

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, May 18, 2022

3:00 pm to 4:00 pm

Start: 3:00 pm

End: 4:01 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: R. Watkins, N. O’Neal*

The committee welcomed guest, Rickey Lewis from Project Safe.

Approval of Agenda: May 18, 2022

Addendum:

Motion: S. Washington

Seconded: N. O’Neal

Vote: In Favor: All

Opposed: 0 Abstained: 0

Approval of the Minutes: April 20, 2022

Addendum:

Motion: J. Citerman-Kraeger

Seconded: C. Droster

Vote: In Favor: All

Opposed: 0 Abstained: 0

New Business

Define & Agree on Criteria for next Service Category Review – R. Watkins, J. McMinn

In defining criteria for our next service category to review, we want to go on data, not just see what sticks. For new members, we currently have 10 core services and 12 support services. Based on the chart presented for the three-year spending trend, we are looking for the committee members to see if there is anything irregular in spending or utilization that will need a deeper dive and then lead us in which direction we should go in those service categories for the coming year.

CORE SERVICES

Outpatient Ambulatory

N. O’Neal - In 19, we served less, but spent more in 19 than 20, why?

R. Watkins - That was a Covid year, things changed, causing inflection and could be one reason.

J. McMinn – It may also have to do with staffing levels.

***Comment: Z. Levar** - One of things was staffing and the huge transition to telehealth services, which much less costs associated with that. Many were re-engaged into care via telehealth, as it is also heavily FTE-staffed (full-time staffed), so that may have been the gap there.

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Medical Case Management

No comment.

Oral Health

J. McMinn - Since we just finished oral health, we will not review this one again.

R. Watkins – A shout out to CLC for the fabulous work on the oral health piece. They did such a wonderful job.

Mental Health

R. Watkins - We see the trend with more spending here, so we see it as a flag.

K. Dennis - Agreed, mental health plays a big part in our health, a lot dealing with this just everyday living and needing attention to get help staying healthy.

S. Washington - Love this trend and good that more are reaching out. Mental health has a lot to do with behaviors and the causes why people react. Getting help makes sustained decisions and maintains health. Wish it could go higher.

N. O'Neal – Agreed. Would also like to see what happened in 2021 and 2022, whether it continues, and if not, why?

J. McMinn - According to the financial statement 2021-22, we served 561 and still increasing.

R. Watkins – One recommendation seeing mental health increasing, with clients and funding, we flag this one.

S. Harris – For now, we will for now flag this category. We also suggest in flagging, to look if there are other funders available other than Part A.

Committee – All agreed.

Medical Nutrition Therapy

N. O'Neal – In 2020, we lost some to death and maybe why we had less. As people age, more may need it, but other factors depend on whether they qualify.

R. Watkins - Those numbers will go up higher, as with the economy things are going up.

S. Washington - We should keep it because it can be utilized and with food going up higher, and many trying to sustain with less food stamps.

J. McMinn – There is also a separate one for food bank/home health meals.

R. Watkins – We worked closely with CLC to get data so we can process what we are doing.

Early Intervention Services

J. McMinn - This number keeps increasing. In 2021, this a category, combined with outreach, where newly diagnosed received services. When we figure someone is out of care, we do outreach and those are the two functions of this category.

R. Lewis - A part of our outreach uses evidence-based curriculum, which is more of a facilitation to the group. We do not necessarily work with newly diagnosed, we may or may not, but the majority are not, which is why the testing happens. The outreach component talks to the

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individual about their experience in avoiding conversations on HIV and STD's and these are the tools used during facilitation of groups or outreach. We also have targeted populations.

Home Health Care Services

J. McMinn – The numbers stayed same in 2021. We did home health and home community-based care a few years ago, around 2018 and they tie in together.

S. Harris - Provided only by Part A.

S. Washington - Home health care is wonderful, should watch the trend as PLWH get older. Thank you all for making this important.

J. McMinn – We are also lucky County (DSAS) is a partner with us.

R. Watkins - Psychosocial being close with mental health service, do we have numbers on recipients served?

S. Harris - Yes, we have that number and will give that. We know Covid affected this greatly in 2019 and it is a popular category for PLWH.

N. O'Neal – They did not know how people would meet, maybe people were virtual.

R. Watkins – Is there any way to track that?

J. McMinn – In 2021, it went up to 95 and still trending up.

N. O'Neal – We can talk to people who received that service.

R. Watkins – Would like to request a data motion for that.

S. Harris – It just started March 1, 2022, so the data will be limited.

Medical Transportation

J. McMinn – Last year, 1268 served and going up. It always scores high on consumer surveys.

B. Gripshover – It looks like every year we are asking for more, also the cost of gas is up.

EFA (Emergency Financial Assistance)

J. McMinn - This is what we use to supply emergency services. If PLWH lose access, we have access to a voucher so they can get medications. We used to spend 100,000, over the years, reworking now down to 5,000. We always want to keep this in case of emergencies so that PLWH have access to medication. We served 14 very happy patients.

