

## **Cuyahoga Regional HIV Prevention and Care Planning Council**

*Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties*

**Jason McMinn, Robert Watkins – Co Chairs**



### **Quality Improvement Committee Minutes**

**Wednesday, February 16, 2022**

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

**Start:** 3:03 pm

**End:** 4:01 pm

**Co-chair:** J. McMinn

#### **Moment of Reflection**

##### **Welcome and Introductions**

*A warm welcome was extended to Tanera Hutz, from University Hospitals's CWRU Dental School and Rose Andreano from MetroHealth Medical Center, two Part A oral health providers invited to participate in today's oral health discussion.*

#### **Approval of Agenda: February 2, 2022**

##### **Addendum:**

Motion: N. O'Neal

Seconded: M. Robinson-Statler

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

#### **Approval of the Minutes: January 19, 2022**

##### **Addendum:**

Motion: N. O'Neal

Seconded: K. Dennis

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

#### **New Business**

##### **Oral Health Service Category Review - Discussion with Oral Health Providers - J. McMinn and R. Watkins, QI Committee Co-chairs**

**J. McMinn** - In response to the Quality Improvement (QI) Committee's 2021 directive to take a deeper dive into Ryan White Part A Oral Health Services, an oral health survey was developed and successfully conducted by our Community Liaison Committee. Afterwards, we shared the finding from the survey with Part A oral health providers, for their review and input. This is part of the collaborative feedback discussion based on the survey responses.

**R. Watkins** –Thanks to our representatives from Case and MetroHealth for being on the call. The goal of this discussion is for us to come up with formative views on ways to provide the best oral health services to people living with HIV, from the six questions below.

##### **1. How can we raise awareness to PLWH on the importance of maintaining good oral health?** **– R. Watkins**

**T. Hutz** – In our residents program, strong focus is on oral health, and as the only oral hygienist, all residents go through me and have periodontal evaluations. We discuss client needs,

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particularly for PLWH and they receive homecare homework to make sure they can successfully work within that scope.

**S. Harris** – Does that home care routine include flossing and brushing?

**T. Hutz** - If they are not compliant with flossing, there are other adjunct aides available like toothbrushes, etc. However, most routine care is on flossing and brushing frequency, and most HIV patients are on a three-month cycle, seen three times a year.

**J. McMinn** – For a person not having routine dental care when young, is it later an uphill battle?

**T. Hutz** – It can be, as a glass half-full person, some already have that burden. First-time meetings are usually confessionals, so we help them understand they are in a safe, non-judgmental place to improve things. This makes it easier to put new habits in place. It is not that whether people had this growing up, but that they just have to start somewhere.

**R. Watkins** – Is breaking stigma effective as a hygienist?

**T. Hutz** – Yes.

**S. Harris** - Do you find some do not understand treatment plans or maybe want handouts?

**T. Hutz** - We do both, if patient comes in, they get instructs geared towards preventive oral health. In the doctor's chair, it is restorative care information. Once presented and details discussed, if they are extensive, they will come back for a treatment plan, sign off on that and given a printout of the plan.

**R. Watkins** - Are you experiencing treating a large number of people that had previous plans?

**T. Hutz** -Only a few. That is why we came up with approval time. Patients waiting for partials and it gets frustrating so we encourage them to keep appointments early, at the beginning of residency, so they are in the window of approval to fulfill their treatment time.

**R. Watkins** – Any suggestions on how we can we get around that, knowing that can be frustrating especially with staff turnover and situations for approvals.

**T. Hutz** – It usually involves implants and the waiting period for extractions and healing time. They understand but get frustrated looking and want to cap out, due to re-starting which is another phase of the treatment.

**S. Harris** – When exceptions are required, they are beyond basic needs as to why they are a caution. The questions is how to make all these moving parts work in the best interest with the limitations being not all black and white.

**T. Hutz** – Also, We stretch out the timing. In the beginning, we relay the steps we must take for submitting plans to their primary insurance first and RW second. Sometimes they get sneaky and do not tell us they have state insurance and if they are not honest about that, it can affect things. We have to go the proper route on submission.

**R. Watkins** – Thanks, it sounds like education on insurance billing is important, too.

**N. O'Neal** - When comes to commercial insurance through employers, how hard is it to use that and RW? Sometimes clients may not want student dentists.

**T. Hutz** - We have not run into anyone that has private insurance and RW, they usually have state-funded insurance, like Care Source or Buckeye Health and RW.

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**R. Andreano** - Some at Metro have commercial insurance, but RW will not pay secondary to commercial insurance. Unless something has changed, our knowledge was if they had commercial insurance, RW would not pay as secondary.

**Z. Levar** – We have no answer now, but will look into that, based on the info given in years past.

### **2. What is your take-away from the survey results? – S. Harris**

**J. McMinn** – Any standouts?

**T. Hutz** – No, nothing stood out, just saw some things people said were similar with what we deal with. After reviewing the results, we have a few things of concern. We run into many issues because waiting time for approvals is 12 months, and many of these cases are extensive and cause customers to upset because they go year to year to year waiting to be resolved. Is there a way to speed up these approvals? We are also working to restore many patients back to an optimum quality of life, which sometimes requires multiple implants. If we phase the treatment, there is a service component and restorative component. Sometimes providers do a whole plan then get in a holding pattern waiting for approvals. Is there a way to stall whole-plan treatment and is the patient cap \$3,000 per calendar year?

**R. Andreano** – It was felt that there was not a lot done this year, due to Covid. Many patients had a lot concerns about exception forms and there was a lot of frustration with implant processes. We tried to get them out at the beginning, but Covid backed things up, as normally we would not have had as many of these requests. These are clients starting with basic dental care and are now, due to delays, are requiring more advance care with implants.

