:00 pm

Start: 3: 02 pm **End:** 3:56 pm **Facilitating Co-chair: R. Watkins**

Moment of Silence
Welcome and Introductions

Approval of Agenda: November 18, 2020
Motion: C. Nicholls Seconded: N. O'Neal
VOTE: In Favor: All Opposed: 0 Abstained: 0

Approval of Minutes for October 21, 2020
Motion: N. O'Neal Seconded: M. Robinson-Statler
VOTE: In Favor: All Opposed: 0 Abstained: 0

New Business

Oral Health (Dental) Services Review -Z. Levar

A presentation of the Oral Health Outcome Summary for the past three years, 2017-2019 were presented. The monitoring data is a year behind, so for example, year 2019 numbers are for services that occurred in year 2018. The review was based on the following six monitoring standards:

Client has a dental treatment plan developed or updated in the measurement year.
Client has a dental and medical history recorded or updated in the measurement year.
Client received oral health education at least once in the measurement year.
Client received a periodontal screening or exam at least once in the measurement year.
Client is linked to medical care.
Client had less than 200 copies/mL at last HIV viral load test during the measurement year.

Listed is the fiscal year 2017-2019 chart for Part A Utilization data for Oral Health Services.

FY2017-2019 Part A Utilization Data

	2017	2018	2019
Allocated Amount	$ 388,371.00	$ 446,536.00	$ 374,205.00
Final Expenditure	$ 363,373.30	$ 337,490.09	$ 238,964.99
Clients Served	329	320	313

Other Part Funding
Part B - TBD
Part C – UH has a very small discretionary fund under Part C for clients that may not meet Part A eligibility.

Data Request Follow-Up

The following is discussion on the data request follow-up.

**Question:* R. Watkins – In looking at the 2017-19 data that's presented, are these the first numbers for the updates?
**Response:* Z. Levar - No, that's not the entire population served. We look at a total of about 43 client charts.

**Question:* R. Watkins – It appears that we spent a lot of money, but we only have about 10% of data coming from clients, is this accurate?
**Response:* M. Rodrigo - We conduct random samples, based on clients served and how they've done in the past and we try to get that data in the least burdensome way as possible. So, the years will vary based on past performance.

**Question:* W. Simpson - How do you pull the information from different entities; does Ryan White have that permission?
**Response:* M. Rodrigo - It is required that if you use RW funding that data has to be provided.

**Comment:* R. Watkins – The chart is helpful and provides information on the critical questions of how many clients are virally suppressed and who was getting those services.

**Comment:* Z. Levar - We have different monitors, year after year. The year prior to 2017, we had contracted entities that did our charts, so the past years may not have been as detailed. The dental records are always separate from medical services, but we try now to do due diligence as best possible.

**Question:* R. Watkins - Looking at those equals, how can we better these services to the clients, get those check marks, and find the gaps in services that need to be fixed?
**Response:* M. Rodrigo – We try to service clients to best of our ability with as few barriers and to be as flexible as possible. The dental providers change a lot, so we rely on agencies to stay aware of the oral health standards and maintain records on oral health visits.
**Comment:* N. O'Neal – Sometimes some patients would stopby for follow-up, and we don't always have that ability now, with Covid, to do that follow-up. A lot of patients just come to their dental appointments and leave.

**Comment:* M. Rodrigo - Yes, this will vary with agencies and other institutions may be different on their dental EMR's, so it's not easy for medical case managers to always check.

Comment: Dr. B. Gripshover – We as physicians encourage people to go to the dentist, but with Covid it has been a problem. The Case dental school is open, but many dentists may not have the information, and we are not really sure how well it is documented. These are good standards to use, but maybe we should consider looking at other things providers can do such as improve customer service quality, like with parking.

Comment: J. McMinn – That's a good point, not that we should change the monitoring tool, but we can look at this. It has been found that with patients who have grown up without dental care, getting them to go now as adults and changing that behavior after a lifetime, is difficult.

Comment: J. McMinn- We also wanted to share some info regarding the Nueva Luz research that was done on dental. There was a workshop held in which patients and case managers were interviewed about dental issues. Some of the conclusions were that patients wanted an increase in oral health services/resources overall, they wanted an increase in the availability of dentists, particularly those serving PLWH/A, more collaboration with dental and medical care, and dental case management training as a way to help expand dollars and expand care to patients.

Question: N. O'Neal – Did anyone share any stigmatizing experiences?
Response: J. McMinn – The statement didn't include that. It was mostly complaints on treatment, time issues to get appointments, and other satisfaction items. So, we would be looking if we could effect change there.

