Cuyahoga Regional HIV Prevention and Care Planning Council

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

Jason McMinn, Chair

Quality Improvement Committee Minutes

Wednesday, April 17, 2024

3:00 pm to 4:00 pm

Start: 3:02 pm **End**: 4:02 pm **Facilitator: J. McMinn**

Moment of Reflection
Welcome and Introductions

Approval of Agenda: April 17, 2024
Motion: C. Nicholls Seconded: K. Dennis
Vote: In Favor: All Opposed: 0 Abstained: 0
Motion passes.

Approval of the Minutes: March 20, 2024
Motion: L. Moore Seconded: Dr. Gripshover
Vote: In Favor: 8 Opposed: 0 Abstained: 3 – N. O'Neal, K. Dennis, D. Houston
Motion passes.

New Business

Review Standards of Care – J. McMinn

The Standards of Care (SOC) are a set of policies and procedures put together by the federal Health Resources Services Administration (HRSA) and the Cuyahoga County Board of Health (CCBH), for our sub-recipients to use as a guideline in making sure we provide the best Ryan White services possible to persons living with HIV (PLWH) in our TGA (Transitional Grant Area). It's kind of a way to make sure that sub recipients are all doing similar tasks and providing services in in a uniform manner, as each standard has its own service protocol, such as oral health, transportation, and medical case management. Additionally, the county reviews these standards every so often and updates them for the community as needed. As the county has recently gone over all 16 standards and looked at items to review, the committee is being asked to provide our input on these proposed changes and/or suggestions on ways to improve them.

Standards of Care (SOC) Overview - M. Baker

This presentation is to provide reason to our Standards of Care process, in which we will look at the methods used on how we reviewed the standards, and at the end, we will take feedback and suggestions. As stated earlier, our Standards of Care is what guides us in providing care throughout the community. We have several standards that we try to maintain at a high level, which are all attainable for providing services to everyone, and while HRSA provides the national standards overall, our local and regional SOC are closely linked, or in alignment with theirs.

2024 Proposed Standards of Care Updates Overview

Updates Rationale:

As the recipient of the Ryan White Part a grant, we continue to work toward making overall improvements in service delivery and measurable outcomes within the Cleveland TGA. In doing so, we intentionally seek opportunities to remove barriers to best practices. We gather data and feedback to help inform us of potential quality improvement initiatives. Ultimately, we use that information to implement relevant updates that are in alignment of the feedback and data we receive.

During our 2023 monitoring cycle, we identified some things that could be implemented to enhance or improve our outcome measures, as well as the overall monitoring process. In addition, we received antidotal feedback which led us to review the federal Standards of Care against the local Standards of Care to confirm alignment and relevance. In our assessment, we found that there are two (2) primary areas for improvement, as it relates to the Standards of Care. Misinterpretation and Lack of Clarity are the most significant factors related to unmet standards throughout the monitoring process. Ultimately, it was determined that updating the local Standards of Care would improve the likelihood of the TGA meeting the standards at an optimal level.

Recommended Updates:

The Ryan White Part A Team at CCBH were intentional in determining the most relevant updates needed for improved monitoring outcomes for FY24. Each standard, in each category, was reviewed using the following criteria:

Alignment with HRSA Standards of Care
Clarity (Is the language clear enough to be properly interpreted across all sub-recipients?)
Equity (as it relates to sub-recipient capacity and client demographics)
Feasibility (Is the required documentation feasible, based on timeframe, client demographics, etc.)
Overall impact
Utilizations in other TGA's

This review process identified four (4) strategies to improve monitoring results and ensure optimal services.

The Four (4) Identified Strategies to Improve Monitoring Results

Language Updates – Six (6) service categories will have language updates to provide clarity and specific examples of what is expected in documentation (EIS, Eligibility, MCM, MT, MH, OAHS).
Content Updates: Two (2) service categories will have updated content to better reflect service provision and fully met standards (Foodbank, OAHS).
Success Rate Update – One (1) service category will have a revised measure of success for one standard, based on the feasibility of access to specific documentation (OAHS).
Monitoring Process Update – Three (3) standards will have a revised monitoring process to ensure accuracy in reported findings (Linked to Care, Viral Load, and Foodbank/Home Delivered Meals).

