

# 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 17, 2021**

**3:00 pm to 4:00 pm**

**Start:** 3:03 pm

**End:** 4:05 pm

**Co-chair:** R. Watkins

### **Moment of Reflection**

**Welcome and Introductions** – A warm welcome was extended to Kate Shumate, from the Ohio Department of Health, who presented on the Statewide Integrated Plan today.

### **Approval of Agenda: November 17, 2021**

#### **Addendum:**

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

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

### **Approval of the Minutes: October 20, 2021**

#### **Addendum:**

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

Vote: In Favor: 10                          Opposed: 0                          Abstained: 1- B. Gripshover

### **New Business**

#### **Statewide Integrated Plan Update – Kate Shumate, ODH**

We are currently working on the Statewide Integrated plan, using the same process we went through six years ago. We are now meeting every other Thursday as a large group and will begin breaking out into smaller groups as we look at the best ways to address the needs of the state. We have a lot of other funding, but it is up to each community to see what gaps or barriers still remain. Since March, we have engaged in community phone calls to current and potential clients, calls to people who serve them, and reached out to people who never imagined being in the HIV sandbox. From this, we learned a lot of stuff and are better able to see places where we have an opportunity to help people who want to know what we do. Many funders also participate in the integrated meetings, so while we want to keep everyone updated, we don’t want to be a burden. HRSA (Health Resources Services Administration) wants us to have letters of concurrence, but we want to capture this data more broadly. We want a lot of folks to know about our plan to help us see where we need to go from here. We also hope to come back to PC and give regular updates and we want to ensure there is an opportunity for people to have their voices heard. If you have any questions, or would like to participate in the group process, please feel free to call me, Kate Shumate, at: 614-466-8369 or e-mail at: [IntegratedPlan@odh.ohio.gov](mailto:IntegratedPlan@odh.ohio.gov).

**\*Question: R. Watkins** – The work is phenomenal, but getting the information on the same page with care, treatment, and prevention is the challenge, any ideas to get all on the same page?

**\*Response: K. Shumate** - Not on the tip of the tongue, but being good researchers, we will find stories and look into suggestions from other states.

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**\*Question: J. McMinn** - After the last integrated plan wrap-up, all states had to do a plan. Is there any feedback on the successes or misses?

**\*Response: K. Shumate** - The staffing at ODH at that time was challenging and we didn't have that follow-up staff person, so things were a bit out of sync. We are now looking into and are also aware of plans from other states. So far, the wisdom gleaned from one group was the importance of getting info to folks early, and we are planning a follow-up meeting with that group. This group also has a new program called Activist Academy, which provides discreet classes to consumers teaching them the processes of conducting meetings, so they become comfortable participating in them. Maybe we can find ways to invite both well-informed and well-prepared consumers and facilitators to come to the table. For more info on the Activist Academy, see the link at: <https://www.gettingtozero.org/activist-academy-2021/>.

**\*Comment: R. Watkins** – Brian is an intricate part of what we do, he's everywhere and doing everything he can as an activist. It's wonderful he is in those meetings. It would be good to look at doing a grant for a paid position as an HIV peer advocate/support specialist for PLWH.

**\*Question: N. O'Neal** - Can anyone take the Activist Academy classes?

**\*Response: K. Shumate**- Right now, they're for Massachusetts, but we can look at making a case for an activist plan for Ohio and see if we can roll that out.

**\*Question: R. Watkins** - When are the Integrated Plan meetings?

**\*Response: K. Shumate** – The meetings are every *other* Thursday morning, from 9:00-11:00 am. They will soon be breaking out into regional groups, and we will invite all to participate.

### **Plan Agenda & Action Steps for the January 2022, Oral Health Provider Invitation – R. Watkins**

The CLC (Community Liaison Committee) and Co-chair did fabulous work on the oral health survey. They did a great job developing the survey, getting it out, and gathering good feedback from the responses. We are now looking at the next steps in planning our January agenda for the Oral Health Provider invitation.

**\*Comment: N. O'Neal** - We did a survey, got good responses, and we came up with multiple ideas on what to do. We stayed with our plan, and with the help of Peter and Billy, we came up with directives for the Recipient/Grantee to improve RW oral health services.

#### **The three potential directives chosen were:**

- 1. Provide clients the ability to request emergency appointments for oral health services.*
- 2. Develop an oral health awareness program to increase awareness among PLWH about oral health services and how to access them.*
- 3. Develop a grievance awareness program, to better inform PLWH on what to do if they have a grievance related to an HIV health related service encounter.*

**\*Question: R. Watkins** – For persons having pain and needing urgent services, how can we fix this issue?

**\*Response: N. O'Neal** – That will be a particular challenge because we can only work with the grantee on the funding implications, not providers.

**\*Response: Z. Levar** - The first one poses the largest challenge. We must remain cognizant that Ryan White HIV care fit within a much larger health system, so we can consult on that, but may not be able to push it without risk of losing them as an oral health provider.

