

# **Cuyahoga Regional HIV Prevention and Care Planning Council**

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

**Jason McMinn, Chair**



## **Quality Improvement Committee Minutes**

**Wednesday, May 15, 2024**

**3:00 pm to 4:00 pm**

**Start:** 3:03 pm

**End:** 4:40 pm

**Facilitator:** J. McMinn

**Moment of Reflection**

**Welcome and Introductions**

### **Approval of Agenda: May 15, 2024**

Motion: B. Gayheart      Seconded: S. Washington, K. Ruiz

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

### **Approval of the Minutes: April 17, 2024**

Motion: N. O'Neal      Seconded: K. Dennis

**Vote:** In Favor: 8      Opposed:      Abstained: 1- K. Ruiz

### **New Business**

#### **State Integrated Plan Update - Kate Shumate, Ohio Department of Health (ODH)**

For the State Integrated Plan (SIP), **the big thing now is the integration of HIV Prevention and HIV Care, as there used to be separate plans for each group.** As part of the history/back story, the CDC (Center for Disease Control) **used to require both prevention and care programs to do annual plans on things they were proposing as activities.** Then about eight years ago, the CDC spoke with both groups and **came up with the idea for everyone to do one plan for five years that would bring Care and Prevention together, which became the Integrated Plan.** It was also at this time that Covid hit, in which we were not able to achieve a lot of the goals in that plan. However, in re-visiting things **after Covid and having numerous statewide, regional, and work group meetings, we decided to come up with a different plan and set of goals for the next five years.**

With the current Integrated Plan, **one of the biggest accomplishments done so far, is in adding the long-acting injectables to the OHDAP (Ohio HIV Drug Assistance Program) formulary.** This includes Cabenuva as well as Sunlenca, which is now part of the oral lead in for folks. With Cabenuva, the difference is that it comes as two shots to be given in the hip, and unlike every other oral medication it can only be shipped to the provider, not to a patient's home. However, we've worked out different ways to get this to patients, being **our main goal is to make sure people have access to the medication.** Overall, it has been a soft, quiet rollout, and we are delighted to have accomplished our goal in this.

**\*Comment: S. Washington - This works and is really good, knowing you can just relax and take a shot every other month, instead of trying to remember to take pills.**

**\*Response: K. Shumate –** We love hearing that people success stories with different meds, as all too often, we make patients feel they have to adjust to fit into how our drug is delivered. **In line with that, another thing in the works is looking at stories of long-term survivors, particularly over 50, and sharing those real-life and historical experiences to people in this generation.** Also, with the story-telling component, we found it best to tell stories sooner than later in the process, as it helps people understand the storyteller's progression, and having someone step in and offer coaching on how to



# Cuyahoga Regional HIV Prevention and Care Planning Council

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

Jason McMinn, Chair

present those stories, helps remind everyone that HIV is not over, it is still a big deal, and that it is important that we capture the value of people who have that knowledge and experience.

**\*Comment: K. Dennis – In group meetings with middle and high school-aged children, the discussions have gone very well, and the benefit in telling stories has been in helping them understand HIV, in general, as most weren’t even born when this came about, and in them learning how to take care of and protect themselves.** There have also been good experiences where some have made changes for the better in their lives, which is so inspiring. However, it’s also been hard at times getting through to some youth or helping them understand, as they often don’t want to share their stories.

**\*Response: K. Shumate – There is a book called “Seasons of Hope”, written by a former Clevelander who has returned and now has a podcast on people with HIV stories from 25 years ago.** We are looking to connect with him, as we also want to capture and document these stories, particularly in seeing how many aging PLWH will be the last ones to ever experience HIV from the 1980’s until now.

**\*Question: J. McMinn - When does the Statewide Integration Plan end, and will we be informed of updates on what we need to do?**

**\*Response: K. Shumate – We will start writing the next one in 2026.** For updates, we’ve had workgroups to develop goals and have summarized them, and will look for people to participate. Also, one item of hold up is with funding, so we hope to convey the importance of this to get going.

**\*Comment: L.J. Sylvia - Part of QI is to participate in SIP work, and we welcome you to join or participate in this committee.**

**\*Comment: K. Shumate - Part A has a responsibility to the plan like Part B, so it would be good to be part of the group.** For more SIP info/updates: Kate Shumate: [katherine.shumate@odh.ohio.gov](mailto:katherine.shumate@odh.ohio.gov).

