

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, April 20, 2022

3:00 pm to 4:00 pm

Start: 3:03 am

End: 3:59 pm

Facilitator: J. McMinn

Moment of Reflection

Welcome and Introductions

Approval of Agenda: April 20, 2022

Addendum: To correct today's, April 20th agenda, under "Approval of Minutes", from March 2, 2022 to March 16, 2022.

Motion: To approve the April 20, 2022 Agenda, with stated revisions.

Motion: C. Barnett Seconded: N. O'Neal

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

Approval of the Minutes: March 16, 2022

Addendum: To correct, under "Standing Business" in the March 16th minutes, the statement reporting work activity from, "We will cover oral health wrap up oral health input, integrated plan and status updates" and change it to read, "We will cover Oral Health, the Statewide Integrated Plan, and CQM status updates."

Motion: To approve the March 16, 2022 minutes, with stated revisions.

Motion: C. Nicholls Seconded: M. Robinson-Statler

Vote: In Favor: 15 Opposed: Abstained: 1- C. Droster

New Business

Finalize Directives Discussion- J. McMinn

We will finalize the directives and review the continuum of care. After finalizing, we will have a short process to review the next category and get updates on the Statewide Integrated Plan. As we received no feedback from members, this is how we will proceed with the vote.

Motion- To Approve the directives, as they pertain to Oral Health for the 2023-24 grant year, as written.

FINAL Directives:

1. The Recipient to create an Oral Health fact sheet. The Recipient will present OH fact sheet to CLC and QI committees for feedback.
2. The Recipient will hold an Annual Technical Assistance meeting with RWA Providers

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

Vote: In Favor: Opposed: 0 Abstained: 0

Motion passed.

Select & Evaluate next Service Category- J. McMinn

This discussion is to determine how to select the next category to review.

***Question/Comment: S. Harris** - Would you consider reviewing spending patterns? We are collecting good feedback on the RW services, but most are choosing "very important" as the response for most services. From the 31 responses yesterday, many were from MetroHealth.

***Response: N. O'Neal** - We acknowledged them in the case managers meeting yesterday.

***Response: R. Watkins** – One recommendation is to wait until more info from the survey come in, so we know what direction to take.

***Response: J. McMinn** - For the background, we chose oral health because PLWH discussed this in their meetings. Before that, it was housing. The only other one was medical case management.

***Question: S. Harris** - What about legal services?

***Response: Z. Levar** – We suggest using strategies from the S&F workgroup for this, they are currently looking at better ways to allocate, do priority setting, and now identifying criteria for flagging service categories of concern that may benefit from closer attention.

***Comment: S. Harris** – The flagged services may be something for QI to conduct a deep dive.

***Comment: R. Watkins** - A flag would be mental health services or things pertaining to that.

***Comment: S. Harris** - Part of the criteria led by Julie is whether the committee flagged something of interest to PLWH. So flagged services that might meet most criteria would be ones to look into and we can see if mental health fits that test.

***Comment: R. Watkins** - With feedback, combined with that, we will see what QI can do.

***Comment: C. Droster** – We have not finalized that mental health clients doubled, so we are still looking at that.

***Comment: N. O'Neal** – We should factor in the concerns during the last two years, with Covid, as utilization may have gone up.

***Comment: J. McMinn** - If we choose that category, we would like to look at consumer feedback surveys and S&F flagged categories. If all in agreement, we can table this for next month but have some direction.

***Comment: C. Droster** - With S&F, we may not be ready to assist until next fiscal year.

Review of Local Continuum of Care - L. James

The importance of the HIV Care Continuum is its usefulness as an individual-level tool to assess care outcomes, as well a population-level framework to analyze the proportion of people with HIV in any given community who are engaged in each successive step.

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- This helps policymakers and service providers' better pinpoint where gaps in services may exist and develop strategies to better support PLWH to achieve the treatment goal of viral suppression (hiv.gov)
- HIV Care Continuum - The five steps (diagnose, link, receive, retain, achieve) that PLWH take from diagnosis to achieving and maintaining viral suppression in the six Cleveland TGA counties of Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina.
- Summary - The Cleveland TGA Care Continuum, important on both the individual and population level, reflects numbers for newly diagnosed clients at 6,045 and Part A Eligible clients at 3,278, covering 54% of PLWH in the Cleveland TGA Care continuum.

