

# 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, March 17, 2021

3:00 pm to 4:00 pm

Start: 3:02 pm

End: 4:05 pm

Co-chair: J. McMinn

### Moment of Silence

### Welcome and Introductions

### Approval of Agenda: March 17, 2021

Motion: M. Robinson-Statler                      Seconded: N. O'Neal

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

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

Motion: N. O'Neal                      Seconded: J. Mazo

Vote: In Favor: All                      Opposed: 0                      Abstained: 1- L. Yarbrough

### New Business

#### Oral Health Services Review Next Steps – J. McMinn

J. McMinn, Co-Chair of the QI committee led the discussion with an overview on the purpose of category reviewing. The Quality Improvement Committee (QI) has currently taken on the task of performing a service review of Oral Health by looking at ways to improve oral health overall, finding out what consumers are saying or where barriers exist in receiving oral health services, and what improvements can be made through the efforts of the planning council.

#### Discussions from the perspective of Oral Health providers:

#### **Dr. Al-Mashni, M.D. – Program Director, Residency Program, MetroHealth Dental Clinic**

- MetroHealth is a County hospital (*15 operators' part of patient base*). They are open to all and serve more Medicaid-based patients than most other hospitals.
- They have about *four* doctors and *eleven* residents and *two* hygienists, that treat a lot of patients, however, that is now limited due to Covid restrictions.
- Future plans include moving into a new facility in Ohio City, would have more capacity with new locations.
- The hospital provides service to Ryan White patients on a daily basis.
- There are no major needs in the dental clinic at this time. The new clinic will have everything it needs when it opens on July 1, 2021.
- Currently, no dental barriers have been reported.
- The scheduling process is no different for Ryan White clients than those on Medicaid, services are provided to all.
- There is no specialized training to treat people living with HIV/Aids (PLWH/A) nor have there been any issues treating PLWH/A. They, like all patients, are seen as regular patients. Overall, all of our clients are always welcomed and we're doing fine.

*\*Comment/Question:* R. Andreano – Agree with Dr. Al-Mashni. Also, we do a lot with exception forms and the only time we see problems is close to the end of the grant year. We have exceptions but we

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aren't always able to complete the final steps in a care process, prior to the end of the year, any suggestions?

*\*Comment:* M. Rodrigo - If it's going pass the grant year, it needs to be discussed with the grantee to determine whether you can proceed and finish the work.

*\*Question:* R. Andreano: Sometimes people also ask if they are responsible for partial payments that may not be covered by their primary insurance plans through the Marketplace. Is it correct that Ryan White *does not* cover that?

*\*Response:* M. Rodrigo –Yes, Ryan White *does not* cover secondary payments.

### **Dr. Hussein Assaf, M.D. – University Hospitals Case Western Reserve (CWRU) Dental Clinic**

- UH/CWRU is a residency program with four residents and two hygienists, and they are trying to add more residents at the new building.
- Case sees many complicated cases beyond the depth of the students who are not permitted to treat PLHWH/A. (*Dental Students can't see HIV patients*).
- Going more digital, will be more efficient, particularly with Ryan White patients, though funding can sometimes be a problem on complicated care.
- We have the capacity to see more patients and when we add more residents, we will be able to accommodate more.
- Case residents do not currently receive special training on PLWHA/A. They do get some seminars.
- Possible reasons for not coming to the dentist may be dental anxiety, fear and concern about stigma having HIV. Also, some patients are embarrassed if they haven't seen the dentist in a while. We have low missed appointments
- In the past, some residents expressed hesitancy in treating HIV patients, but it was made clear that they were required to treat all patients. We screen residents for stigma.
- Residents go over treatment plans with clients and they are educated on the plans.
- Case has not had to use the exception process that much. Sometimes with complex cases such as implants, braces, etc., funding may be a problem, determining what can be spent.

*\*Question:* J. Mazo: Is there any input on oral care services for the LGBT community, as many don't often seek care due to the atmosphere?

*\*Response:* S. Harris – For this effort, we will try to solicit feedback from the transgender community on what their concerns are.

### **Additional areas of concern for discussion:**

1. *What about the ability to move from one clinic and getting service from another, as the process seems to be more difficult now?*
2. *Cost-sharing for procedures like implants, braces, etc.*
3. *Acquiring dental services in outlying counties.*

*\*Response:* Dr. Al-Mashni – Patients can have records transferred. If their coverage is still viable, it shouldn't be a problem and their records can be moved.

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*\*Response:* Dr. Assaf – The only problem could be sometimes patients want to keep two providers, which is not possible and at Case this is not permitted.

*\*Comment:* N. O’Neal – At Circle Health, we have limited services, so sometimes patients are sent to Case for other services and have had positive outcomes.

*\*Response:* Dr. Assaf - If patients are referred for specific services, they are served. However, if someone wanted to initially just address a minor issue, and later decide to go somewhere else for additional service on that issue, it cannot be done.

*\*Response:* Dr. Al-Mashni – We welcome clients at MetroHealth anytime, and we are obligated to see them, regardless. We treat them like we are the final destination.