Question: R. Watkins - Can we marry the oral health and dental care to bring the numbers up; maybe we can ask CLC to engage consumers about education on oral health?
Question: W. Simpson – In working with mostly homeless populations, how can we assist people about dental health if they're dealing with homelessness issues?
Response: R. Watkins – That was the reason it was suggested to ask CLC to do a survey on this very issue.

Comment: N. O'Neal – This is a good idea, but it may pose some issues, as we will need to talk about how to get that survey and what that will look like.

Question: C. Barnett – How could we get this survey to homeless people?
Response: S. Harris – Based on W. Simpson's suggestions, it may involve partnering, inviting organizations that serve homeless persons to our meetings, and involving them in our discussions. There are a lot of things to address as we frame this out.

Comment: M. Rodrigo – With Oral Health, folks don't like going to the dentist, in general. Maybe we can look at that research as to what the problem is what activities would be involved to achieve those answers.

Comment: N. O'Neal – Most don't have the best experiences, they may not have those services, or may have too long of a wait to get service, so there's a lot going on, very different from housing.

Comment: J. McMinn – Those were some of the problems noted in the research conclusions: lack of dental insurance, limited financial resources, limited dentists trained in the specific needs of PLWH/A, Medicaid services, fear, stigma, and lack of awareness of oral health.

Comment: B. Gayheart – The current situation in Lorain County is that we don't have a dental provider and we're already struggling to get that service. To visit the closest dentist, you have to drive to Cuyahoga County.

Comment: R. Watkins – It's about getting information to clients through case managers to see how to approach this.
Question: J. McMinn - Could providers come to a meeting and discuss these issues?
Response: Dr. B. Gripshover – They may have been brought in to speak in the past, it could be possible. The prior dentist that ran the dental school came to a planning council meeting.
Response: M. Rodrigo - Yes, we can do that; they just need to be specific on what we want them to accomplish and make sure they're talking to clients on the importance of dental care.

Comment: S. Harris - Perhaps we can schedule a something like a roundtable discussion. We can put an agenda together in advance and ask the Grantee to organize a virtual call with Dental Providers to solicit their input. We should then marry the two and then go back and have the conversations with consumers, case managers, etc. The missing link is the providers that are providing the service.

Question: W. Simpson– Is there already a list of providers that are asking about dental care?
Response: C. Barnett - There is a Ryan White list of service care providers on the website: www.ccbh.net/ryan-white.
Response: M. Rodrigo – They are online, but this is where case managers come in to provide face-to-face information, making appointments, providing referrals, etc.

Comment: S. Dicocco –We should also have Part B data within a month to share. For Part B clients, their main issues were how many dental visits and what was the most common reason for skipping visits. Those two points will be available by County.

Question: S. Harris- How much does Medicaid cover for Oral Health?
Response: N. O'Neal – A lot don't cover dental.

**Comment:* Z. Levar -Part B will get further information. Also University Hospital holds a little discretionary fund for Part C in Oral Health for those not meeting eligibility in Part A, but Part B is only for those under Part B management.

**Question:* R. Watkins - So how do we proceed, one meeting for consumers, one for providers, both or other?
**Response:* J. McMinn – We will look to January to prepare an agenda and request a meeting with Oral Health Providers for a discussion in February and then make a list on how to proceed.

Represent the TGA in Statewide Integrated Plan – S. DiCocco
We had a call with the federal project officer and we hope to have guidance from HRSA and the CDC on that soon.

Represent the TGA in the OH Needs Assessment Process- V. Panakkal
Today, we received a draft version of the report and haven't had a chance to read it yet. We have until Dec 7th to get feedback to them. The report will then go to the Ohio Dept. of Health (ODH) and after it's reviewed by public affairs, it should be finalized. For now, there are no concrete dates, but we will try to get it through public affairs, soon as possible. The goal is to wrap up by January or before February.

Standing Business
Agree on QI Committee work activity (if any) to be reported at Executive & Planning Council meetings
We will send a list of information from the grantee to put together a program for Oral Health and pull information from Part A and Part B funding.

Determine formal CAREWare Data Request *(if any)*
None to do.

Parking Lot Items
None.

Next Steps
To work on Part B data and information for the next meeting which will be Wednesday, January 20, 2021.

Announcements
None.

Adjournment
Motion: C. Barnett Seconded: R. Rolling

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

PC Members: K. Dennis, C. Barnett, N. O'Neal, R. Rolling, L. Lovett, F. Ross, W. Simpson
Attendees: S. DiCocco
Staff: M. Rodrigo, V. Panakkal, Z. Levar, S. Harris, T. Mallory