

# CUYAHOGA COUNTY BOARD OF HEALTH

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Ryan White

Part A Clinical Quality Management Meeting

Monday, April 24, 2023

9:00-10:00 AM

Start: 9:02am

End: 9:36 am

**Attendees:** K. Rodas, J. Toombs, X. Merced, K. Burnett-Bruckman, M. Beebe, M. Perez, Dr. A. Avery, J. McMinn, B. Pope, J.L. Kasambayi, A. Tomco, D. Smith, A. Whelan, Dr. B. Gripshover, D. Dickinson

**CCBH Staff:** A. Elisha, B. Eaton, M. Kolenz, B. Lutz, M. Baker, Z. Levar, A. Idov, D. LaGallee, V. Panakkal, T. Mallory

## **Welcome - La'Keisha James, Clinical Quality Management (CQM) Program Manager, Ryan White Part A**

Welcome and thank you all for being part of the clinical Quality Improvement Committee (CQMC). We haven't met since November 2021, and we are excited to finally come together to let you know where we are, and to share the projects we have been working on in 2022.

## **Agenda**

The agenda will cover: 1. Background overview on the CQM program; 2. New CQM program changes in Planning Goals, Infrastructure, Performance measures, and Quality Improvement; 3. Epidemiology (Epi) Update; 4. Organizational Assessment; 5. Engagement Opportunities in RW Planning Council and the Ending the HIV Epidemic (EtHE) Community Advisory Group (CAG).

## **Background – L. James**

Title XXVI of the PHS Act requires RWHAP Part A recipients to establish a CQM program. This basically means HRSA (Health Resources Services Administration) wants to make sure the services provided through RW funding, are consistent with the public health guidelines, that they align with the requirements that HRSA requires, and that we develop strategies for improvement in the access to and quality of HIV services.

## **New CQM Program Changes- L. James**

**CQM Plan Goals** – Our CQM plan is the actual document that leads, guides and tells the community what we intend to do within this Ryan White Part A program. Each year, we sit down and evaluate if the goals and objectives we establish, are accomplished and still beneficial in improving the quality of patient care. We are currently working on an 18-month plan which was started in 2022 through the end of 2023, and at the end of this year, we will look at where we stand, if we need to scale back goals, add more, etc.

**- Goal 1-** Establish a comprehensive and functional quality infrastructure.

For this, we had to look at stakeholders and external partners who would be included in helping to carry out quality initiatives and offer feedback on the needs of PLWH. This goal was completed in December of 2022.

**- Goal 2** –Improve Data Management, Integrity, and Utilization - We had to be specific and intentional on what and how we determine performance measures. HRSA has a document, PCN15-02, our CQM “bible” that tells us what a CQM plan is required to have, legislatively, by HRSA. We took this document and made adjustments to our plan. This goal is partially complete, and we will have a full evaluation in fall of this year.

Roderick Harris, DrPH Health Commissioner

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**- Goal 3-** Establish a Culture of Quality Improvement – This is a continuous goal, in that we always want to make sure our case managers, sub-recipients, planning council, and other partners know what quality improvement is and what we do to improve patient care. This goal is in progress.

**- Goal 4-** Improve Continuous Quality Improvement Acumen for Sub-Recipients - This is why we're asking about training needs and where we help lead and guide in providing training to help foster more competency in areas where help may be needed. This goal is in progress.

#### **Infrastructure Changes:**

In order to build a strong infrastructure, we need support, comprised of a multi-disciplinary team made up of our social workers, physicians, nurses, program managers, and medical case managers. These folks work together to create culture of continuous improvement, and makes up the clinical quality management committee. This group takes all this feedback, decides where we are, and in what direction we should go, as it is like one part feeding the other, all part of a team. We have also created workgroups such as: an internal CQM workgroup that guides and plans quality initiatives, a project management workgroup consisting of sub-recipients participating in QIP, and we are increasing collaboration with the Planning Council, Community Liaison Committee (CLC) subcommittee.

**Performance Measures** – As this has historically been done, we are legislatively responsible for monitoring performance measures, based on utilization data. In 2022, we there were 8 measures capture, now in 2023 there are seven (7) performance measures. Those categories are: EIS-19%, MCM-34%, Mental Health-22%, Outpatient Ambulatory Health Services-69%, Medical Transportation-39%, and Non-Medical Case Management-46%. Anything over 50%, or higher, we monitor two things for them.

