

# 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, April 21, 2021

3:00 pm to 4:00 pm

Start: 3:04 pm

End: 3:57 pm

Co-chair: R. Watkins

### Moment of Silence

### Welcome and Introductions

### Approval of Agenda: April 21, 2021

Motion: C. Barnett                      Seconded:      N. O'Neal

Vote: In Favor: All                      Opposed: 0      Abstained: 0

**Addendum to the Agenda:** To begin the meeting agenda with Item 5d, Potential Directives.

### Approval of the Minutes: March 17, 2021

Motion: K. Dennis                      Seconded: C. Barnett

Vote: In Favor: All                      Opposed: 0      Abstained: 0

### New Business

#### Oral Health Services Stakeholder feedback, Lessons Learned, Next Steps

The following two items were lessons learned and take-aways from the oral health stakeholder discussions.

1. Oral Health Providers - Oral Health providers have requested Cultural Competency Training
2. CLC Members – a. feedback from consumers on their experiences accessing oral health services  
b. the development of an oral health questionnaire, with ten questions, that will be distributed by phone communication or as a written survey.

*\*Question:* R. Watkins – Does the CLC committee feel overwhelmed?

*\*Response:* N. O'Neal – There were comments from some individuals that were tired of so many surveys, but personally, I'm not. We are trying to get more people to do more with the housing survey and plan for a virtual Lorain County event, as well as come up with trainings for other different topics.

*\*Question:* R. Watkins - Can we, as a QI group, set goals on what to do with this information?

*\*Response:* S. Harris – We hope the goal is to improve service delivery?

*\*Comment:* N. O'Neal – It's important to get consumer input, we've just assumed in the past. Surveys are giving more current information on concerns, rather than what we think. It also cannot be only CLC doing the work. Providers should also be encouraged to give that extra effort to reach their clients.

*\*Response:* S. Harris – For the housing piece, the majority (99%) of the feedback was from clients through their case managers on behalf of their clients.

*\*Comment:* N. O'Neal – Looking at clients served in our numbers, we have more clients we could reach.

*\*Comment:* M. Rodrigo – We are glad to help, if information is provided on getting updates, we can get out a survey to targeted audiences. If we don't know, we can't follow up.

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*\*Question:* R. Watkins – For the oral health providers that presented information, was it sufficient in improving services?

*\*Response:* S. Harris – We're early in the analysis stage and still collecting info. We're now looking at client barriers and how case managers fit into this. In the end, we should be able to determine if we've made progress.

*\*Comment:* J. McMinn – Also, after hearing from consumers, we can better answer those questions which should be raised again next month.

*\*Comment -* R. Watkins – For now, we will keep this topic open and continue to review it in the upcoming weeks.

### **Oral Health Exceptions – Grantee – Z. Levar**

The oral health exception form is for providers to complete and submit to the RW grantee, requesting approval to perform dental services/procedures considered exceptions to routine oral health care when using RW funds.

- *When dental exceptions arise, providers will have a guide on what steps to take to obtain approval for these procedures.*
- *Main component: Anyone receiving exceptions must have an oral health plan; and maintain RW eligibility throughout dental procedures.*

*\*Question:* R. Watkins – What happens for lapses?

*\*Response:* Z. Levar - Unless the client is up to date on RW eligibility, we wouldn't approve the request. It doesn't necessarily mean that would stop the procedure itself. That would be up to the provider.

*\*Comment:* J. McMinn – We, at Metro, alert clients immediately so they don't have delays.

*\*Comment:* S. Harris – Yes, it's up to clients to maintain their eligibility and up to us to keep clients informed, as the feds won't be sensitive to issues of non-compliance. We, as PC members, should understand the challenges the feds impose on those receiving Ryan White funded HIV services and be able to communicate that to consumers. Clients must take personal responsibility to maintain eligibility (*re-certify every 6-months, as required*).

### **Review of Local Continuum of Care – Grantee – Z. Levar**

We are currently working through eligible scope and providing more lab data that will be submitted into our CAREWare data system. We will also be looking at the Cleveland TGA as a whole, not just Part A clients but anyone in the TGA and Part A eligible clients will also be included in these data pulls. Listed is some of the data for the calendar year January 1<sup>st</sup> thru December 31<sup>st</sup> of last year.