*\*Comment:* M. Rodrigo – It also has to do with care plans that are in place for each client, in which you cannot always go from one place to another.

*\*Question:* J. Mazo – What is the protocol if you want to go elsewhere or you’re not comfortable with a provider?

*\*Response:* Dr. Assaf – Sometimes issues like that happen and transfers can then be done.

*\*Question:* J. Mazo – Why is there a card needed at all if you’re a Ryan White client? Aren’t you in the system?

*\*Response:* N. O’Neal – Because you’re coming from another place and to make sure clients know what services can be used.

*\*Response:* Dr. B. Gripshover – The dental school at Case doesn’t have CAREWare, and cannot access that, so we are the connection. Also, everyone has a card, whether they are RW patients or anyone.

*\*Comment:* N. O’Neal – Some of these issues were old fears. When it wasn’t popular to be a PLWH/A there were more bad experiences. A lot has to do with not having someone right at the moment to address a problem. We just need to bring the conversation and reach out to others on what can be done and the CLC committee will do whatever is needed to be done.

### Oral Health Summary/Next Steps - J. McMinn

There are a lot of personalities involved, but there are some complaints around desk staff, wait time, and the providers themselves. If patients have never prioritized oral health care in their lives, they may tend to have different expectations of oral health. The reason oral health is being reviewed is to hear what clients are saying. Hopefully, a person can now be identified as someone patients can speak with and explain things so we can stop or limit negative experiences from happening. We welcome any routes we as a committee can use to have clients in dental chairs.

S. Harris - We’ll work more on specifics of what’s needed, then compile ideas to see how to improve. We can also look into more ideas for oral health related training, like perhaps cultural competency. In April, the grantee has arranged training for case managers after that we will decide how to proceed with the next steps.

Typical Oral Health Exceptions - This item will be discussed at the April meeting.

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### Feedback from CLC on Oral Health Services – S Harris

PC members, F. Ross and B. Gayheart are attending an in-person support group in Lorain County and have agreed to share the housing survey. Some of the oral health questions discussed can be given to them to use at that meeting which will be held on March 23, 2021.

*\*Comment:* B. Gayheart – We met with Teresa and Summer from Mercy Health and told them we didn't have an oral health survey yet. They said they are expecting 14 people to attend. We want to keep it simple and find out what people are really experiencing. We will get back on an update.

*\*Comment:* R. Watkins – Just wanted to extend a big thank you and much appreciation to Billy for taking this on and making it happen in Lorain County! The more input the better to make policy changes, Kudos to you!

### Update on Invitation to Oral Health Providers – V. Panakkal

There is an upcoming training set for April 27<sup>th</sup> with Dr. Mark Nicholls, head of dental services in the south central AECT area. He has seen over 15,000 HIV patients and brings a wealth of knowledge. He also has a slide deck geared to medical case managers. CEU's for the training are available for those in dentistry, nursing and social work. Registration is open to all interested.

### Represent the TGA in Statewide Integrated Plan – V. Panakkal - None

### Represent the TGA in the OH Needs Assessment Process – S. DiCocco

We sent a follow up to public affairs and they are still working through things, as the regional report is said to be 300 pages. More follow up will be done Monday.

### **Standing Business**

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

Today's oral health provider presentation

Upcoming April Oral health presentation by Dr. Mark Nicholls

Plan for QI directives, due May 5th

#### Determine formal CAREWare Data Request (if any) - None

### **Parking Lot Items - None**

**Next Steps** - Directives due to S&F in time for the committee to be ready to debate them S&F May 5<sup>th</sup> meeting.

*\*Comment:* R. Watkins: For directives, we can look at the new Prevention Committee, as there is lot to address along the thought pattern of Care-First strategies for Prevention.

*\*Comment:* J. McMinn – We just need to know how to put that into a directive.

### **Announcements - None**

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## **Adjournment**

Motion: R. Rolling    Seconded: N. O’Neal

	<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>	<b>20</b>	<b>20</b>	<b>20</b>							
2	<b>Robert Watkins Co-chair</b>	<b>0</b>	<b>20</b>	<b>20</b>							
3	Barb Gripshover	<b>20</b>	<b>20</b>	<b>20</b>							
4	Christy Nicholls	<b>20</b>	<b>20</b>	<b>20</b>							
5	Marlene Robinson-Statler	<b>20</b>	<b>20</b>	<b>20</b>							
6	Leshia Yarbrough-Franklin	<b>20</b>	<b>0</b>	<b>20</b>							
7	Billy Gayheart	<b>20</b>	<b>20</b>	<b>20</b>							
8	Jeannie Citerman-Kraeger	<b>20</b>	<b>20</b>	<b>20</b>							
	<b>Total in Attendance</b>	<b>7</b>	<b>7</b>	<b>8</b>							

**PC Members: K. Dennis, C. Barnett, J. Mazo, N. O’Neal, R. Rolling**

Attendees: Dr. Hussein Assaf, MD, Dr. Laith Al-Mashni, MD, R. Andreano, K. Burnett-Bruckman

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