PENNSYLVANIA DEPARTMENT OF HEALTH

HIV PLANNING GROUP MINUTES

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA
July 16th, 2014

Members: Wesley Anderson, Jr., Alicia Beatty, Dan Campion, Principe Castro, Melissa Davis, Doyin Desalu, Wayne Fenton, Sharita Flaherty, Shirley Murphy (for Linda Frank), Daniel Harris, Jeffery Haskins, Michael Hellman, Shannon McElroy, Briana Morgan, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein , Pamela Smith, Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Grace Shu, Ann Stewart Thacker, Wayne Williams, Derick Wilson, Paul Yabor

Not Present: Michael Brookins, Ron Johnson, Terrance McGeorge, Shubra Shetty

Dept. of Health: John Haines, Kyle Fait, Jill Garland, Cheryl Henne, Sara Luby, Ken McGarvey, Julia Montgomery, Benjamin Muthambi, Lisa Petrascu, Jon Steiner, Christine Quimby

University of Pittsburgh: David Givens, Daniel Hinkson, Sarah Krier, Anthony Silvestre

HRSA/CDC: Hila Berl

Guests: Stefani Allegretti, Adam Bocek, Jeanne Caldwell, Cori Drenning, Jim Ealy, Patricia Fonzi, Rebecca Geiser, Leah Magagnotti, Willonda McCloud, Cindy Snyder,

Welcome & Introductions

[9:01 am]

Chairwoman Sharita Flaherty: Welcome! I'd like to call this meeting to order. What a great turnout today! As usual, we'll begin with introductions.

[HPG members, staff, and guests introduce themselves.]

Chairwoman Sharita Flaherty: Do I hear a motion to approve the minutes from our May meeting? [Call motioned and seconded, thus minutes stand approved.]

Director Ken McGarvey: I there is anyone joining us for the first time, even if you're a guest, please raise your hand so we can distribute our demographics survey.

Thank you. One thing that we started at the last meeting is emergency contacts for our members. If you were not at the last meeting, I'd like to pass this around to those folks so they can fill it out. Everyone, Please connect with someone whenever you come, like a buddy system, so that we keep an eye out to help each other.

Announcements

Director Ken McGarvey: First, I'd like to wish a happy birthday to Wayne Williams. We normally don't announce these, but it is actually his birthday today. Thank you for spending it with us, Wayne!

We have a technology reminder to please turn off or silence your cellphones, do not use computers or tablets at the main member table, and be mindful of the rules of respectful engagement.

Next, I'd like to extend a warm welcome to Paul Yabor – this brings our committee to 29 and we will continue to examine membership on a rolling basis.

Please remember that your expenses as members are reimbursable, but please abide by all guidelines and forms we provide, and see our staff for any questions. Please note that while we process your travel expenses for you, that is ultimately approved by a different bureau and auditors do examine everything carefully… so we need to be careful and accurate too.

You may have heard that the state budget was approved, so that is good news, and both we and the SPBP have been flat funded, though the SPBP line items were combined into one.

Cheryl Henne: Last time we talked about all the positions we had vacant. We have filled a Medical Assistance Program Technician (MAPT), customer service position, and that person will join us later this month. The fiscal position is in the process of being reclassified. The data specialist is in the recruitment process, and Santos Osario has returned to our Section and filled a customer service position. Drug manufacturers' rebate agreements have been sent out to manufacturers and are due in October. We had representation at the NASTAD [National Association of States and Territories AIDS Directors] ACA [Affordable Care Act] and ADAP [AIDS Drug Assistance Program] program last month, and that was very informative and valuable. Later this month will be the national ADAP conference, and we will be attending that as well and John Haines has been invited to speak about our new pharmacy agreements and 340B rebates.