N. O'Neal – It is also a testament to caseworkers, using other resources, not having to use this.

Non-Medical Case Management

S. Harris – Been a very active category, should keep in place, it helps clients access support.

J. Citerman-Kraeger - Between HOPWA and RW, we cover salary and benefits. A couple years ago, Part A ran short in this category and we were able to cover the last two months. This was maybe 2018-19 or 19-20.

D. Houston - Think it was 2019, before Covid.

R. Watkins – Does the majority go for salary?

J. Citerman-Kraeger – Ours would tend to be what we spend for salary.

Z. Levar - Yes, it is FTE (full-time employment) based.

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Food Bank – Home Delivered Meals

N. O’Neal – It helps, though food stamps increased for some people.

S. Washington - Now in post-Covid, this would be good to keep when food stamps start decreasing from twice a month to once a month.

Other Professional Services - Legal

S. Harris – We have one funder for this.

Takeaways:

S. Harris – For now, the only recommendation is mental health, based on today’s discussion.

J. McMinn – We could also use the CLC survey to steer us in another direction.

S. Harris - We have about 72 so far, 40 online, 15 from Circle, 14, Metro, and 14 ATF. We are still putting them in the system, with the percentages higher in the 90% range for top services: Mental Health Care, 84%, Medical Case Management, 100%, and Dental Care at 92%.

R. Watkins - Can we have a composite by next meeting?

S. Harris - Yes, we will input manual forms and have them for next meeting.

Update on Statewide Integrated Plan – Z. Levar, K. Ruiz

Z. Levar - Vito is no longer with Part A and we are looking to fill that position. There is no meeting tomorrow. We are now moving towards the affinity group setups, having those nine groups do a deeper dive on things like rural HIV and we should hear something on that soon.

K. Ruiz - Ryan White Part B ODH Updates

OHDAF:

The Medical Advisory Committee was cancelled last month. We are in the middle of procuring the PBM contractor and are unable to give updates. We are also starting to meet with local hospitals about piloting Cabenuva at their clinics. We want to provide a more thorough update at the next MAC at the end of July.

Integrated Plan:

Please let folks know that we have a number of Affinity Groups working to help set the goals for Ohio’s Integrated HIV Prevention and Care plan--designed to guide our collective work over the next 5 years. If you are interested in joining an Affinity Group, please email Kate Shumate at Katherine.shumate@odh.ohio.gov or give her a call at 614-980-8172. The Affinity Groups are, **Centering the Voices of PLWHA**, **Rural Issues and HIV**, **HIV Workforce** (about both those living with HIV being in the workforce and those who work in the field of HIV. We are hoping this group will also address the overlapping places where PLWHA work in the HIV field.), **Growing Older with HIV**, **Interventions** (with a status neutral lens), **Treatment** (with a status neutral lens), **Mental Health and Substance Use Disorders** (MH/SUD), and **Youth and HIV**. We are encouraging a diversity of participants in each group to learn more about what is working well and what could be working better (within the parameters set by our federal funders). Because of potential conflicts with scheduling meetings for this many groups, we are asking individuals to limit their participation to no more than two groups, as we have a lot of work to complete within a limited amount of time.

STI and Hepatitis:

Syphilis and congenital syphilis continue to rise. **Providers**, learn more about syphilis and congenital syphilis by participating in a **live webinar** – The webinar will cover such topics as the clinical diagnosis and management of syphilis. This webinar is intended for clinical providers who provide patient care. Continuing Medical and Nursing Education will be provided for free. Sponsored by the NYC STD Prevention Training Center at Columbia University and the Ohio Department of Health. Registration is required. Please click on the links below to register. This webinar is being offered at the following dates/times: [June 1, 2022; 8-9am](#) and [June 2, 2022; 12-1pm](#). Additional syphilis information: <https://www.cdc.gov/std/treatment-guidelines/syphilis-hiv.htm>

For information about COVID-19: coronavirus.ohio.gov 1-833-4-ASK-ODH

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Standing Business

Agree on QI Committee work activity (if any) to be reported at May 18, 2022 Planning Council Committee meeting – R. Watkins

We will report the criteria for mental health as a service to review with a microscope.

Represent the TGA in Statewide Needs Assessment - None

Determine formal CAREWare Data Request (if any) – R. Watkins

We will send this to the Part A office.

Parking Lot Items

Review QI Committee Work Plan for Compliance – Tabled

Next Steps – J. McMinn

There is no QI meeting in June. We will not meet again until Aug 17, 2022.

Announcements - None

Adjournment

Motion: K. Dennis Seconded: B. Gripshover, S. Washington

Attendance

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

PC Members: K. Dennis, S. Washington, C. Droster, N. O'Neal, D. Houston

Attendees: R. Lewis, S. Dumas

Staff: M. Baker, Z. Levar, L. James, S. Harris, T. Mallory