Cuyahoga Regional HIV Prevention and Care Planning Council

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

Lorsonja Moore, Chair

Quality Improvement Committee Minutes

Wednesday, October 16, 2024

2:30 pm to 3:30 pm

Start: 2:31 pm **End**: 3:31 pm **Facilitator: L. Moore**

Moment of Reflection

Welcome and Introductions

Approval of Agenda: October 16, 2024

Motion: N. O'Neal Seconded: S. Washington

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

Approval of the Minutes: September 18, 2024

Motion: B. Gripshover Seconded: K. Dennis

Vote: In Favor: 10 Opposed: 0 Abstained: 1- B. Kimball

New Business

Q-Storming for the Deep Dive – L.J. Sylvia

The Q-Storming process is based on the work of Marilee Adams who wrote the book, *"Change Your Questions, Change Your Life: 12 Powerful Tools for Leadership, Coaching and Life",* in the belief that the questions we ask change the direction of where we go, and therefore they change our results. One of the key principles is that we always want to make sure we don't miss questions. Overall, Q-Storming is brainstorming questions, and taking time to brainstorm questions. We will first take a few minutes to think about the deep dive topic and take note of questions that come to mind, as we consider the rules listed below.

Q-Storming Rules

1. There are no bad or silly, or useless questions. The goal is to generate many questions as possible.
2. Although tempting, we will not spend time answering questions. If so, the process will be paused.
3. The main rule is to brainstorm and generate questions, being there is value in simply capturing questions, especially the juicy ones.

Deep Dive: Three Thousand (3,000) People Live with HIV in the TGA Who Do Not Receive Ryan White Services – L. Moore

We want to seek to understand the 3,000 number and, where appropriate, the avenues to engage people into care. This could include the EIS (Emergency Intervention Services) service category.

Q-Storm Responses

- How many of the 3,000 know the services but don't use them?
- How many of the 3,000 use employer resources?
- How many of the 3,000 are getting services other than RW?
- How do we define what makes up the 3,000?
- How many of the 3,000 are NOT receiving care?
- What would be the methods to engage people in care?

- From where does the 3,000 number come?
- Who else should we bring into this conversation?
- Do the people have access to services?
- What are the demographics of the 3,000 people?
- Have any of these people ever been enrolled in RW services?
    - Why are they no longer in the program?
    - Were they lost to care?
    - Were they dismissed?
- Do the providers who are caring for these people know about RW services?
- At one point, we dropped to 300% of the poverty level. Are some of these people ineligible due to the eligibility requirement changing?
- How many of the 3,000 people are out of care?
- Who are the people? – Demographics, where do they live, how did they get HIV?
    - Why have we not found them?
- What is our end goal? Do we want them in RW or simply to enroll them in care?
- Of these 3,000 people, how many are virally suppressed?
- Is the social stigma associated with HIV preventing them from seeking treatment?
- How do the people in prisons and jails fit into this number?
- How might we figure out if these people are in care?
- How might we find out if these people are virally suppressed?
- Who can help us figure this out?
- How might our own bias impact our outreach and intervention efforts?
- What is working great already?
- How might we help people who are homeless who are part of this number?
- How will reviewing the EIS (Early Intervention Services) category help us?
- Are we sure there are only 3,000 people?
- What are we missing?

What We Notice About the Questions

They focus on understanding the 3,000 number.
They show eagerness to find and solve problems.
They assume the 3,000 people are not in care.
The assume the 3,000 people need RW services.

Takeaways

Dr. Gripshover - ODH should have most of the data we need, and may be the best measure on folks receiving care, viral loads, and CD4 data. If we can scratch off the 3,000 who still aren't getting care anywhere else that they're virally suppressed, then we can see better on who we should be reaching.

A. Cassady – We can do a data request to ODH for viral loads in CD4 for all people living with HIV in our TGA, and perhaps get some demographic info. We can also pull people that have RW services from CAREWare in the TGA, and do a line-by-line comparison.

L.J. Sylvia – We will continue to look at this further, as this gives us the first step in this process.

Standing Business

Agree on QI Committee Work Activity (if any) to be Reported at Full Planning Council Committee Meeting – L. Moore

We will report on today's deep dive Q-Storming discussion at Full PC meeting.

Determine Formal CAREWare Data Request (if any) – LJ. Sylvia - None

Parking Lot Items - None

Next Steps

L.J. Sylvia – We will look at where to send this info to begin to get this data.

Announcements - None

Adjournment

Motion: S. Washington Seconded: N. O'Neal

Attendance

	QI Committee	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	**Lorsonja Moore, Chair**	**20**	**20**	**20**	**20**	**20**		**20**	**20**	**20**	
2	**Barb Gripshover, MD**	**0**	**20**	**20**	**20**	**20**		**20**	**20**	**20**	
3	**Karla Ruiz**	**0**	**20**	**20**	**0**	**20**		**0**	**20**	**20**	
4	Billy Gayheart	**10**	**10**	**10**	**10**	**10**		**10**	**10**	**10**	
5	Biffy Aguiriano	**0**	**0**	**10**	**0**	**0**		**0**	**0**	**0**	
6	Kimberlin Dennis							**0**	**10**	**10**	
	Total in Attendance	**4**	**6**	**6**	**5**	**6**		**3**	**5**	**5**	

PC Members: B. Kimball, C. Nicholls, J. Citerman-Kraeger, D. Houston, T. Mahdi, N. O'Neal, S. Washington

Attendees: J. Mazo, K. Rodas, J.L. Kasambayi, O. Lowe

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