Julia Montgomery: We're happy to announce that Christine Quimby has been promoted to the Public Health Program Administrator/supervisor position. Her old position is now posted for recruitment. Our staff have been very busy writing the Annual Progress Report 2013, and that has been completed and is under internal review before we submit to HRSA. A month later we will submit the Program Terms Report for 2014. For 2013, we were at about 84% funding for core services, up from 74-75% two years ago when Ken and I started in these roles.

Ann Stewart Thacker: When will we be receiving our contracts?

Julia Montgomery: Those were emailed as budget renewals in early June. It is listed as a renewal, but the contract is part of that.

Jill Garland: We have vacant positions as well, and Santos' old position call has just closed. We are working on a flurry of CDC reports. We received a site visit summary report from Angie last month, and that was pretty positive so we were very happy with that. In May we were required to submit a report to redirect some Category B funds. CDC wants a portion of those funds to be specifically for capacity building for those providers. We were working towards that anyway, and turned that report in in May.

Our technical report response is due this month, and that this is all things that we've talked about here already.

Finally, we have the IPR and grant application due in September. Part of that, of course, is the letter of concurrence which we will ask for in September from all of you. We also have a large data distribution report due in the near future.

Director McGarvey: Our SPBP program is unique in that we do at times provide direct services. We have encountered an individual – a blogger – who is unhappy with the requirements for eligibility. And this person happens to live in PA, so he has taken particular interest in our eligibility requirements. These are requirements that are largely given to use by HRSA [Health Resource and Service Administration] and the ADAP's SPBP requirements.

Paul Yabor – As a member of ACT UP Philadelphia, we had heard about this from him, and we were concerned because we had previously thought that our program in PA works really well. We in ACT UP looked into it, and the only thing we found were potential issues with the contractor, not the program itself, and that the expansion of the application from 2 pages to 10 may be a potential barrier. But even that last point seems like a national, rather than a Pennsylvania, problem. Perhaps there is something that can be done to streamline the process, though.

Director McGarvey: Thank you - these are the things we need to hear.

Briana Morgan – I want to thank Ken and Cheryl because our Positive committee heard the same thing from probably the same person and we received a very detailed response from the Division [of HIV/AIDS]. Our committee felt very heard by the state, so thank you everyone for your replies.

Director McGarvey: Thank you - we want to deal with these questions and address them, not avoid them. Our goal is to get as many people enrolled as possible. We do the best we can with what we have so we can spend the money. So we welcome these and any concerns you all may come across… so please do continue to bring concerns to us.

David Givens: Pitt remains very active over the summer. SILK was recognized with a front page spread in the Pittsburgh City Paper, highlighting the work they are doing with at-risk youth. Trans activists from our sister office, the Pitt Men's study, also received some very positive coverage around reducing stigma in the Pittsburgh Post-Gazette. We have continued to roll Spanish language translations into the web-based outreach and health work we do, and have even had some requests from providers in need of these translation services with their clients. We have started our consumer input sessions – in fact, our colleague Mark Friedman is on his way back right now from Philly, and the AIDSNET region the day before that – with meetings that went very well. I'd like to recognize and thank Briana and Ann for all their assistance hosting and getting things prepared for those sessions. I'd also like to recognize the other members who have volunteered to host in their regions and with whom we have dates set: Rob Smith in York, Melissa Davis in both the NE and North Central regions, Mike Hellman and Richard Smith in Pittsburgh as well as Tamara Robinson in Pittsburgh. Thank you all for your assistance and your advocacy for your regions and groups. You'll probably hear much more from me in the months ahead

on this topic, so that's all I'll say about the consumer sessions right now. We are also moving forward with our analysis of rural issues and are talking to rural consumers. We hope by the end of the year to have a fairly comprehensive statewide list of consumer and advocacy groups that the HPG can tap into to communicate questions or opinions to consumers.

Wayne Williams: Join me in congratulating Mike Hellman for being mentioned in Body magazine and Jeff Haskins for being highlighted in the Philadelphia [inaudible] newspaper.

