

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, March 16, 2022

3:00 pm to 4:00 pm

Start: 3:09 pm

End: 4:14 pm

Facilitator: R. Watkins

Moment of Reflection

Welcome and Introductions

Please note: PC members who have a conflict of interest must inform the committee at the beginning of each meeting. A Conflict of Interest, as it pertains to the Ryan White Planning Council Bylaws, is defined as “an interest (actual or perceived) by a Planning Council member in an action that may result in personal, organizational, or professional gain for the member or his/her spouse, domestic partner, parent, child, or sibling.”- Conflicted: N. O’Neal, B. Gripshover, C. Barnett, D. Houston, and R. Watkins

Approval of Agenda: March 16, 2022

Addendum:

Motion: J. McMinn Seconded: C. Barnett

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

Approval of the Minutes: February 2, 2022

Addendum:

Motion: N. O’Neal Seconded: J. McMinn

Vote: In Favor: 14 Opposed: 0 Abstained: 1 - L. Yarbrough-Franklin

New Business

Service Category Review – Oral Health Wrap-up – J. McMinn, N. O’Neal

J. McMinn - We now want to wrap up the Oral Health project, discuss any feedback from last meeting before starting our directives activity, and see where we all stand so we can close the chapter on this. We ask everyone to keep in mind things to know about or that we want to continue, as we get further along in the discussion. **N. O’Neal** – Hopefully, we heard everything the providers wanted to discuss. We also want to revisit this every so often, as educating PLWH is still an important topic to address in order to provide answers to questions and help them navigate through the system.

Take-a-ways from Oral Health Provider Input – R Watkins, J. McMinn

Below are the Oral Health Provider Invitation feedback takeaways.

1. Feedback We Received

*Raise Awareness to PLWH of dental services through RW and importance of oral health, *In-home care to improve oral health, *Not having to wait so long between appointments, *Missing an appointment and having to start all over with services because of time length before next possible appointment. *Concern of cost of dental services, *What RW Oral Health covers *Grievance process – is more needed?

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2. What We Want Providers to Remember

- * Patients need more education on the dental grievance process and on what RW covers.
- * Improvements – wait time between appointments, if patients miss, cancel, having to start over the process, and asking if facilities have capacity on a certain day to contact MCM's medical case managers) to fill the chairs.

3. Miscellaneous

TGA RW Providers: UH/Case Western, MetroHealth, Circle Health. People mostly referred to UH/Case and Metro – educate patients on Oral Health services provided at Circle Health. Create better dental resource list (full-service dental vs. only certain procedures).

4. Meetings between the Recipient/Grantee and Providers

Agendas:

- Review exception process.
- Review exception requests.
- Planning around budget amount and time taken to provide dental services for exception requests.
- Share best practices and patient education.

5. Possible Directives

- The Recipient to create an Oral Health fact sheet. The Recipient will present OH fact sheet to CLC and QI committees for feedback.
- Providers – who and what services do they provide.
- Services provided, excluded (short, basic list)
- Importance of home hygiene practices and preventative care.
- Oral health Treatment plan that you should expect after an appointment.
- “Show up! Campaign” – providers busy, wait times bet appts can be long, so show up for all appts.!
- The Recipient will hold a meeting with RWA Providers (*consider annual meeting*). Possible items to review: Exception process / Exception requests / Planning, (number of exceptions and how long each plan takes).

***Question: J. McMinn** - Would it make sense to have Part C providers on that list?

***Response: S. Harris** – No problem sharing, but we do not want them to think it is Part A.

***Question: N. O’Neal** – Is Part C in outlying counties?

***Response: J. McMinn** – No.

***Comment: S. Harris** – Are Oral health services funded under Part D?

***Comment: Z. Levar** – Not sure, but they have similar services.

***Comment: B. Gripshover** – We (UH) fund mostly with Part A, but we can use Part C for dental and Care Alliance has Part C dental.