**Z. Levar** – We spoke of this last QI meeting in Jan. We have been approving these later in the year because the exception process was to wait until the end of year while going ahead with ones that did not exceed their expectations. This should change in the upcoming grant year, as we will be more proactive in approving these requests earlier in the year. We have a budget plan of one year, but we do not know if we can guarantee second phase approvals, as that depends on the grant and we depend on federal funds, but we will try to find a solution. As for the cap, that has traditionally been the case, but we try to be lenient and work through issues on a case-by-case basis.

### **3. Do you have a process to address emergency appointments? If yes, can you share your process? - J. McMinn**

**R. Andreano** – Yes, we do for any patient at Metro, RW or whatever. In an emergency, people can contact the call center first thing in the morning and get in that day. That number is (216) 957-4725.

**T. Hutz** – Our call center at UH has the same procedure. For emergencies, you can contact the call center and a person will find the best place to fit them in for care. The center is in the back office at: (216) 368-0146.

**J. McMinn** – Do you find that sometimes patients call thinking they have an emergency when that is not always the case?

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**T. Hutz** – Sometimes, and then they try to make it an emergency, but we are skilled in making that determination.

**R. Watkins** – Are there any emergencies for patients who have primary using RW as last resort?

**T. Hutz** – Generally, no because most are Care Source or RW and they are covered.

### **4. What advice would you offer for addressing a concern from a PLWH about a problem they had resulting from an oral health service encounter? – R. Watkins**

**T. Hutz** – In each case, there is a specific process, starting with connecting with a quality control person who will reach out to them. If a person is unhappy, they will try to discuss, within the department, things such as misunderstandings or maybe a chairside situation. After figuring out the issue in one example, we went to the resident, explained the patient's concerns, and was able to smooth things out without going to quality control. Sometimes residents, who are just people, may be having a day but are willing to work with people.

**N. O'Neal** - Do you have a formal grievance process?

**T. Hutz** - It is more informal than formal. If it happens, it will be go into the patient's files, particularly if the grievance goes to quality control.

**R. Andreano** – A person would go to their social worker first to resolve an issue right at that moment. Metro also has a patient relations department where they can discuss and address items of concern. For Patient Relations at MetroHealth, contact: (216) 778-5800.

### **5. Can you offer advice on how to inform clients of the importance of good oral health care to be used by case managers and social workers as guidance for PLWH? – N. O'Neal**

**N. O'Neal** - In the past, CLC did a survey as people were asking about oral health. Would it be beneficial for this committee to create some education around oral health?

**R. Watkins** - That is a wonderful idea.

**J. McMinn** – Agreed. This is about literacy, handouts, in our attempt to promote oral health.

**T. Hutz** – We have no specific handouts, we usually give them if they are having a particular issue and just print them out. The ADA also has good, free literature on specifics issues as well as local dental societies.

**R. Andreano** - Our hygienists talk with patients and we try to get patients back every six months to maintain good personal hygiene. We would have to ask them on how to improve or maybe provide handouts on certain areas.

**T. Hutz** - As a hygienist, one primary job is education. You must educate on the why they must be active in their own care, or else they shut down and have to start up again every time they come back in for care. One-on-one interactions appear to work better and things are always clearer when they come back. There are different things, looking at the individual, handouts are good, but our big thing is keeping appointments. We saw a difference in this as more people are actively participating in their health and social workers are greatly stressing the importance of this.

**J. McMinn** - Handouts are a good idea, but this clearly reveals how showing up is the best campaign idea, rather than handouts. Let them show up and take care of themselves.

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### **6. Is there anything we can assist with (additional training etc., HIV-related/Cultural Competency)? J. McMinn**

**J. McMinn** – Any suggestions on perhaps training on the approval process, HIV education, cultural competency, or anything else?

**R. Andreano** – The biggest concern is trying to get the exceptions to further their care. Our doctors are always willing to see and work with them. This year was just bad, as we moved to another campus and had a lot of purchasing issues, but going forward we are in a better place and will be able to serve patients better.

**T. Hutz** – Just the initial questions on approvals, which we can discuss at a later meeting.

**Z. Levar** - Yes, we will reach out on this.

**R. Watkins** - Thank you so much, Tanera (Case) and Rose (Metro). We appreciate you and it really means a lot to us for you taking time to come and talk with us today. We would like to review our categories and see what we can do. We know you have tough jobs and we want you to know we are here for you, keep up the great work, and thanks again for attending.

**S. Harris** – Thanks to everyone we had a good discussion.

**J. McMinn** – We will talk more on this next month.

### **Oral Health Enhancement Opportunities** – Tabled.

#### **Directives/Next Steps- R. Watkins**

Education on preventive and restorative dental treatment

Oral health one-on-one with dental hygienists

Ryan White as payee of last resort

#### **Standing Business**

#### **Agree on QI Committee work activity (if any) to be reported at January 19, 2022 Executive Committee meetings**

We will give an overview of today's discussion.

Represent the TGA in Statewide Needs Assessment - Tabled.

Determine formal CAREWare Data Request (if any) - Tabled.

#### **Parking Lot Items**

Review QI Committee Work Plan for Compliance -Tabled.

**Next Steps** - Tabled.

**Announcements** – None.



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### **Adjournment**

Motion: C. Barnett

Seconded: R. Watkins

### **Attendance:**

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

**PC Members: K. Dennis, C. Barnett, L. Lovett, N. O'Neal, J. Patterson, K. Ruiz, D. Smith, S.**

**Washington**

Attendees: T. Hutz, R. Andreano, S. Dumas, T. Moyel

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