

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties Jason McMinn, Robert Watkins – Co Chairs

## Quality Improvement Committee Minutes Wednesday, August 18, 2021 3:00 pm to 4:00 pm

**Start:** 3:04 pm **End:** 4:04 pm

Co-chair: R. Watkins

**Moment of Reflection -** The committee took a moment to focus on freedom of voice to change our own lives and that of the world. **Welcome and Introductions** 

#### Approval of Agenda: August 18, 2021

Motion: C. BarnettSeconded: K. DennisVote: In Favor:13Opposed: 0Abstained: 1- R. Watkins

#### Approval of the Minutes: May 19, 2021 Addendum:

| Motion: C. Barnett  | Seconded: K. Dennis |              |  |  |  |  |  |
|---------------------|---------------------|--------------|--|--|--|--|--|
| Vote: In Favor: All | Opposed: 0          | Abstained: 0 |  |  |  |  |  |

#### **New Business**

Review the QI Section of the Part A Grant Guidance – La'Keisha James

The following is a summary of the Part A Grant Guidance presentation outlining the HRSA Grant application CQM (Clinical Quality Management) requirements.

Purpose: Section 2604(h)(5) (A) of the PHS (Public Health Service) Act requires RWHAP (Ryan White HIV/Aids Program) Part A recipients to establish a CQM program to:

- Assess the extent HIV services are consistent with the most recent HHS guidelines for treatment of HIV disease
- Develop strategies for ensuring services are consistent with HHS guidelines for improvement in access and quality of HIV services.

Components: CQM plans needed to improve patient care:

- Infrastructure
- Priorities
- Performance measures
- Quality improvement activities
- Actionable plan with timeline and responsible parties
- Evaluation

CQM Grant Guidance (Please describe):

- What changes have been made to your current CQM program based on previous years' experience, outcomes, etc.
- How CQM data improved patient care, health outcomes, patient satisfaction, and/or changed delivery in the jurisdiction, including strategic long-range service delivery planning.

For more information, the info is posted on our website at: http://www.ccbh.net/ryan-white/.



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\*Question: - R. Watkins: Does this program involve infrastructure? \*Response: - L. James - Yes

\*Comment: R. Watkins – The main concern is the data part, getting it on the grassroots end. The data currently collected with CLC is not sufficient enough and how does that fit into what we do in QI? \*Response: Z. Levar – We do take directives developed in QI committee and we also report back on data from continuum care on ways to improve. Most recently, the mental health training feedback helped. \*Comment: R. Watkins – That helps, we can look at the mental health component and ways to improve. \*Comment: S. Harris – Maybe the committee will consider have some of the QM program initiative presented to the QI committee.

\**Comment:* J. McMinn – CQM is relatively new outside of PC. The QI portion used to be the part of the county's proposal for Part A funding, but the county was asked to form a QI committee with two things: quality under PC and quality under county's lead for the sub-grantee.

\**Comment:* S. Harris – The quality outcomes produced from CQM is valuable to the TGA. There are innovative things being done with targeted populations for PLWH such as helping elevate access to services, community engagement, and improving PLWH's quality of life, overall.

\*Question: R. Watkins – are we meeting grant deliverables so far?

\**Response:* Zach – Yes, so far good on program deliverables. We've been having success in our new way of doing things and it does abide by HRSA's requirements.

\*Question: R. Watkins – anything lacking?

\*Response: Zach – All providers are all making steady progress, nothing lacking.

Discuss Consumer Feedback from Oral Health Survey – S. Harris

To date, we have received over 50 surveys. Overall, the survey feedback was very good and the caseworkers are working hard to complete the surveys. Most responses were positive and showed the majority of people were in care. For the question, on fears and concerns about going to the dentist, "other" ranked highest, (17 respondent indicated "other), followed by "pain" (13 respondents indicated pain at the Dentist was their greatest concern). It's been a very positive data collection experience for CLC and the committee did a good job developing the survey questions. As more come in, they will be added into survey monkey and given to CLC to review.

\*Comment: R. Watkins – A main concern is the "other" category as it's hard to gauge that for moving to next steps because it's really what people are experiencing.

\*Question: V. Panakkal – Is it safe to assume respondents are active in HIV care?

\**Response:* S. Harris – Some say they weren't, but most got the survey and gave it to case workers. \**Response:* N. O'Neal – Most are in care. To get with a social worker, you had to have an active case appointment, but because you see a medical provider doesn't mean you see a dentist.

\*Question: K. Dennis – What if you have private dental and don't use RW dental?

\**Response:* S. Harris – We were looking for clients receiving RW funded HIV related care.

\*Comment: N. O'Neal – We should include next time whether you're going to <u>any</u> dentist.

\*Comment: R. Watkins – That may be reflective in the other responses.



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

- J. McMinn If nothing comes out of the survey for next steps, we will probably be done.
- R. Watkins The recommendation is to wait after CLC reviews everything.
- N. O'Neal We will have an outcome and make sure we make recommendations on next steps.
- J. McMinn It's good that more suggestions will come forth.

#### **Standing Business**

Represent the TGA in Statewide Integrated Plan

The state is starting the next phase of the needs assessment and they said they would make sure the contractor provided a summary, rather than the 300 page report that's available.

\*Comment: Vino – The needs assessment is what we're referring to. But the Statewide Integrated Plan is different. It's confusing because the state wants to use these feedback gatherings from both projects. Also, the EHE plan is just for Cuyahoga, but the state wants use stuff for the whole TGA.

\*Question: R. Watkins – What is the statewide integrated plan?

\**Response:* Vino – It's going to be one plan for the whole state with different strategies and objectives, and they're still working on how it should look. Instead of us and Cuyahoga inventing the wheel, they may pull in data from other areas to integrate one plan for the whole state.

\**Comment:* S. Harris – This will be a comprehensive plan that will provide a wide range of strategies on how to deliver HIV services. We will keep everyone posted.

\*Question: R. Watkins – When will the plan be implemented?

\*Response: Z. Levar - Actually it will be for 2022-2026, due to the delay with Covid.

\*Question: J. McMinn – Will we be asking for updates on integrated plan, needs assessment, or both? \*Response: Vino – Probably both as the state is still trying to figure out how to do this. \*Comment: S. Harris – We will add the Needs Assessment to the agendas.

Agree on QI Committee work activity (if any) to be reported at Planning Council meetings Discuss QM portion of the Part A Grant Guidance presentation Statewide Integration Plans update Needs Assessment update Oral Health survey update

Determine formal CAREWare Data Request (if any) - None **Parking Lot Items -** None

Next Steps - The next Quality Improvement meeting will be: Wednesday, September 15, 2021.

**Announcements** - S. Harris – A reminder to all on the Westshore Center new Covid protocols for inperson meetings (must wear mask, get your temperature taken and wear mask in the building at all times.

### Adjournment



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Motion: N. O'Neal

Seconded: L. Yarbrough-Franklin

#### Attendance:

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

PC Members: K. Dennis, C. Barnett, N. O'Neal, K. Ruiz, S. Washington, U. Carter, D. Smith Attendees: Rickey, P. Weiland, Prince J.

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