## Continuum of Care Overview – CCBH Alisha Cassady, Epidemiologist, and Melissa Hansen, Ryan White CQM (Clinical Quality Management) Program Manager

### HIV CARE CONTINUUM – May 15, 2024

The HIV Care Continuum is a model used in public health that outlines the steps a client with HIV goes through, from diagnosis to achieving and maintaining viral suppression as they receive care and treatment with HIV medications (ART) Antiretroviral Therapy. The Steps within the HIV Care Continuum consist of: Diagnosis of HIV, Linkage to and Receipt of HIV Medical Care, Retention in HIV Medical Care, and Achievement and Maintenance of Viral Suppression.

### **CY 2023 Cleveland TGA (Transitional Grant Area) HIV Care Continuum - Jan 1 – Dec 2023**

7,000						
6,000						
5,000						
4,000						
3,000	6,037		88%		98%	89%
2,000		3,163	<b>2,788</b>	70%	<b>2,739</b>	<b>2,490</b>
1,000				<b>1,956</b>		
0						
	HIV Diagnosed	RW Part A Client	Linked to Care	Retained in Care	Antiretroviral Use	Viral Load Suppression

# **Cuyahoga Regional HIV Prevention and Care Planning Council**

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

**Jason McMinn, Chair**



## **Care Continuum Definitions**

**HIV Diagnosed: The diagnosed HIV prevalence in the TGA as reported by the Ohio Department of Health (ODH).**

- Most recent available data is as of December 31, 2022.
- Shows the total number of individuals diagnosed with HIV in Cleveland TGA (counties of Ashtabula, Cuyahoga, Geauga, Lake, Lorain, and Medina)

**Ryan White Part A Clients: The number of diagnosed individuals who received a Ryan White Part A funded service within the measurement year.**

- Core and Support Services
- Total from clients in CAREWare

**Linked to Care (LTC): The number of Ryan White Part A eligible clients, who had at least one medical visit, viral load test, or CD4 test in the measurement year. Calculated as:**

$$\frac{\text{Number of Clients LTC}}{\text{Number of Ryan White Part A Clients}}$$

**Retained in Care (RIC): The number of Ryan White Part A eligible clients who had at least two or more medical visits, viral load tests, or CD4 tests performed at least three months apart during the measurement year. Calculated as:**

$$\frac{\text{Number of Clients}}{\text{Number of Clients LTC}}$$

**Antiretroviral Use (ART): The number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.**

**Calculated as:**

$$\frac{\text{Number of Clients on ART}}{\text{Number of Clients LTC}}$$

**Viral Load Suppression (VLS): The number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load taken within the measurement year was less than 200 copies/mL.**

**Calculated as:**

$$\frac{\text{Number of Client VLS}}{\text{Number of Clients LTC}}$$

## **Types of Continuums**

**ODH Continuum**

**Program Continuum**

**Priority Populations** (MSM, MSM of Color, Youth 13-24 Years Old)

**Specific Demographic** (Females)

**Specific Service Category** (Early Intervention Services, Non-Medical Case Management)



## **Cuyahoga Regional HIV Prevention and Care Planning Council**

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

**Jason McMinn, Chair**

### **Why is the HIV Care Continuum Important?**

**Assess** care outcomes for individuals as well as a population or a specific program/intervention (i.e., Ryan White Part A)

**Supports** clients as they move through care to achieve and maintain viral suppression

**Assess** gaps in care

### **How is the HIV Care Continuum Used?**

Measure progress toward goals

Determine any gaps in care/services

Inform policy and implement services/QI projects to improve care

Help clients achieve viral suppression

### **Example QI Project**

Medical Case Management – Retained in Care

Continuum Informed

Monitored continuum measures and outcomes each quarter in specific category

---

### **Comments**

**J. McMinn – To summarize, the Continuum of Care is a visual way of how we cover our continuum of care on who we’re missing, from stage to stage.**

**\*Comment: K. Shumate** - This came out in 2011. Dr. Edward Gardner was author of the original paper.

**\*Comment: M. Hansen** - **The continuum is important in that if disparities are occurring, they can be clearly identified and given further review. It also helps in supporting clients in reaching viral load and suppressions.**

**\*Comment: M. Baker** - If we see a lab or medical visit, it does count the same. The care continuum is somewhat like a report card, in which when we come up with numbers different than the previous years, we want to make improvements, as well as to put some sort of activity in place to make those improvements, like doing projects through the CQM programs, or at the sub-recipient level on things they may see and can do.