***Question: N. O’Neal** - Would it be important to know, for those unable to come to the city, where they can go to get this service?

***Response: S. Harris** - In our TGA it is helpful to know and if we can invite those providers to present that would be helpful.

***Question: N. O’Neal** –Like for the dentist invite?

***Response: J. McMinn** – It is a way we can provide the info. The reason to get other info is to limit the waiting list and the way to do that is increase capacity and show there are other ways and other providers to help our clients.

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***Comment: Z. Levar** –We are working with Part B on reaching outlying PLWH. We can look into Care Alliance, as UH is already being used. When we get into invites, we must remember we can share but we cannot tell them how to do things.

***Comment: N. O’Neal** - Maybe they can come to a case manager meeting to inform Case Manager on what is out there, especially in those outlying counties.

***Comment: B. Gripshover** - Maybe make a resource guide including all dental for Part A, B, and C, including other counties.

***Response: Z. Levar** – Agreed. We are in a preliminary stage in addressing that and improving gaps in oral health, like recruiting new and local providers for those outlying counties. A resource guide is a good idea.

***Question: R. Watkins** - Is Care Alliance part of the network?

***Response: Z. Levar** – They are in our TGA but not in our Part A network.

Directives Discussion/Next Steps – R. Watkins, J. McMinn

The potential directives discussed were that the recipient will create an oral health fact sheet, present the fact sheet to CLC and QI committees for feedback, and then the recipient will consider holding a meeting with RW Providers to review issues around oral health.

We now want to know how do we move forward and/or are there any further discussions?

***Comment: Z. Levar** - No issues on the directives and we will work with providers, particularly with exception requests, communicating with providers so clients get correct info on this.

***Comment: S. Harris** - PC members can help manage client expectations if this comes up. A fact sheet is a good first start looking from the Part A perspective. If we had a fact sheet, it would be comprehensive as possible so people understand what Part A, B, C, etc., covers.

***Question: D. Houston** - Do we do Facebook or Instagram? Is there a way we can get more up to date educating youth?

***Response: R. Watkins** - Would love to bounce this to CLC to put something together. Maybe an at-a-glance sheet on this demographic would be a good way to get info out.

***Response: Z. Levar** - Under Part A, no money is available for advertising.

***Comment: D. Houston** – Just thinking of ways to do this, it’s free to make an account, someone can oversee, and our agencies could help.

***Response: S. Harris** - We are working on an oral health fact sheet and all RW information must be available on that website. If someone want to add to that website, let us know. Everyone should have a part in sharing information so that it gets out, broadly as possible.

***Comment: N. O’Neal** - If we are going to reach younger people, we have to go to them and if it means creating an Instagram page, we need to do this. We must stop saying what we cannot do and say what we can do.

***Comment: C. Barnett** - For younger adults we need to think outside the box to reach youth because they are the most-impacted right now.

***Comment: R. Watkins** -Deairius can work with CLC on this.



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***Response: N. O’Neal** - We can talk offline to put something together. It should come from CLC then go out, so we will take on this role.

***Comment: S. Harris** - The first thing should be the fact sheet, take everything from that to do a plan, so everyone is on board to get the final results.

***Comment: J. McMinn** - Maybe consider a social media committee to take us into next century with information. They could take all media discussions and work on them.

***Comment: B. Gayheart** – We have been doing this in Lorain County for some time ...reaching out to the youth and using orgs to network in doing so. Such as LGBTQ+ Lorain County Task Force and Allies as well as Colors+.

R. Watkins - With directives, we can look at where to go on these and get feedback from QI.

S. Harris – We will send the document to QI committee for their review, so they can think it through and conclude next month on what the directives will be.

Update on Statewide Integrated Plan – V. Panakkal

The next meeting is tomorrow. It is now monthly and for those interested, we will send links to join. They are continuing to gather information and working on having a discussion in all regions. They also want get mental health county boards, like our county ADAMHS board, for discussions in all regions. We will check with Kate on who will be part of this.

