

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 20, 2021

3:00 pm to 4:00 pm

Start: 3:00 pm

End: 4:02 pm

Co-chair: J. McMinn

Moment of Reflection

Welcome and Introductions

A warm welcome was extended to PC guest, Biffy Aguiriano, from the outlying TGA county of Ashtabula. She expressed her interest in joining the planning council to help find solutions to reduce health care barriers for persons living with HIV.

Approval of Agenda: October 20, 2021

Addendum:

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

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

Approval of the Minutes: September 15, 2021

Addendum:

Motion: K. Dennis Seconded: N. O'Neal

Vote: In Favor: 10 Opposed: 0 Abstained: 3 - M. Robinson-Statler, C. Nicholls, C. Barnett

New Business

Oral Health Services, Next Steps

Over the last couple months, CLC has done a good job of crafting an oral health survey instrument, which resulted in 59 responses. The discussion is now to decide what recommendations should be made before, or if, we are to proceed.

**Comment:* N. O'Neal – In committee, we discussed last steps and plan to have recommendations and devote this topic for the November meeting.

Question:* **R. Watkins -Are there any barriers you see?

Comment:* **N. O'Neal – None that are seen, we have them but not for needing change. The reason it started was because people on the QI committee were having issues with dental care. It was thought that if savvy people were having issues, others may too. Looking back, there are some questions that needed to be teased out more. We should have asked questions like, if you're getting service is it through RW or a private provider, as some may be getting service, but not from RW providers.

**Comment:* S. Harris – Also, two questions generated the most discussion: Is there anything that could make your dental experience better and what are your concerns or fears about going to the dentist?

Comment:* **N. O'Neal – Covid didn't help, things got shutdown, one provider relocated, there were long delays in finishing procedures, or there was no follow through. Maybe we can assist with those things and look in November at those recommendations.

**Comment:* R. Watkins – Also, people using emergency services, there were a few complaints on that.

**Response:* N. O'Neal – That's one of the things we may not be able to affect, it's just that agency.

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R. Watkins – For now, we will hold off on submitting a motion until we get information from the grantee on the best move before proceeding.

J. McMinn – Do what you can in CLC but don't overwork the committee.

**Question:* B. Aguiriano – Working in triage, and seeing how things work, is there a way that we can we coordinate office staff to affect change and have a liaison to clients, or a way for us to be a liaison so clients can be heard?

***Response: J. McMinn – This committee can't be involved in provider daily practices, but like the idea.**

***Response: N. O'Neal – First, before coming to that conclusion in getting non-medical case managers involved, we need to get recommendations, then go back to providers and have them present and let them know what patients have said, that's how can we affect change.**

**Comment:* B. Aguiriano – If we can't get solutions rather than problems, service won't get better. Maybe we could see if they are open to a liaison, or somebody who might covers several offices. We need to be able to present and have open communication.

**Comment:* R. Watkins – Not to just complain but have solutions, jump through red tape, find funding.

**Comment:* S. Harris – We really have to think of cost implications also.

**Comment:* B. Aguiriano – Maybe crunch numbers.

***Response: C. Droster – First, regarding money, because of Covid we do have little extra for dental to perhaps include an on-call person. Second, we a need to work more with the dental community, as the work is mostly being done by dental practitioners.**

J. McMinn – Next month CLC will talk and then have more info for us. We don't meet in December, so this will be a January thing. Maybe we'll invite providers back in January to discuss the survey and recommendations from CLC. Also, when talking money, we can't just give to a particular structure. An agency has to respond to a request for application from the Grantee. It's a process, outside of our scope, and Planning Council role.

**Comment:* B. Aguiriano – If we have someone from our office, maybe we could suggest.

**Response:* J. McMinn – It's beyond our scope in QI.

***Comment: S. Harris – This conversation is procurement/contracting issue, not a PC responsibility. We must talk about strategies and implications for how to achieve the HIV related service outcome we seek.**

***Comment: N. O'Neal – We also have to be realistic, conversation is good, but CLC doesn't want to be a windmill. We want to offer things that will affect change, it won't be Goliath right away, and we must take steps.**

**Comment:* B. Aguiriano - Would like to bring positive initiatives.

**Comment:* R. Watkins – Glad we're teasing this out, but we need to think outside the box to make problems go away. Teasing out is just part of the process.

**Comment:* D. Smith – Maybe CLC could ask providers to build in one or two slots where they can be paid regardless of if a person showed up or not, so they could build these slots. Maybe this could be put together in the short term with some places people could go in an emergency basis, just a suggestion to discuss with providers.