Proposed Standards of Care and Monitoring Updates

Early Intervention Services (EIS)			
Original Standard	**Recommendation**	**Rationale**	**Updated Standard**
Agencies providing EIS track all referrals to and from the program.	Add "internal and external referrals".	Some sub-recipients only receive internal referrals and have not developed a system for tracking internal referrals.	Agencies providing EIS services track all internal and external referrals to and from the program.
EIS client can be associated with one or more of the five target populations.	Include examples of the target populations.	Being able to specify why the client is enrolled in EIS services helps to identify the need, helps the sub-recipient understand how to successfully meet the standard.	EIS client can be associated with one or more of the five target populations: 1) newly diagnosed 2) receiving HIV/AIDS services but not in primary care 3) formerly in care, never in care 4) unaware of HIV status 5) in medical care and have identified issues that adversely impact retention in care
EIS client received health education and literacy training that enables them to better navigate the HIV system of care.	Include examples of health education and literacy training, i.e., education on HIV service delivery system, how to work with clinicians, how to handle problems and issues, disease progressions, managing life with HIV.	Providing examples of health education and literacy training helps to give guidance and clarity to sub-recipients.	EIS client received health education and literacy training that enables them to better navigate the HIV system of care. **Some examples include HIV education, HIV services available within TGA, disease progression, treatment options, system navigation tips, etc.**

Eligibility			
Original Standard	**Recommendation**	**Rationale**	**Updated Standard**
Documentation of client's proof of residency - updated twice if applicable	Add "new documentation uploaded at least once annually"	Revised wording helps to provide clarity to sub-recipients regarding the frequency of documentation needed.	Documentation of client's proof of residency- **new documentation uploaded *at least once* annually**
Documentation of client's proof of income - updated twice if applicable	Add "new documentation uploaded at least once annually"	Revised wording helps to provide clarity to sub-recipients regarding the frequency of documentation needed.	Documentation of client's proof of residency- **new documentation uploaded *at least once* annually**
Documentation of client's insurance status (uninsured/ underinsured/insured) -updated twice if applicable	Add "new documentation uploaded at least once annually"	Revised wording helps to provide clarity to sub-recipients regarding the frequency of documentation needed.	Documentation of client's proof of residency- **new documentation uploaded *at least once* annually**

Medical Case Management (MCM)			
Original Standard	**Recommendation**	**Rationale**	**Updated Standard**
New medical case management clients receive an initial assessment of service needs.	Add "newly enrolled… within measurement year"	Adding additional wording helps to clarify who should be included in this measure, in addition to frequency. New clients are identified as clients receiving services on or after March 1st of the measurement year.	Newly enrolled medical case management clients receive an initial assessment of service needs, **within the measurement year**.
Medical case management clients have their individual care plans updated two or more times, at least three months apart.	Add "at least every 6 months"	Revised wording helps to give clarity on frequency of plan updates.	Medical case management clients have their individual care plans updated **at least every 6 months.**

Medical Transportation			
Original Standard	**Recommendation**	**Rationale**	**Updated Standard**
Medical transportation client file includes a description of the level of services/number of trips provided.	Add "type of service" instead of "level of services".	"Level of services" is not as specific as actually stating "type of service", i.e., bus ticket, Uber, etc. It simplifies documentation for this standard.	Medical transportation client file includes a description of the ***type* of services,** i.e. bus tickets, Uber, etc., and number of trips provided.
If providing gas cards, the mileage reimbursement does not exceed the federal reimbursement rate.	Add "current" federal reimbursement rate.	Adding **current** reimbursement rate helps provide a standardized measurement; alerts sub-recipient to update the reimbursement rate.	If providing gas cards, the mileage reimbursement does not exceed the **current** federal reimbursement rate.

