

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

Lorsonja Moore – Chair

# Quality Improvement Committee Minutes Wednesday, February 19, 2025 – 2:30-3:30 PM

QI Planning Council Mem	bers		Planning Council Members	Planning Council Attendees	Presenter(s)
1. Lorsonja Moore, Chair	1	Р	Talib Mahdi	Jimmy Garcia	Melissa Hansen
2. Barb Gripshover, M.D.	1	Р			
3. Karla Ruiz		Р			Recipient Staff
4. Stephanice Washington		Α			Monica Baker
5. Kimberlin Dennis		Р			Zach Levar
6. Billy Gayheart		Р			Melissa Hansen
7. LeAnder Lovett		Р			Alisha Cassady
8. Xiomara Merced		Р			Lisa-Jean Sylvia
					Toni Mallory
Total of 15 in attendance	P = Pres	sent	EX = Excused Absence A = Abse	ent O (Other) - Virtual, Phone	
Call to Order	Co-chair, Lorsonja Moore, called the meeting to order at 2:35 pm.				
Moment of Silence	In remembering all those past, present, and future in the fight against HIV/AIDS.				
Quorum Determination	Seven (7) of eight QI committee members present - quorum of five (5) needed.				
Welcome, Introductions	All members, attendees, and guests welcomed, and asked to state names, affiliations, and				
& Conflicts of Interest	conflicts of interest in the chat.				
Approval of Agenda	QI Committee reviewed and approved the agenda for February 19, 2025.  Motion made by Kimberlin Dennis, seconded by LeAnder Lovett.				
Approval of Minutes	QI Committee reviewed and approved the minutes from January 22, 2025.  Motion: To remove the Quorum Determination note stating; "Alternates count towards quorum when representing absent committee members", and the AP = Alternate Present category from the attendance section.  Motion: Kimberlin Dennis; Seconded: Barb Gripshover In Favor: All; Opposed: 0; Abstained: 1- L. Lovett Motion passed.				
New Business	Ryan White Early Intervention Services (EIS) - Melissa Hansen, Quality Improvement (QI)				
EIS Services	Program Manager, Cuyahoga County Board of Health (CCBH)  This is to give an overview on the most interesting Ryan White service category, as it sits between the prevention and care side of things. We also hope to answer some of the deep dive questions related to this category on the number of people living with HIV that are out of care, and to help bridge gaps for new clients and those that are engaging in care.				

### **Introduction to EIS (Early Intervention Services)**

EIS is a **core** service category under the Ryan White HIV/AIDS Program, designed to support individual newly-diagnosed or re-engaging in care.

### **Key Focus Areas:**

- Testing and counseling
- Linkage to care
- Referral services
- Healthy literacy and education

# **Overall Goals of EIS (Early Intervention Services)**

- Increase the number of people who are aware of their HIV status
- **Decrease** the time from diagnosis to linkage to medical care
- Increase access to other services
- **Increase** understanding of HIV, HIV treatment & medication, reduction/prevention strategies
- **Help build the bridge** to allow the client to more comfortably engage or re-engage in ongoing medical care

# **Four Core Components of EIS**

**HIV Testing** (not funded through Ryan White Part A) to help the unaware learn their HIV status and receive referrals to HIV care and treatment

**Linkage to HIV care and treatment** services such as Outpatient/Ambulatory Services (OAHS), Medical Case Management (MCM), and Substance Use Care

**Referral services** to improve HIV care and treatment at key points of entry

**Health Education/Risk Reduction** and outreach services related to HIV diagnosis that enable clients to navigate the HIV system of care

# **Who Should Receive EIS?**

1. Newly diagnosed; 2. Receiving other HIV services but not in primary (HIV) care; 3. Formerly in care; 4. Never in care; 5. Unaware of HIV status

### Providers of EIS - Who provides EIS services?

University Hospitals, MetroHealth, Cleveland Clinic, The Centers, and Signature Health

# **Antiretroviral Treatment and Access to Services (ARTAS)**

- Short-term strengths-based case management and intervention model
- Consists of five client-centered sessions over 90 days
- Aims to:

Help build trust and rapport

Address barriers to care

*Navigate the healthcare system* 

Use motivational interviewing to empower clients in managing their health

Assist with transitioning to long-term care (Medical Case Management)

### **Community Health Workers (CHW) / Peer Navigators**

EIS Peer Navigation services integrate people with lived-experience into the clinic's day-to-day work and social support services.