**Retention - Priority Populations Monitored** – This shows what our performance measures are, based on what we selected, and in order to make sure we consider capacity, we will look at the care continuum and monitor that over the course of this year.

- Retention PPM- MSM, Youth 13-24, AA/LW
- Antiretroviral Therapy (ART) – MSM, Youth 13-24
- Viral Suppression PPM – All, MSM

**Quality Improvement** – For project overview, we are now doing QI projects, not based on individual agencies, but based on service category. We've met three times since January and realized that there is a downward trend in retention, and created a project for medical case managers to improve that rate. We are implementing a three-attempt, follow-up process after a missed appointment, by Nov 2023. Some of our agencies have CHW's, outreach workers who will take additional measures to reach clients, but for those that do not, phone calls or written notices will be sent to bring patients back into care and keep them in care. We will monitor and update where we are at the end of the year, using the DMAIC: Define, Measure, Analyze, Improve, Control, methodology to do our project.

#### **Data Report – Alisha Cassady, CCBH Epidemiologist**

Cleveland TGA 2022 Incidence/New Cases

New cases - 172 new cases in TGA, decrease of 15% since 2021

New cases – Males 85%, females 16%

Age group – 43% under 50 years of age, age 20-34 highest numbers new cases in 2022

Almost half of all new cases, Black/African American

New cases – 14% Hispanic/Latino

Exposure – 31% MSM, 5% IDU exposure, saw decrease since 2021

Map of highest incidence: 44102

TGA incidence, trending down due to EtHE and Prevention efforts.

Care Continuum: 3,283 Part A eligible: LTC: 2,769, RTC: 69%, Prescribed Art: 97%, Virally Suppressed: 84%  
While numbers look good, our retention rate down at 69%, so we definitely want to improve in that area.  
We always need help and encourage involvement in planning council, and the Prevention, and CAG committees to help us move along.

#### **EtHE/CAG (Community Advisory Group) Update - Brian Lutz, CCBH EtHE Program Manager**

Under the EtHE (Ending the HIV Epidemic) program, we have recently established a CAG (Community Advisory Group) that meets quarterly, in which we follow an agenda based on four pillars: Diagnose, Prevent, Treat, and Respond. Our first meeting was in January, the second was in April, and the next meeting will be Wednesday, July 12, 2023 from 8:30 am-12:30 pm. For this meeting, we will focus on the Prevention Pillar, highlighting partners on the Prevention side. EtHE is complimentary to Ryan White, in that the goal is to provide funding and additional services to support programs that already exist, with the overall goal of reducing by 75% for new cases by 2025, and reducing by 90% of new cases by 2030. To do this, we need all HIV partners, community members, and folks with fresh ideas who know what's going on in the community. If you don't already get our information, please put emails in the chat and we will add them to our communication.

#### **HIV Prevention Program Update - Melissa Kolenz, CCBH HIV Prevention Program Manager**

We just hired new DIS staff, a new program manager, and are onboarding them. We currently have quarterly program meetings, and the next Prevention meeting is, Wednesday, June 7, 2023, from 4:-5:30 p.m. If you are on the PC, list, you'll get the invite. We are also working on a syphilis campaign in May with our marketing company.

#### **Monica Baker - CCBH Grant Supervisor, Ryan White Part A**

Just want to welcome everyone to this first meeting for this grant year. The info shared was useful, helpful and exciting in what we are doing, in regard to our planned projects. We are glad things are up and running and, and we appreciate everyone's participation and look forward to more feedback on what was heard today.

#### **Zachary Levar – CCBH Deputy Director, Population Health**

Thanks all for joining. Looking forward to the outcome of these projects. As you see data going up and down in numbers, we rely on our sub-recipients and ask to please remain vigilant on getting data in, so we can see these projects go forward. We are looking forward to this collaborative approach, bringing in people from all levels in Cleveland.

#### **Final Remarks - La'Keisha**

Thank you all for your time. The next meeting update will be later in year, possibly closer to November. We will give more advance notice, but if there are concerns or questions before then, please let me know, via email or phone. Also, the slides from today will be shared.