Mental Health Services			
Original Standard	**Recommendation**	**Rationale**	**Updated Standard**
Clients receiving mental health services have a detailed treatment plan that includes the date for reassessment.	Add "at least 1x per reporting period".	Updated wording provides additional clarity for frequency.	Clients receiving mental health services have a detailed treatment plan that includes the date for reassessment; reassessment occurs **at least 1x per measurement year.**

OAHS Outpatient Ambulatory Health Services (OAHS)			
Original Standard	**Recommendation**	**Rationale**	**Updated Standard**
Client received influenza vaccine or reported receipt through other provider between October 1st and March 31st of the measurement year or documentation of client refusal. *HAB Performance Measure*	Change success measurement to 70% instead of 80%.	It is often difficult for non-clinical agencies to provide proof of flu vaccination; many people opt out of receiving flu vaccines due to mistrust and personal beliefs.	*Standard remains the same; this standard is met at a score of **70%** per the Monitoring Performance Scale, rather than 80%.
Adult female client had pap screen in the last three years. *HAB Performance Measure*	Add information about OBGYN Referral and elf-report in measurement documentation.	Pap information is not readily available; perhaps create a self-report form with a signature should be considered proof; if no screening took place, referral to OBGYN evident in chart. This would positively impact monitoring outcomes in this category.	Adult female client had PAP screening, **reported receiving screening, or was referred to OBGYN within the last 3 years** *Measure: Documentation of PAP screening, self-report, or OBGYN referral.
Client received an oral exam by a dentist at least once during the measurement year based on client self-report. *HAB Performance Measure*	Add information about dental referral and self-report.	Dental information is not readily available, perhaps create a self-report form with a signature should be considered proof, if no screening took place, referral to dentist evident in chart. This would positively impact monitoring outcomes in this category.	Client received an oral exam by a dentist, reported receiving an oral exam, or was referred to a dentist at least once during the measurement year. *Measure: Documentation of an oral exam, self-report, or dental referral

MONITORING PROCESS UPDATE
* ***Linked to Care*** and ***Viral Load*** will now be monitored with Eligibility, rather than each service category. This new monitoring process helps to ensure that findings for these categories are no longer being duplicated. In essence, we will use the same sample for Eligibility, Linked to Care, and Viral Load. As always, sub-recipients will receive prior notification of the monitoring site visit, along with Attachment * Foodbank/Home Delivered Meals: The ***number*** of clients being monitored in this category will be provided ahead of time, with the prior notification of the site visit, in Attachment C. The actual list of clients being monitored in *this* category will be provided ***during*** the monitoring site visit.

Comments/Feedback

Comment: J. McMinn** –Under EIS Item number two (2), it talks about target populations ***"receiving HIV/AIDS services but not in primary care". Is that language from HRSA, as it's not clear what it means to be receiving HIV services but not primary care? **Does that mean they receive HIV Care but are not seeing a primary care doctor?**