K. Ruiz - The Integrated Planning process continues. If anyone is interested in participating, reach out to me at IntegratedPlan@odh.ohio.gov. We have been collecting regional information and will be breaking out into Affinity Groups to take a deeper dive into a few areas that have been emerging as consistent themes throughout the process thus far. The Affinity Groups that appear to be taking shape are:

Centering the Voices of PLWHA

Rural Issues

Mental Health and Substance Use/Addiction Services

The HIV Workforce

Growing Older with HIV

HIV Prevention strategies

HIV Care strategies

Housing

Viral Load Suppression

Data Infrastructure

After the Integrated Plan meeting tomorrow, we will know the categories for sure and if anyone is interested in participating in one of the Affinity Groups, they can contact me and I will get them connected with the group or groups to which they wish to contribute their wisdom.

R. Watkins – It is good to have the update that something is going forward.

V. Panakkal – An invite will go out to the group.



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***Question: L. Yarbrough-Franklin** – Did anyone reach out to the ADAMHS boards?

***Response: V. Panakkal** – We will send an invite to Cuyahoga ADAMHS.

Status Updates of Clinical Quality Committee Activity (2021 Projects) – L. James

In 2021, we continued to implement viral suppression focused projects as part of the Year 2 of the CQM plan. Each of the 14 sub-recipients implemented a QI project at their respective agencies with a goal of improving health outcomes for those living with HIV.

2021 Project Tool – DMAIC – Define the problem, Measure the gap, Analyze the factors, Implement best solutions to problems, and Control or sustain the achieved results.

The 2021 Focus populations - All sub-recipients given viral load suppression data for the following groups at the beginning of the year: Agency Total=12, Part A-4, Non VLS-5, Mental Health-2, Newly Diagnosed/Rapid Start-1, and MSM of Color=2

Agency Focused:

- Formed a multi-disciplinary intensive outreach workgroup that collaboratively addresses non-VLS clients.
- Identified barriers to care that impacted adherence to treatment recommendations and engagement in care through Barrier Tool Questionnaire, Intensive Case Management and Transportation assistance.
- Enhancing data organization to identify early on clients that are due/overdue for lab work, increase constant messaging to reinforce compliance, increased signage providing navigational maps/assistance to designated labs.

2021 Project Overviews - MSM of Color

- Provide linkage and retention to care for black, same-gender loving males, ages 18-29, newly diagnosed, fallen out of care or not virally suppressed.
- Held internal weekly meetings to identify list of non-VLS of MSM of color. Identified barriers and developed action steps to remove and overcome them.
- Utilized Cuyahoga County Code RED/Read Notify Alert System to inform PLWHA about various resources available in the community (food, financial, utilities, etc.) to reduce stress and help Part A recipients to become medically compliant.
- We are currently revamping our CQM program and looking for CQMC members to join us and offer feedback to this multi-disciplinary team that represents the Cleveland TGA.

Please follow up with me at ljames@ccbh.net if you would like to participate or have further questions.

Standing Business

Agree on QI Committee work activity (if any) to be reported at January 19, 2022 Executive Committee meetings – R. Watkins

We will cover oral health wrap up oral heal input, integrated plan and status updates.

Note: (A revision on 4/27/22 corrected this statement to read, “We will cover oral health, the Statewide Integrated Plan, and CQM status updates.”)

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



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Determine formal CAREWare Data Request (if any) – J. McMinn

We are okay with requests right now.

Parking Lot Items

Review QI Committee Work Plan for Compliance- Tabled

Next Steps – S. Harris

We will send out information on the fact sheet.

Announcements - None

Adjournment

Motion: N. O’Neal Seconded: B. Gripshover

Attendance:

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

PC Members: K. Dennis, C. Barnett, D. Houston, N. O’Neal, K. Ruiz, D. Smith, S. Washington

Attendees: S. Dumas, T. Moyel

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