Shirley Murphy: We do have a webinar update anti-retroviral treatment with PACT. There is a mini report on the table for the national AETC for newly diagnosed consumers. I'd also like to recognize Stefani Allegretti, who is our new trainer.

Mike Hellman: There is a new program I helped with on gaylifetelevision.com called positive outlook on status disclosure that you should all watch for in the coming month.

Task Group Reports

Mike Hellman: I'd like to start with a thank you to Dr. Mark Friedman for this engaging report on a stakeholder engagement plan. This one year plan will gather input for developing the five year plan so we will be reviewing that this afternoon. We have requested recruitment pieces so that our next orientation will run more smoothly and have fewer in-meeting components. We will be reviewing membership guidelines today and our recruitment package. We hope to have this out by, or immediately after, the September meeting.

Briana Morgan: We are working on key informant interviews thanks to Sarah [Krier], and we will be reviewing that today.

Melissa Davis: The PSRA is having the consumer input groups now with support from Pitt, and we will be solidifying the plan for evaluation for the remainder of the year this meeting.

Director McGarvey: Task Groups will now meet, and we will convene back here at 1pm - after lunch, which is downstairs.

[1:02 resume]

Chairwoman Flaherty: Welcome back. We will continue on our agenda with Dr. Silvestre.

Stakeholder Engagement Plan

Tony Silvestre: Thank you. This plan was worked on and approved last month by the subcommittee in terms of what we can do this year to engage stakeholders. Obviously this is the first year and a plan that is just beginning. Ways of engaging people who are not around the table is something we have long talked about and examined, and we realize that this will be an evolving process. How they are engaged in planning is something that the Committee is very committed to, and we've long known that the demographics to include are nearly endless. We need a mechanism to communicate with stakeholders

over time so they know who we are and what we are doing. This presentation will examine all of these issues and how the subcommittee has responded to them, for your review.

[Presentation]

Briana Morgan: What will the web survey be used for?

Anthony Silvestre: It will be used to collect input about how consumers want to be involved. We will be reaching out to more providers in the coming year to help engage consumers as well. We need to tap into existing networks and mechanisms, and this is one way to do that.

SPBP Agreement Presentation

Director McGarvey: The new SPBP agreements presentation is next. The AIDS Drug Assistance Program's (ADAP) goal is to provide HIV medications to people with HIV. Magellan Health Services is the contractor that does things like process invoices. We have a network of pharmacies that dispense medication to an enrolled person, and the state will reimburse the pharmacy. In order to have that network, we have to have a contract with them. Two years ago this program was with the Department of Public Welfare, and current pharmacy agreement had been put into place many years before that. One of the changes since then was the advent of the federal 340 B program which allows entities like state ADAPs to purchase medications at a discount. So now, we have found a need to revise and correct these agreements, and we have sent those revisions out to the 2,800 participating agencies.

John Haines: Thank you, Ken. I'll now go over these agreements. [See Handout]

Director McGarvey: This is all a very complicated program, thank you, John. The problems outlined here that we are now correcting are things that have been in the works for a long time. The old agreements were reimbursing pharmacies for drugs purchased at full commercial rates before the 340 B. Those agreements had a loophole so that the pharmacy could purchase the drugs at a discount rate, but the state still had to pay/reimburse at the full rate. For example, pharmacies were purchasing a drug at the discount rate – at $800 – but we were required to reimburse them at the full $2000 commercial rate. This agreement will fix that loophole, which is a HRSA compliance issue. Eventually we wouldn't even be able to sustain the SPBP. Of course, this involves lots of money, so some groups are understandably not happy about that, because that affects the other services they were offering. So come August 1st, our network may change. It may impact consumers in that sense, if pharmacies decide to leave the network, which would force their clients to go elsewhere. So that is the situation.

Nathan Townsend: Will we be told which pharmacies did not sign the agreement?

