Cuyahoga Regional HIV Prevention and Care Planning Council

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

Lorsonja Moore, Chair

Quality Improvement Committee Minutes

Wednesday, November 20, 2024

2:30 pm to 3:30 pm

Start: 2:33 pm **End**: 3:36 pm **Facilitator: B. Gayheart, K. Dennis**

Moment of Reflection

Welcome and Introductions

Approval of Agenda: November 20, 2024

Addendum:

Motion: N. O'Neal Seconded: J. Citerman-Kraeger

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

Motion passes.

Approval of the Minutes: October 16, 2024

Motion: N. O'Neal Seconded: J. Citerman-Kraeger

Vote: In Favor: Opposed: 0 Abstained:

Motion passes.

New Business

Recipient Report: 2024 Site Visits and Update on Most Recent Directives – M. Baker

This is an update on our 2024 monitoring site visits. We do monitoring for all our sub-recipients annually. We go to each site and review their documentation and policies for the previous year. In 2024, we went to all sites and completed our monitoring. Overall, our TGA (transitional grant area) did a wonderful job in making improvements, as there was a 47% decrease in findings on items requiring further review. To add, as OAHS (Outpatient Ambulatory Health Services) can be a tough category to manage, everyone worked hard and did a great job in maintaining things as best possible.

***Question*: X. Merced** - With corrective plans, is there a way to see feedback on if we're on the right path, particularly with OAHS.

***Response:* M. Baker** - As frame of reference for those unfamiliar to this process, whenever we have a visit, we also offer a report on what was reviewed. Once the report is submitted, the agency can report back to us on a corrective action plan. As for the questions of is there any we can give additional feedback is, in general, we send a corrective plan with conditions to agencies.

***Question:* N. O'Neal** - With OAHS being a hard manage, is it a HRSA standard that patients must be seen twice and have two calendar year visits, or is this the county's request, and, if so, could this be changed, as getting patients to come is beyond our control and could easily become a finding.

***Comment:* M. Baker** - HRSA was looking at the definition on what out of care means, but no word yet on a new definition for retaining in care.

L.J. Sylvia - Thanks for the report, as this was asked last year. Also, on the SOC (Standards of Care) revisions, is there a connection between this and monitoring?

M. Baker - These improvements were done before the SOC was revised. With that, great job to all, and keep up the good work.

Deep Dive: What Do We Want to Learn About EIS (Early Intervention Services)? – L.J. Sylvia

QI has been doing a deep dive for some time on PLWH aging, as this is a branch of that topic. We started this dive by asking questions, and came up with a long comprehensive list. The process of brainstorming questions helped us understand how everyone is thinking on this topic, and it will also help us see how this topic might line up with the EIS (Early Intervention Services) category. Also, as this topic is giant and can get bigger, PC's job is to focus on what we can do and on the services.

Q-Storm Responses from Oct 16th Brainstorm Meeting

- 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?

N. O'Neal – Maybe we should go back and select the top ten, or figure how many to review.
L.J. Sylvia – We **will consolidate these in buckets, then start moving on the questions around EIS as a service category, specifically how it overlaps and plays into aging**, and what we need to know about it, in general, before pursuing other things.
X. Merced – Maybe **categorizing would be good, as many overlap**.
Dr. Gripshover – The **goal is to one figure who of the 3,000 need our help, then for the ones we don't have in care, how we can use EIS to reach them and get them into care.** We also need the data to at least figure who is still not suppressed, not in care, or if in care and struggling.

L.J. Sylvia - We may find the that the 3,000 number may be smaller than anticipated, as we will look to data people for comparisons. Also, **maybe we can do a presentation to get a better understand of EIS.**
X. Merced – **To know and understand EIS and who provides the service is a good start. Also, looking at best practices and if they are funded through EHE to provide Rapid Start?**
N. O'Neal - EIS focuses on newly diagnosed or out of care people, providers may not be as important.
Dr. Gripshover – **It may be interesting to hear from providers, as there is flexibility in how they reach new patients, and what models are being used.**
L.J. Sylvia – We can also look at EIS for all six counties in our TGA and the numbers on who receives care, and on how EIS is different from DIS?
Dr. Gripshover - DIS refers to disease intervention specialists who go out to provide prevention services and help find people who are out of care. EIS or Early Intervention Services is a service provided in different agencies that helps people manage their HIV health needs until they are engaged into care.
M. Baker - DIS is a job position and EIS is a service.
Z. Levar – DIS covers a lot of diseases not just HIV, and they have regimented requirements to link people into care. Their goal is to connect a person to a doctor's office and once done, the case is closed.
N. O'Neal – Also, not all DIS workers are funded through EtHE (Ending the HIV Epidemic).
K. Ruiz – To learn more on EIS in general from the state, contact: Karen.Nicosia@odh.ohio.gov.

L.J. Sylvia – We will look at these questions and see where we want to go with a Part A and state data request. If anyone has questions or ideas, please let us know as we can use help with the deep dive.

Standing Business
Agree on QI Committee Work Activity (if any) to be Reported at Full Planning Council Committee Meeting –- K. Dennis
We will provide an update report to Full PC on today's QI meeting.

Determine Formal CAREWare Data Request (if any) – None

Parking Lot Items - None

Next Steps – L.J. Sylvia
There will be no QI meeting in December. The next meeting will be January 22, 2025, 2:30-3:30.

Announcements –
S. Washington – The Sankofa retreat was great in receiving a "Mighty Fighter" recognition certificate.
K. Dennis – The Imani Church will have a World AIDS Day (WAD) event, with distributing test kits, testimonies, and giveaways. There will also be a WAD event at CWRU on Monday Dec 2nd, and along with that Metro will be coordinating HIV quilt events at three different locations.
N. O'Neal – The WAD at CWRU will have a theme around women, overviews on the clinical trials, and other presentations.

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

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Lorsonja Moore, Chair

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**	**20**
2	**Barb Gripshover, MD**	**0**	**20**	**20**	**20**	**20**		**20**	**20**	**20**	**20**
3	**Karla Ruiz**	**0**	**20**	**20**	**0**	**20**		**0**	**20**	**20**	**20**
4	Billy Gayheart	**10**	**10**	**10**	**10**	**10**		**10**	**10**	**10**	**10**
5	Biffy Aguiriano	**0**	**0**	**10**	**0**	**0**		**0**	**0**	**0**	**0**
6	Kimberlin Dennis							**0**	**10**	**10**	**10**
	Total in Attendance	**4**	**6**	**6**	**5**	**6**		**3**	**5**	**5**	**5**

PC Members: J. Citerman-Kraeger, C. Droster, L. Lovett, T. Mahdi, X. Merced, N. O'Neal, S. Washington

Attendees: J. Garcia

Staff: M. Baker, Z. Levar, A. Idov, L. Montelione, L.J. Sylvia, T. Mallory