EHE-Funded Patient Navigator duties include:

- -Assisting people with scheduling appointments and navigating the healthcare system
- -Outreaching people who are not optimally engaged in HIV care
- -Rapid Start care coordination
- -Building relationships with people when they are inpatients in the hospital and coordinating their care after discharge

CHW/Peer Navigators are at MetroHealth, Signature Health, and University Hospitals

### **Rapid Start ART Model**

**Rapid Start ART Model** is funded through EHE (ending the HIV Epidemic), carried out by Ryan White HIV/AIDS program (RWHAP) Part A-funded staff.

# **Immediate Linkage to HIV Medical Care**

- Newly diagnosed or re-engaged in-care clients, connected to a provider w/in one week
- Ideally, within 24-72 hours of diagnosis or re-engagement

## Same-Day Meds/ART Initiation

- Clients receive medication during their first visit

Collaboration with ED, satellite clinics & community testing sites to "fast-track" patients

EHE-Funded Rapid Start Sites: Cleveland Clinic, MetroHealth, University Hospitals

#### **Best Practices**

- No wrong door approach to testing or linkage
- Client/Patient Centered
- Community Health Workers & Peer Navigators
- Leveraging Technology
- Rapid Initiation of ART
- Partnerships!

### **Data Collection - What information is collected on EIS clients?**

- Number of HIV tests administered
- Test positivity rate
- Number of clients receiving EIS services
- Number of referrals made from key points of entry into the EIS program and to other health and supportive services
- Documentation that a client has been referred or transferred out of EIS services
- HIV care continuum data (LTC-linked to care, RTC- retained in care, ARTantiretroviral use, and VLS- viral load suppression)

#### In Summary- It's All About the Connection to Care!

Focusing on identifying and engaging folks in HIV care

Including targeting outreach, HIV testing, linkage to care, and health education Serving individuals who are newly diagnosed, out of care, or unaware of their status Bridging the gap between diagnosis and sustained medical care

	Q&A's
	*Question: L. Moore – With home care services, often people are linked to services, but if
	they are not, where should people go to get connected?
	*Response: M. Hansen – We should talk to patients and see if they are in care. However,
	case managers may be best way to start in finding services for those not engaged in care.
	*Question: B. Gayheart - Is there any plans to expand EIS, as there appears no service in
	Lorain County.
	*Response: M. Hansen -Unfortunately Mercy in Lorain is not funded in EIS, although not sure if there is talk on extending. To add, the service may have expanded to Sheffield.
	*Comment: M. Baker - Will check further, as no discussion has been heard at this time.
	*Question: L.J. Sylvia- Do other counties have gaps?
	*Response: Z. Levar - Signature can provide to outlying regions, as for Lorain we contracted
	them with Family Services but didn't work well. We can chat more on EIS providers but so far none have worked out.
	*Question: L.J. Sylvia -How does someone get back in continuum care pathway, or what
	triggers EIS support versus case management care, etc.?
	*Response: M. Hansen -If someone has fallen out of care is more of the indicator needed in
	getting them back into care, and EIS would be more appropriate.
	*Question: L.J. Sylvia - Is outreach looking at status to find them?
	*Response: M. Hansen - That makes EIS interesting yet confusing, as it points to strong
	partnerships that can provide tests and outreach, being the first step into care. With DIS, it
	focuses more on partnering with EIS to get folks into care. Also, retained in care we track,
	but it is not always the best definition on if someone is engaged into care, as there are many
	barriers in folks being retained in care, making it longer to capture those in the numbers.
	*Comment: A. Cassady – Also, it's always the same group of persons we look at in this.
	<b>L. Moore</b> – Thank you for the great presentation. We would like a copy of the report.
Deep Dive	Analysis of Key Questions on the 3,000 Persons Living with HIV Out of Care – L.J. Sylvia
•	We met with the Part A Epi staff and put in a data request to ODH (Ohio Department of
	Health). After looking at the list of questions, we decided to first focus on narrowing things
	down such as: how many people are out of care, how many are virally suppressed, and what
	is the real gap in all this. We will discuss this further at next month's meeting, as we will need
	to do specific analysis to determine how we will want to proceed.
Standing Business	Agree on QI Committee Work Activity – L. Moore
	We will share the presentation on RW EIS service, and the update on our deep dive
	discussion.
	Determine formal CAREWare Data Request (if any) – None
Parking Lot Items	None None
Next Steps	None
Announcements	L. Moore – Co-chair, Kimberlin Dennis, in collaboration with Nueva Luz, will be speaking for
	Black History Month on Friday, February 21st, 12 noon, at Calvary Reform Church, 1918 W.
	65 <sup>th</sup> Street, Cleveland, Ohio 44102. All are welcome.
Adjournment	Meeting adjourned at 3:30 pm.
. ,	Motion made by Kimberlin Dennis, seconded by Talib Mahdi.
	motion made by Killiberini Definis, Seconded by Tallo Maria.