**\*Comment: J. McMinn** - As this presentation is more digestible than in the past, **would also like to see more data in the areas of deep dives, as well as data on younger people, particularly related to issues with RIC**, which can be tricky because it varies with the clinical definition.

**\*Comment: L.J. Sylvia** – **As we start into PSRA, maybe we can look at data that can guide us to the next deep dive or topic for further exploration.**

**\*Response: M. Hansen** - We looked at delivering info in a more digestible way, as well as new and different data to use for continuums, and we welcome input on other things of interest.

**\*Response: N. O’Neal** – **Agree, RIC numbers are not as realistic as presented. It may need to be re-visited by looking at possibly having in-person visits, lab work, info on when/if they need to be seen, as we have people who are virally suppressed, but life shows up and those numbers differ.**

**\*Comment: J. McMinn** - – Good that the chart has been reviewed on gaps and how to improve, but not sure of the out of care group, only that they didn’t receive a Part A service, so we need to look further.

**\*Comment: Dr. Gripshover** - We also need to work on the 3,000 who were diagnosed but had no care at all, as that is hardest gap to close.

**\*Comment: K. Shumate** – We need to remember **the conversation is not just about columns, but more on the columns that are missing, such as for previous positives who have dropped out of care.**

# **Cuyahoga Regional HIV Prevention and Care Planning Council**

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

**Jason McMinn, Chair**



Focusing on those areas would help us see how to put practical things in place to address them, as we would like to end this epidemic, in this lifetime.

## **Takeaways**

1. HIV Prevention and HIV Care is now fully integrated under the State Integrated Plan (SIP).
2. One major accomplishment in the current SIP, is in adding the long-acting injectables, Cabenuva and Sunlenca, to the OHDAP (Ohio HIV Drug Assistance Program) formulary.
3. Another SIP item in the works is looking at stories of long-term survivors, particularly those over 50, and coming up with a plan to document and share them widely.
4. We will start writing the next SIP in 2026, and we welcome all to participate.
5. The Continuum of Care is a visual way of how we cover our continuum of care on who we're missing, from stage to stage.
6. The continuum is important in that if disparities are occurring, they can be clearly identified and given further review. It also helps in supporting clients in reaching viral load and suppressions.
7. The care continuum is somewhat like a report card, in which when we come up with numbers different than the previous years, we want to make improvements, as well as to put some sort of activity in place to make those improvements.
8. We would like to see more data in the areas of deep dives on the continuum report, as well as data on younger people, particularly on issues related to RIC (Retaining in Care).
9. RIC numbers are not necessarily realistic, as we have people who are virally suppressed, but then life shows up and those numbers differ.
10. Going into PSRA, we should look at data that can guide us to the next deep dive or topic for further exploration.
11. We must remember, the conversation is not just about columns, but more on the columns that are missing, such as for previous positives who have dropped out of care. Focusing on those areas would help us see how to put practical things in place to address them, as we would like to end this epidemic in this lifetime.

## **Discuss Changes to QI Section of Bylaws**

**Motion: To table the discussion on changes to the QI Section of the Bylaws until August 21<sup>st</sup> meeting.**

Motion: F. Ross                      Seconded: Dennis

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

## **Standing Business**

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

We will report on today's Statewide Integrated Plan and Continuum of Care presentations.

**Determine formal CAREWare Data Request (if any) - None**

**Parking Lot Items – None**

**Next Steps – J. McMinn – None**

## **Announcements**

**N. O'Neal** – A reminder to all on the webinar conversation, sponsored by WeThink4 A Change, tomorrow the 16<sup>th</sup>, on the relationship between a client and case manager.

# Cuyahoga Regional HIV Prevention and Care Planning Council

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

**Jason McMinn, Chair**



**Adjournment**

Motion: F. Ross

Seconded: K. Dennis

**Attendance**

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

**PC Members: K. Dennis, T. Mahdi, X. Merced, F. Ross, S. Washington, D. LeGallee**

Attendees: K. Shumate, J.L. Kasambayi, K. Rodas

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