**\*Question: J. McMinn** - Is there an agreement that has to be reached?

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- \*Response: Z. Levar** – It's not something we can just write into a contract and demand. It has to be a two-way street.
- \*Question: J. McMinn** - We were to meet in January with providers, is this something to discuss then?
- \*Response: Z. Levar** - Yes, first talking with providers on emergency appointments may be a good outlet to see if their agency does this, maybe approach it that way.
- \*Comment: S. Harris** – That's a good agenda item for the providers to open that discussion, by seeing if they have emergency appointment processes in place, then soliciting their input on if this is feasible.
- \*Comment: J. McMinn** - This could be one of the questions we could send them.
- \*Comment: R. Watkins** - That all worked out from the CLC process.
- \*Response: N. O'Neal** - If this should come from CLC, maybe we can do some type of newsletter that Case Manager can give PLWH clients to sign off on, as a checks and balances form on what they know about oral health and how to access it. The educational steps would be needed.
- \*Response: R. Watkins** - This could be another directive, providing education opportunities to clients.
- \*Comment: S. Harris** – An oral health awareness program is a good idea and could have multi-faceted benefits, as Case Managers are already seeing clients. We need to raise more awareness to them. Also, determine if it's something for grantee to do or that CLC can do.
- \*Comment: N. O'Neal** - We shouldn't take it out, maybe some monitoring could be added, making sure we give info on oral health to patients, whether they access it or not.
- \*Comment: S. Harris** – We just need to determine clearly who can do what.
- \*Question: R. Watkins** - How about getting input from providers on how to do it, and word it so it's comfortable for them to answer. Then we can see who'll be more responsible for moving forward.
- \*Question: S. Harris** - How will we phrase the question, especially if they aren't solely serving PLWH?
- \*Response: Z. Levar** - When thinking of an awareness campaign, it's like trying to reach people not in care. We'd have to reach out past oral health providers to reach other individuals.
- \*Comment: K. Dennis** – As a user of private insurance, not RW, my dentist stays informed on HIV oral care. Also, my case manager always asks questions on preventive dental care, so everyone is kept in the loop. This must be addressed outside of Part A, as most dentists work with multiple clients from all over.
- \*Question: R. Watkins** - Dental care as a whole, how can questions be geared to PLWH seeing a dentist?
- \*Response: N. O'Neal** - Maybe this should start with CLC and not be a directive.
- \*Comment: K. Dennis** – Yes, because PLWH need to know their doctors are aware of their health needs.
- \*Comment: R. Watkins** - How would you word it to engage them?
- \*Comment: K. Dennis** – Doctors and clients must keep lines of communication opened, and doctors also have to pull info from you to address how to help you.
- \*Comment: R. Watkins** - We can ask, what can be done to help them. Anything to share on grievances?
- \*Response: K. Dennis** - Never had a bad experience or went through a grievance process. It's signed off once a year. For some, maybe it gets lost when clients sign off on a large list of things at the beginning of the year, or don't get separate info on the grievance process, just comes up at a dental appointment.
- \*Comment: N. O'Neal** – This is an opportunity for CLC to come up with education process on this on a yearly basis, rather than every six months.
- \*Question: R. Watkins** – How do we introduce this to patients?
- \*Response: N. O'Neal** – Providers have only minutes with patients, must look at who they should visit.
- \*Comment: R. Watkins** - Maybe we could put the question to the providers to say if they can or not.
- \*Comment: S. Harris** – We could send results of the survey for discussions around that, and what we try to achieve soliciting input on how we can improve in an area where they are experts. We want to do this in a collaborative, not adversarial way.

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**\*Comment:** R. Watkins - Then CLC can take the lead.

**\*Response:** N. O’Neal - We should tread lightly, we want buy in, but not attack.

**Standing Business**

**Agree on QI Committee work activity (if any) to be reported at November 2021 Executive Committee meetings – R. Watkins** - We will present the topics from today’s discussions.

**Represent the TGA in Statewide Needs Assessment- V. Panakkal** - No updates.

**Determine formal CAREWare Data Request (if any)** - Tabled – this will be presented in 2022.

**Parking Lot Items**

**Review QI Committee Work Plan for Compliance – R. Watkins** - This will be reviewed and shared with the committee at a later time.

**Next Steps -R. Watkins** - The next Quality Improvement meeting will be: Wednesday, January 19, 2022. The facilitator will take the questions from today’s discussion, share them with the co-chairs, and then prepare a cover letter with the questions for the grantee to review, before sending them to the providers.

**Announcements**

K. Dennis - Happy Thanksgiving, Merry, Christmas, and Happy New Year to all!

R. Watkins - Happy Holidays and see you all next year!

**Adjournment**

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

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

**PC Members:** N. O’Neal, K. Dennis, K. Ruiz, C. Barnett

**Attendees:** K. Shumate, M. Krelko, P. Weiland

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