John Haines: We were compiling a list of pharmacies that did sign, but we could also provide the converse of that. We will be sending a letter directly to any clients that could be affected by this change once the deadline passes, but we could also provide that list to you, too. If a consumer does not receive a letter, then they should expect that their pharmacy has re-signed.

Nathan Townsend: Sure, we are just thinking, too, about the people who do not read their mail or wait until the last possible minute.

Cheryl Henne: Eligibility is not affected at all – they could go to any other participating pharmacy and have no delay; only the pharmacy will need to transfer the script to the new pharmacy.

Ann Thacker: What will be the motivation for pharmacies to re-up?

John Haines: Doing the right thing, and having this program be a service that draws people to their pharmacy.

Michael Hellman: How do you decide who gets a letter?

John Haines: Anyone who has visited a participating pharmacy in the past year (that has not submitted the agreement) will receive a letter.

There are only two types of drug purchase rates available under SPBP, commercial and 340 B, it just depends on the way the pharmacy chooses to purchase the drugs. And none of the drugs themselves have changed.

Director McGarvey: If every pharmacy were to sign up, then there would be a 100% seamless transition for clients.

John Haines: The pharmacies in the system can use the 340 B discount to purchase covered drugs, and then we reimburse them at that cost, plus the $12 dispensing fee.

Susan Rubenstein: Has PA looked into 'rebate sharing' to help Part C groups? I know in other jurisdictions these groups depend on these funds.

John Haines: That is a good question - with our system we could not do that, because it would be a double discount.

Director McGarvey: I do understand how some Part C groups may be relying on that funding, but the truth is it shouldn't have been happening in the first place.

Paul Yabor: With this profiteering being removed, how much savings can we expect?

John Haines: It's hard to say at this time, because some pharmacies have not done a good job reporting properly. So, there will certainly be a reduction in the amount the SPBP pays, but it those cases we will also not receive the rebate income we would have otherwise. So there may be a small savings for the state, but it should be pretty flat overall. Our goal here is to keep every SPBP cardholder in PA covered.

Guest: Do you anticipate any specific type of pharmacy to sign or not sign?

John Haines: We have had almost all corporate pharmacies sign already, except the biggest ones: Walmart, Target, and Giant Eagle. Small pharmacies do make up a significant portion of the market, and

we don't know what to expect from them. It could also be that these mid-sized groups are simply able to respond most quickly.

Guest: Is there anything more you could do above a letter to let people know? Like a call?

John Haines: We have asked pharmacies to let their clients know, but I honestly doubt that they will.

Guest: Is there a way to let pharmacies know if there are changes in visitation patterns if some other pharmacies do not renew that could cause shortages?

John Haines: That's a good thought, but most major pharmacies both stock 90 day supplies and receive daily shipments, so that should never be a problem.

Director McGarvey: Again, our hope is that everyone will re-sign, and we do have mail order options and are mapping every agreement received to make sure that we have coverage in all areas of the state.

Cheryl Henne: The SPBP service line will be equipped to handle any of these questions, help consumers understand what is happening, or locate a pharmacy.

Wes Johnson: So private citizens and consumer action groups should it known if pharmacies aren't renewing.

Director McGarvey: I can't comment on that, but private citizens and groups should certainly do what they feel is best for consumers in the state.

Cheryl Henne: Anyone should feel free to ask your pharmacist if they have signed yet, and thank them if they have!

Task Groups Meet

[Task Groups meet 2:40-4pm]

Chairwoman Flaherty: We have a special request from the membership and stakeholder group. You are receiving a one page (front and back) recommendation for the new committee structure to go into the protocols. This includes our current groups but also the national HIVAIDS strategy as well as the cascade. Please review it tonight and we will vote on it tomorrow.

[Motion to adjourn carried at 3:55]

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HRSA/CDC: Hila Berl

Guests: Adam Bocek, Jeanne Caldwell, Leah Magagnotti, Kelly Thompson (E-Health Partnership)

Welcome & Introductions

[8:59]

Chairwoman Sharita Flaherty: Welcome! I'd like to call this second day of our meeting to order. As usual, we'll begin with introductions.