***Question: R. Watkins** - Who is the new priority, prevalence population for 2020?

***Response: Z. Levar** - The three have not changed, as we are still seeing increases in MSM, MSM of color, and youth ages 13-24.

***Question: R. Watkins** – With only 3,600 in viral suppression, how does that impact?

***Response: Z. Levar** - We can pull and provide that info.

***Question: N. O'Neal** - How many of the 6,000 may be outside the TGA, over-income, but still receiving services.

***Response: S. Harris** - They are in our TGA, these numbers are the profile for our TGA continuum. All 6,000 were current or new last year, but that is the total population.

***Response: V. Panakkal** - This continuum is for Part A specific, but there is one the state does for the prevalence continuum, for everywhere and regardless of where they receive service.

See the prevalence-based continuum from the state at: [Region 3 HIV Surveillance Continuum of Care report | Ohio Department of Health](#). The HIV Continuum of Care report provides information regarding linkage to care and other continuum of care measures for persons diagnosed with HIV in Region 3.

***Comment: N. O'Neal** – It was confusing, seeing 6,000 then going down.

***Response: Z. Levar** - Zach – That over 6,000 number is the total number of HIV cases in our region, period. Of those 6,000, we had 3,278 that accessed service in 2021. We now base our continuum off eligible scope and we receive lab data on this.

***Question: R. Watkins** - Can we tease out that number?

***Response: S. Harris** – It may be hard to get that info (*more data is needed about why people are not retained in care, i.e., they could have another insurance other than RW and just came to RW for one service?*).

***Response: R. Watkins** - It is important because there could be a gap in the fact the numbers are different.

***Comment: B. Gripshover** - The way you want to see this is by age, then by youth and we would love to focus on those not virally suppressed. The difference is some do not need us at all, they may use private insurance, etc., but they are also not in care.

***Comment: S. Harris** - Maybe education or getting the word out to make those numbers shift.

***Comment: J. McMinn** – More for not in care, more data on viral load by age, youth especially.

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***Comment: B. Gripshover** - It is important to have viral suppression, so everyone stays healthy, and to sort out where the disparities are that we need to address. We can also look at why are some groups are not getting care. A cascade by groups would be good.

***Comment: Z. Levar** – We are trying to get back to that sunset. We used to be able to do that, unfortunately, when the data reporting system changed, it loss substance. We are now trying to see how to pull that info forward.

***Question: J. McMinn** - Do you need a data request for that?

***Response: Z. Levar** - We're working on it, but it could be a data request.

***Comment: C. Barnett** - I'm curious on what are the barriers.

***Comment: J. McMinn** - This gives a lot to think about, we will refer back in the future on deep dives that we do and get this info again in six months.

Update on Statewide Integrated Plan - V. Panakkal

An email went out to all for all of the Affinity groups, based on topics to work on for the plan. Part of the committee should have an update soon and if anyone is interested, we will forward that. There is a meeting tomorrow at 9:00am with the state. Kate is also working to facilitate a conversation with mental health boards from other counties, like our ADAHMS board here in Cuyahoga County, and we will have someone from PC to represent us at that meeting. We will continue to look for gaps in our Region 3 as they relate to integrated plan purposes.

- **J. McMinn** - If you want the link, let us know. The goal is to have many people on all these committees to represent our area in the integrated plan.

Standing Business

Agree on QI Committee work activity (if any) to be reported at January 19, 2022 Executive Committee meetings – J. McMinn - We will report updates from today's meeting.

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

Adjournment

Motion: C. Barnett Seconded: L. Yarbrough-Franklin

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Attendance

	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
QI Committee										
1 Jason McMinn Co-chair	20	20	20	20						
2 Robert Watkins Co-chair	20	20	20	20						
3 Barb Gripshover	20	20	20	20						
4 Christy Nicholls	20	20	20	20						
5 Marlene Robinson-Statler	0	20	20	20						
6 Leshia Yarbrough-Franklin	20	0	20	20						
7 Billy Gayheart	20	20	20	10						
8 Jeannie Citerman-Kraeger	20	20	20	20						
9 Karla Ruiz	20	20	20	20						
10 Uleta Carter	0	0	0	20						
11 David Smith	20	20	20	20						
Total in Attendance	8	8	9	11						

PC Members: K. Dennis, C. Barnett, C. Droster, L. Lovett, N. O’Neal, F. Ross

Attendees: none

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