***Response: M. Baker** - **This refers to someone who is receiving some sort of services but may not be receiving care for HIV.** No one is monitoring their progression, viral suppression or anything like that.
***Comment: Dr. Gripshover** – On the question of **EIS eligibility, perhaps it could say, not in HIV Care or HIV Primary Care, making it more distinct on what care they're getting HIV, primary, and/or medical care.**
***Response: M. Baker -** Thanks for that input and that will be added. Also, for eligibility, three standards were proposed to add language. We decided to add new documented to be uploaded at least annually. That helps clarify what should be added and how often, and when looking at our monitoring, we will look whether this info is uploaded annually, even if remains the same, just so we know the most current info is being updated.
***Comment: B. Gayheart** – **Asking to document at least once annually seems vague**, as how many are uploading on a regular basis, versus annually?
***Comment: L.J. Sylvia** – **A suggestion is to say new documents are to be uploaded annually, and additionally if there is a status change, or basically asking for it once and year, and again if there is a change.**
***Comment: Dr. Gripshover** – Are we then going to expect people to bring in stuff more than once a year? **HRSA changed this from twice a year to once a year, as some people were getting chopped off, which we don't want. Would like for it to say once a year, as it's all about keeping people in care, not making it harder for them to do so.**
***Comment: J. McMinn** - We cannot provide any services without looking at eligibility, and while income is a part of that, if it says annually, that's what we are going to do. Adding "at least once per year" isn't necessarily going to change that, but if you say "annually, unless income changes" then that will hit home with providers. Also, with standards we are to report income changes, so saying unless income or other changes happen, works better.
***Response: Z. Levar** – A tricky part in this is that **we only need updates if eligibility changes, whereas a slight change in income doesn't warrant a new upload.** We want to do this annually so as not to burden folks, and we want social workers to look out for cues throughout the year if eligibility may have changed.
***Response: M. Baker** – We will add language for uploading documents to read, "annually unless changes to income impact eligibility".
***Comment: M. Baker** - For pap smears, we are looking for either reporting of a screening, that a provider made a referral, or if the client self-reports in order to help us track the pap smearing process for the community. In one of the early feedback sessions with our sub-recipients, someone made note of using more inclusive language other than adult female.
***Comment: N. O'Neal** – To add clarity, **maybe add vaginal pap screening may clarify on the adult female portion of that standard, because we know that men and transgender women also do anal pap smears.**
***Comment: M. Baker** - This also **brings up the point of whether HRSA will ever recommend or require anal pap smears for them.**
***Comment: Dr. Gripshover – It would actually be a cervical pap, not vaginal, unless there was a hysterectomy. The Pap smear in women is actually a smear of the cervix**. After a hysterectomy, they sometimes do vaginal smears if needed. However, those who have had a hysterectomy and have never had a history of HPV infection or diseases, then they actually don't have to continue doing Pap smears. So, **they basically mean cervical here.**

M. Baker – In summary, these are the proposed updates and thanks to all for giving more feedback as we move along with our standards of care. Also, we have already received some feedback from our sub-recipients, and we will consider that info, the input today, take everything into consideration, and then make changes as needed and/or appropriate. We will continue making final edits through the month and hopefully send out a final draft sometime in May.

J. McMinn – Thank you Monica, for the great job you did, and if anyone has any questions or additional thoughts, please reach out to me, L.J. or email Monica at: m.baker@ccbh.net.

Takeaways

1. *For the EIS eligibility original standard in clients being associated with one or more of the five priority populations, this asks for things related to viral suppression, not on the question of whether they are in primary care.*

2. *In clarification the language as to target population for EIS services, it should be more distinct, receiving HIV/AIDS services but not in primary care of HIV medical care.*

3. *As asking to upload documents at least once annually seems vague. A suggestion is to ask for documents to be uploaded once a year, and again if there is a change that will impact eligibility, as we only need updates if eligibility changes, a slight change in income doesn't warrant a new upload.*

4. *It is suggested to add cervical pap screening on the adult female portion of this standard, as men and transgender women also do anal pap smears, which also brings up the point of whether HRSA will ever recommend or require anal pap smears for this population.*

Standing Business

Agree on QI Committee work activity (if any) to be reported at March 20, 2024 Full Planning Council Committee Meeting – J. McMinn

We will report today's presentation from the Recipient's office on the Standards of Care.

Determine formal CAREWare Data Request (if any) - None

Parking Lot Items – None

Next Steps – J. McMinn – To be determined.

Announcements - None

Adjournment

Motion: C. Nicholls Seconded: Dr. B. Gripshover

Cuyahoga Regional HIV Prevention and Care Planning Council

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

Jason McMinn, Chair

Attendance

	QI Committee	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	**Jason McMinn, Chair**	20	20	20	20						
	Vacant Co-chair										
2	**Barb Gripshover**	0	20	20	20						
3	**Leshia Yarbrough-Franklin**	20	0	0	0						
4	**Karla Ruiz**	0	20	20	0						
5	**Lorsonja Moore**	20	20	20	20						
6	Billy Gayheart	10	10	10	10						
7	Naimah O'Neal	0	10	0	10						
8	Biffy Aguiriano	0	0	10	0						
	Total in Attendance	4	6	6	5						

PC Members: K. Dennis, C. Nicholls, C. Droster, D. Houston, D. LaGallee, L. Lovett

Attendees: N. Pietrocola

Staff: M. Baker, Z. Levar, M. Hansen, L.J. Sylvia, T. Mallory