[Introductions]

Announcements

Paul Yabor: ACT UP Philly is presenting a plan to fight aids in Philadelphia, and are presenting this plan to Tom Wolfe, the next governor of PA. I can share this plan with the committee if anyone would like it once it's online.

Director McGarvey: Yes, please send that link to me and we can get it to the full group.

Jill Garland: Yesterday afternoon I participated in a webinar by the CDC about our grant application, which as you know requires a letter of concurrence from the HPG. If we do not update our jurisdictional plan, I learned yesterday that we do not need to submit a new letter of concurrence. In this funding cycle, the letter is to say that you the HPG agree with the plan. So, I am asking the HPG if we can vote

over email since nothing has changed, simply updating the dates of the letter from last year, or if you would all like to still vote in person in September or November.

Chairwoman Flaherty: Is anyone opposed to any of these options? The plan is available, and even if you weren't here last year you should hopefully be familiar with the plan itself by now. It's available on the Box.

Jill Garland: I ask that the HPG vote on how we are going to vote. We could either have the voting forms sent out via email with instructions, or we could vote in person in September.

[Motion to vote electronically seconded, unanimously approved. Paper copies requested by Nathan Townsend, Paul Yabor, Michael Hellman, Dan Champion, and Wayne Fenton.]

HPG Bylaws Update

Mike Hellman: We have a handout here reviewed our policy regarding increasing term service limits. We realize that asking folks for an extra year of service is something that not everyone may want, since it has changed during your term. So for new folks, your term would end in 2016, and for others, from the year before, it would be 2015. Please mark only your first and second representation status/responsibility in this form. Daniel and Pitt will be creating a membership matrix for us, and we can see what representation we have to fill gaps in membership.

We hope to have packets ready for you to take out for recruitment in September, especially for folks who represent any part of northern PA, transgendered persons, and rural consumers.

Our grievance policy – this is a policy to ensure that we are following our own policies. It should mitigate any problems and prevent grievances. It is a path for folks to identify and address issues. We had distributed this previously… is there a motion to accept this change? [Motioned and seconded. Approved unanimously.]

The subcommittees structure is also being updated for the work plan.

Doyin Desalu: Add in the first paragraph, "the current subcommittees are:" at the beginning of the page.

Hellman: Thank you. Motion? [Called and seconded, approved unanimously]

Utilization Presentation

Melissa Davis: Next is our utilization presentation. Every meeting, as you know, we have scheduled the information we will need to feed into the priority setting and resource allocation process. Today is another one of those, with Julia and Cheryl presenting on service utilization. This lends itself well to the allocation piece we will be doing, letting us know where the money is going, what services are being funded, and so on. We can look forward to starting our priority setting process next meeting.

Julia: [Handout]

Tamara Robinson: Congratulations on having no waiting list for the SPBP program. I hear all the time of how there are waiting lists all over the country. How do you do it?

Cheryl Henne: Aside from our awesome staff, it seems to me that some states who have waiting lists are those who do direct purchasing. I'm not sure it that is a clear or robust observation, I'm just glad that we are able to make things work so well here.

Mike Hellman: Are your reports per client or per script?

Cheryl Henne: Per script.

Shannon McElroy: Are there Medicaid claims that have no scripts?

Cheryl Henne: Yes. It could be just contraceptives, food stamps, there are a few ways that could happen. I am no Medicaid expert, but there could be those instances anywhere in the state.

Tony Silvestre: I'd like to note that the person who crafted this system was a nurse – Rankin, and a legislator, Tom White, and look how many have benefitted for so long.

Guest: And look at the funding ADAP has received from the state. We educate the legislators and have really helped a lot of people and maintained the programs that way with matching funds from PA.

Julia Montgomery: Absolutely – we in PA are fortunate that we are required to match federal funding. That helps us tremendously.