- The number of HIV diagnosed PLWH/A (People Living with HIV/Aids) in the target grant area (TGA) was 5,892.
- The number of RW Part A eligible clients who received a RW Part A funded service in the grant period was 3,129.
- The number of RW Part A clients linked to care, having had at least one Part A medical visit, viral load test, or CD4 test in the measurement year was 3,037.
- The number of RW Part A clients retained in care, having had two or more medical visits, viral load tests, or CD4 test in the measurement year was 2,200.
- The number of RW Part A clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year was 2,943.

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- The number of RW Part A clients receiving medical care whose recent HIV viral load was less than 200 copies m/L in the measurement year was 2,379.

*\*Question:* R. Watkins – How many years can we go back for viral load suppression?

*\*Response:* Z. Levar – This is the only one right now, it's been couple years in the making. Basically, we could look back at previous years, but may not have this data. Moving forward we will focus on these new numbers.

*\*Question:* N. O'Neal – Regarding viral load visits and private insurance, some have said they don't want viral load testing twice a year because they may be undetectable at that time, and because the cost is so expensive and they don't want to or cannot pay. What do they do then?

*\*Response:* Z. Levar – Many have brought up that issue. We track that, but some may never meet that and won't necessarily be worse off than others. Also, a substantial amount of clients don't have data because they weren't able to go to appointments during the past year, with Covid.

### **Potential Directives Discussion**

The following is a discussion on the two QI directives, proposed by QI members, J. McMinn, Co-chair and Dr. B. Gripshover, M.D. The directives will be for the period beginning March 1, 2022 through February 2023.

#### **Directive - Cultural Competency Training for Dental Providers**

V. Panakkal - The training scheduled for July will not only be for cultural training, but also on oral health, and it will be different from the upcoming training next week on the 27<sup>th</sup>. The one in July will be more clinical (*for dentists, hygienists*) and will cover "HIV in Oral Health." We plan to have Dr. Karesh from the Midwest Educational Training Association and are just waiting to hear back from him. It's also mentioned they would like to see this done annually.

*\*Question:* R. Watkins – Are board members allowed to attend the trainings?

*\*Response:* V. Panakkal – This oral health training will be mostly clinical, but we won't stop anyone wanting to attend.

#### **Directive - Invite the County Office of Homeless Services to Planning Council Meeting**

S. Harris - This is a wonderful way to get information and since this is aimed for next grant year to support these services, we will have time to coordinate our efforts with the Office of Homeless Services.

*\*Comment:* R. Watkins – As we know, we're in the EtHE planning with Part A, we need to figure out how to fill gaps in services, so we can link those gaps with funding.

*\*Response:* N. O'Neal – Ryan White can't do it all. We need to find a way to bridge gaps with other funding sources out there for homelessness at other agencies. There are unknown transitional housing programs that may be out there and we're not aware of. Maybe for those not based in HIV, we can get training or information about whether these programs are out there. We should stop just being within ourselves and the HIV community and reach out to other areas seeking the same things we are.

*\*Comment:* S. Harris – Agreed, but just keep in mind that the planning council is limited to what can be done with Part A funds. We must focus now on our directives and improving these services with the current resources available under Part A. Our current discussion needs to focus on Directives (instructions to the Grantee on ways to improve the system of care for services funded by Part A).

*\*Question:* R. Watkins – How would we link that connection or have a discussion, making it a directive?

*\*Response:* M. Rodrigo- We should turn to J. Citerman-Kraeger and get her expertise, as our lead in housing matters.

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*\*Comment:* J. Citerman-Kraeger – Yes, whatever is needed, I will be happy to pull something together.

*\*Comment:* S. Harris – It may also be something the grantee can do on their own.

*\*Comment:* J. McMinn – It sounds like what QI does and should do; we just can't get it done that fast and are limited on tasks we can do.

The two directives above will be forwarded to S&F for input and on to the grantee for the upcoming grant year. A discussion with the county's homeless services division may also connect us with other resources, as well.

## **Standing Business**

Represent the TGA in Statewide Integrated Plan - Tabled

Represent the TGA in the OH Needs Assessment Process - To be provided next month.

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

An overview of topics discussed at today's meeting will be reported.

Determine formal CAREWare Data Request (if any) - None

**Parking Lot Items** - None

**Next Steps** - The next meeting will be Wednesday, May 19, 2021.

**Announcements** - None

## **Adjournment**

Motion: C. Barnett

Seconded: K. Dennis

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

**PC Members:** C. Barnett, K. Dennis, N. O'Neal, F. Ross, S. DiCocco

**Attendees:** R. Lewis

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