***Response: S. Harris – The contracting process to add a liaison or pay providers for emergency slots is outside the PC scope of responsibility. Making something like that happen would require a request for application/proposals (RFP)**

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There has to be a competitive procurement process, a response from providers in response to an RFP and their proposal response must demonstrate how they intend to provide that service.

**Comment:* B. Aguiriano- Giving them a cost-effective way to work a schedule would be good and they wouldn't feel burdened to do this.

***Comment: J. McMinn – There was a time at Metro we had a leader that loved HIV work and was able to put people into his slots, not such a leader since then. Maybe we can revisit this in the future.**

Hopefully, we remember to incorporate all these suggestions.

**Comment:* S. Harris – For the November agenda, maybe we can decide what we want from the Oral Health providers, (Agenda items) and decide what material we want to share with them, and then invite them through the Grantee to participate at the January meeting.

**Comment:* N. O'Neal – We also must realize they are unaware of what we're talking about. You'd think they would, but people may not understand they could do a grievance. For us it's simple, for them, maybe not, some just go through life like all is okay.

**Comment:* B. Aguiriano - We need to lay out an outline on what's most important, looking for solutions so we can work together to alleviate this.

**Response:* R. Watkins – This is becoming important. QI's purpose is to improve the quality of services. In this committee, we can tease out and bring this to their attention, afterwards, back up with CLC data.

***Comment: Z. Levar – From our perspective, all we can do is give our input and the agencies are to comply with that as to what they will do. It gets trickier, funding-wise. Liaisons would be beneficial, but our funding can only go towards efforts of PLWH. That person's time may not be enough to fill an 8-hour day. The provider may have to find supplemental funding. We don't ever want to deter ideas that we could pose to providers, but we must be realistic in how they may respond. We may have the high-tech capabilities to do these things, some providers may not.**

**Response:* J. McMinn – Got it, our grantee is trying to bring us back to where we are.

**Comment:* N. O'Neal – The agencies we know of in the community are for-profit, different than those in RW services. We need to be careful. Things won't happen overnight even with the best intentions.

J. McMinn – Staying in our lane is good, also don't mind thinking outside box, but we don't want to go off the exit and waste time. We will continue to brainstorm and bring this back next month. In the January meeting we will bring these discussions.

Standing Business

Represent the TGA in Statewide Integrated Plan – V. Panakkal

There is a meeting on the Statewide Integrated Plan set for tomorrow, Nov. 4th at 9:00 am, virtually. If interested please reach out me, Vino at: vpanakkal@ccbh.net or Kate Shumate:

Katherine.shumate@odh.ohio.gov for the link. Leading up to this meeting, a survey is going out asking folks what potential workgroups may be of interest to people. In the meeting on Oct 7th, ODH was still trying to gauge across the state on what they want to have in the integrated plan, how to integrate jurisdictions that have done a plan, and how to integrate them into the statewide plan. There were also discussions on how steering committees should look. We will provide more updates as they come, but please feel free to contact us if you have more questions.

**Comment:* K. Ruiz – A reminder from Kate to reach out to her if interested in the Integrated Plan.

R. Watkins – It's good how things are broken down in regions and how to go forward, looking forward to working with getting that info and how to end this thing.

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J. McMinn – It’s in the initial stages, still organizing, figuring formats and how to organize a committee.

Agree on QI Committee work activity (if any) to be reported at October 2021 Executive Committee meetings - J. McMinn -We will report on the discussions from today’s meeting.

Determine formal CAREWare Data Request (if any) - None

Parking Lot Items – Needs Assessment- S. Harris

Regarding questions about the Needs Assessment, the Needs Assessment and the Statewide Integrated Plan are separate items. The Integrated Plan will encompass some of the findings from the Needs Assessment. The Needs Assessment is intended to identify the needs of persons living with HIV. Think about the Integrated Plan as the strategy outline in a Plan to address the needs of PLWH identified from the Needs Assessment activities (*the activity might be a survey, focus group discussion, etc.*).

V. Panakkal – Looking at the third phase as more gets moving, we will get a better understanding of what they want to do and will keep you posted.

Next Steps- J. McMinn

1. CLC recommendations
2. Next QI meeting, Wednesday, November 17, 2021
3. Invite providers back in January and offer strategies and recommendations.
4. Consider what info to share with dental providers, so they will know what is being shared.

Announcements

N. O’Neal – In the October packets is a nomination form for the Marilyn Kaminsky Faith & Strength Award. There’s also an electronic version, as well.

Adjournment

Motion: N. O’Neal Seconded: C. Droster

Attendance:

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

PC Members: K. Dennis, C. Barnett, C. Droster, L. Lovett, N. O’Neal, K. Ruiz, D. Smith

Attendees: B. Aguiriano

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