Daniel Haskins: Is your reported AIDS diagnosis is a total diagnosis – ever diagnosed? And can you define dis-enrollment?

Cheryl Henne: Yes. A dis-enrollment is a lapse in coverage where the client does not maintain or reenroll in the process. Just because someone is dis-enrolled does not mean they are out of care. People who are incarcerated, move out of state, move onto a different insurance plan, there are many reasons and they may just not let us know, like if they move or go to jail, for example.

Tony Strobel: I know a lot of consumers do not know of the changes that happen with employment and SPBP. It will cover copays but not labs when someone becomes employed with insurance.

Hila Beryl: The reason PA is required to match, just by the way, is because PA has more than 1% of the national epidemic. Your program, by all measures, is one of the best in the country, second only to Minnesota.

Director McGarvey: We have asked the staff to adjust the temperature. Now, to get ahead of schedule here, we will make an adjustment to the schedule and hear from our colleagues at the PA E-Health Partnership Authority.

E-Health Presentation

Kelly Thompson: thank you, I am very glad to be were with you all today. [Presentation]

So, what do you all in this room see here as key issues moving forward? What do you recommend?

Tony Strobel: Being in Lehigh, I see people all the time who don't want other providers to know their status. Would participating providers' employees be able to see any clients' charts?

Kelly Thompson: My understanding is right now, no. If the individual normally has access to that type of information, eventually the answer will likely be 'yes.' On a national level, the breaches that we are seeing are from authorized staff people accessing records inappropriately.

Tony Strobel: And that is the issue. Right now people are using different networks to protect their status.

Kelly Thompson: Would a consent form address this issue? Or is there some other suggestion you can offer?

Tony Strobel: Perhaps a note or flag on the records that could limit the exposure of that information on the records to only a few authorized people or category of people.

Kelly: That goes back to the granularity issue, with even meta-data indicating unwanted information.

Mike Hellman: I see it as an all or nothing option. Shouldn't there be more levels as options? Couldn't I set access levels for information with different people, like ER doctors, PCP docs, and other technicians seeing different amounts of data.

Daiquiri Robinson: One thing that needs to accompany any plan is education, cultural competency, and training so that people can use that protected data and respect the people it represents.

Kelly Thompson: Yes, and there is a lot of training we require for certification.

Mike Hellman: Can users see their own data?

Kelly Thompson: Yes, eventually. We are not ready for even a pilot of that type of access yet, mostly because of issues of authentication, but it will be available at some point. We are also developing a single portal system, which will help with unauthorized sign-ins for data viewing.

Ann Thacker: PA has the second highest elderly population in the US. How will you reach out to them?

Kelly Thompson: We are working with the department on aging, and many others, including rural services, to do education and outreach and make everything accessible and understandable.

Director McGarvey: Well, allow me to play devil's advocate here – this is neither my view nor the department's view. However, for argument's sake, if we continue to list HIV status as super-protected data, are we ourselves perpetuating the stigma? Are we at a time and place where we can treat this information the same as anything else under HIPPA?

Mike Hellman: I think we should position physicians to define for us what should be labeled as critical information they will need to know – like medication lists – so that we can have competent care.

Kelly Thompson: And which do we care more about? The small chance that someone will gain sensitive information or the chance to have comprehensive healthcare services?

Mike Hellman: Perhaps one final thing to consider is paying more attention to the emergency contact. For a lot of gay couples, having the emergency contact – who has legal or medical powers for the person – is often not a family member and should be something doctors and hospitals can see.

Wayne Fenton: What is your approach to get old-time doctors with paper systems into this new system?

Kelly Thompson: There are some providers who use old paper, and there are incentives to help providers, but you have to put money in to get money and results back out. We are working with some partner agencies, but some of it is also just a cultural change that we will see as younger professionals take over. Also, we shouldn't forget that patients have choices too, and I think at some point patients will demand – and travel to – providers that are part of this network. And some won't.

Chairwoman Flaherty: If it's clarified who has access to all my health data, I think to some extent all my data should be "super protected" in a sense. If the system is good, and it's clear who has access to this system, then I'd want to share all my data.

Kelly Thompson: Agreed, and I think people don't realize a lot of the data that is already being shared between hospitals, insurance companies, and others.

Paul Yabor: Is it possible to have a patient decide what is super protected? Could that be changeable?

Kelly Thompson: Yes, you can opt-in or opt-out at any time. As far as retroactively redacting information, I don't know if the system could do that or not, other than the system that uses only key codes or key terms. But I could see a lot of benefits to your suggestion.

Jeanne Caldwell: As a provider, I see redacting some information as a setup for medical errors.

Kelly Thompson: And that is the heart of the balancing act with the dangers and benefits here.

Chairwoman Flaherty: Having people become health literate is a huge part of this equation, too.

Ben Muthambi: We must also keep in mind comorbidities that could be catastrophic. Mental health, syphilis, HIV, these things would require intervention in hours, not days. And depending on when they are admitted, if these things are redacted, then what will happen to them with no one being available to act on retrieving this super protected data?

Ann Thacker: Who decided that these categories were super-protected?

Kelly Thompson: That was made before my time, I actually don't know. But we do possibly have the ability to add or subtract from that list.

Grace Shu: Who is responsible for crafting the lawsuit?

Kelly Thompson: The state bar is looking at electronic records generally, and have established a taskforce for that. So what I could see as a potential thing is that if there was information available on the network that wasn't checked, there could be some provider liability there.

Grace Shu: No, who would sue you for a breach.

Kelly Thompson: We have sovereign liability. But the general council would handle anything brought against the state or its agents. Also, I don't know what a judge might decide about standing or actual harm, there are too many unknowns. We are working very hard to protect data and ensure only authorized people can access it. From a risk perspective, we do have a general liability fund.

Wes Johnson: Isn't it true that different populations will see different conditions as something they'd like to be super protected?

Kelly Thompson: There is an opt-out option for anyone. We are looking to have that super protected list refined and submitted by September. We hadn't heard that chronic conditions might want to be protected on that level. I appreciate hearing that and all your feedback here today. Thank you.

Director McGarvey: The future is here, it seems, as is lunch. Please meet back here at 1pm.

[1:04pm resume]

Task Group Reports

Mike Hellman: We are on track for subcommittee structures, recruitment packages, and orientation materials. We have six new members currently, and we will be letting them know this week that we have received their applications and will be reviewing them. The teleconference will go over the term extension piece we've done here today, so that will be crucial to help us with taking on new members. We will also be looking at drafting guidelines for what to do if we lose representation during the year. We are also looking at protocols for guests with signing in and welcoming them. I will incorporate the changes that were approved today into our HPG protocols. Any questions?

Briana Morgan: NA did interview script review for the key informant interviews. We are tweaking the information we are going to be collecting from the rural providers. We looked at Mark Friedman's presentation on linkage to care, and we are going to be looking at best practices linkage, and figure out what recommendations we can make for improving this in PA. In November we will be looking at the implications of these recommendations.

Priority setting got a lot done. We developed a ranking tool for the HPG for priorities in September. We looked at what info we want to have available with the tool and got that packet outlined, and David [Givens] made some great edits to that. We ran through a mock ranking yesterday, and David provided a mock results report that allowed us to see how we can report those concisely to the HPG in November. We had some HRSA charts to work through to improve the process, as well. We also noted for the membership committee that any new members that might come in after this point cannot be prepared to fill out the tool, but also that we do need NW and NC members as soon as possible.

Director McGarvey: Good work everyone. Everyone worked very hard and we really got a lot done and have a great group. Are there any other comments or thoughts before we adjourn?

Chairwoman Flaherty: Motion to adjourn? [Seconded.] We are adjourned at 2pm. Steering Committee please stick around.