PENNSYLVANIA DEPARTMENT OF HEALTH

HIV PLANNING GROUP MINUTES

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA
May 14th, 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, Ron Johnson, Shannon McElroy, Briana Morgan, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein , Pamela Smith, Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Shubra Shetty, Grace Shu, Ann Stewart Thacker, Wayne Williams

Not Present: Derick Wilson, Paul Yabor

Dept. of Health: Glenn Covert (DOH State Employee Assistance Program), John Haines, Kyle Fait, Cheryl Henne, Sara Luby, Ken McGarvey, Julia Montgomery, Benjamin Muthambi, Lisa Petrascu, Robin Rothermel, Jon Steiner, Christine Quimby

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

HRSA/CDC: Hila Berl

Guests: Adam Bocek, Jim Ealy, Leah Magagnotti, Dave Miller-Martini,

Welcome & Introductions

[9:03 am]

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

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

Director Ken McGarvey: Thank you all for being here today. We will begin with something a little different for this meeting. With the loss of our dear friend Michael Myers in March we have a special activity today –a stress debriefing with Michael Covert. Mr. Covert is here at my request from the State Employee Assistance Program. I hope all those impacted by this sad occurrence will consider participating, and taking the time that you need for this this morning.

Critical Stress Debriefing

Glenn Covert: It is an honor to be here today. I go around the country offering critical stress debriefing after tragic situations. So thank you for being here today and allowing me to be here with you. For all those impacted – anyone that would like to participate – please join me in the breakout room upstairs.

This is completely voluntary, and is not counseling, but rather an opportunity to talk together about the potential impacts that people may experience after a tragic loss.

Approval of Minutes

[HPG reconvenes, 11:30 am]

Chairwoman Flaherty: I now call for a motion to approve the minutes from the March HPG Meeting, which you have all received. [Motion to accept minutes is called.] Do I hear any corrections to the minutes? [No corrections called, motion to approve is seconded, and thus the minutes stand approved.]

Director McGarvey: Please remember the HPG's technology policy, rules of respectful engagement, and remember to give out the membership application to any interested parties. We will be welcoming a new member in July, Paul Yabor. These meetings are open to public. Please note, too, that tomorrow our CDC project officer will be joining us, and we will be welcoming her.

Announcements

Julia Montgomery: Ted Danowski has accepted another position outside of the DOH. Christine Quimby from our office will be taking his place and working with the PSRA. I'm sure it will take her, as anyone, a little while to get acclimated, so please welcome her and be patient as she gets her bearings. Everyone knows Sara Luby; we are happy to report that she has been given the opportunity to transfer her main office to operate in Pittsburgh. It is a transparent move, meaning all her contact info is still the same. She can run but she can't hide.

Cheryl Henne: We have some SPBP staffing updates; we are adding positions to our customer service line. We have the full list of candidates for that, so hopefully we can move quickly. We are also filling a fiscal and admin position. Finally, we are also re-filling our data specialist position. So we are in a little bit of a crunch right now. As for the program itself, we are working with NASTAD [National Association of State and Territorial AIDS Directors] to host a regional ACA [Affordable Care Act] meeting in June.

John Haines: We recently had a site visit from HRSA, and since then we have developed new pharmacy agreements and rebate agreements, and we are in the final stages of rolling out those. Everything is drafted internally, and a letter should go out soon explaining the changes in the agreements, though we expect to have no problems with the manufacturing companies and it won't affect what consumers receive at all. We have over 2000 pharmacies in the network, and are mailing the new agreements to pharmacies, so we expect things to proceed smoothly. Changes to those agreements come from HRSA suggestions that will correct overpayments and save the state money, collect additional rebates, and continue our level of service and availability. So it's a good change for all involved, basically.

Susan Rubenstein: Will this impact Part C at all?

John Haines: There will be a change only if the group has an in-house pharmacy.

David Givens: The HPCP has been moving forward on several fronts. As we've been listening to what the HPG workgroups need, one long term way we are working to address and collect the input your

groups need is through developing a statewide PA consumer network of advisory groups and consumer input groups. So, you may recall Tony [Silvestre]'s email last week asking for any consumer groups or advisory boards that you know of in your area – please let me or Daniel Hinkson know if you know groups you think should be included. For instance, our newest staff member Luis Archilla has been having a lot of success identifying and networking with Spanish speaking service agencies around PA that offer services around HIV, and he and our staff member DJ Stemmler are going this week to Lancaster to meet with a Spanish speaking agency that offers both HIV and disability services – Proyecto Visión. Secondly, we are training additional staff members to be able to offer capacity building, leadership, and anti-stigma workshops for a wide variety of faith communities in PA, which is led by our wonderful Deb Dennison. This push will tie in with one of the other big projects we are working on, which is the Acceptance Journeys anti-stigma project we are conducting in Pittsburgh. We are now finished with the first stage of that project, the assessment, and as we move forward we are also keeping notes – keeping things in mind – in case we have opportunities in the future to adapt and expand this into other regions in the state.

Richard Smith: I'd like to give a shout out to Rob [Smith] and Prevention Point Pittsburgh for getting an archaic needle exchange law changed, so that is a great victory for Pittsburgh.

Shirley Murphy: Please let AETC know if you would like to see any particular webinar – we continue to offer our monthly program and want to offer what is most useful to you!

Director McGarvey: Thank you all. Remember to have a 'buddy' at these meetings that you check up on; let's watch out for each other. We'll now break for lunch.

[Lunch; HPG reconvenes at 1:01 pm]

Subcommittee Reports and Meetings

Michael Hellman: Our group has been looking at the best practices for Stakeholder Involvement, based on the excellent report we received from Dr. Friedman last meeting. We will be continuing to examine that issue today.

Briana Morgan: We will be looking at what needs assessment plan we want to move forward with today.

Melissa Davis: We didn't need to meet between meetings; we are moving forward today with the next steps of our process, including the questions for information gathering and the scoring tool.

[Subcommittees meet; reconvene at 3:28]

Director McGarvey: Thank you all - that concludes our session for today. Please note that our CDC officer will be here tomorrow, so we'd appreciate your attendance and attention.

Lisa Petrascu: I'll be here tomorrow again to collect your receipts and hand out mailing forms.

[Adjourned at 3:37.]

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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, Ron Johnson, Shannon McElroy, Briana Morgan, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein , Pamela Smith, Richard Smith, Rob Smith, Nathan Townsend, Shubra Shetty, Grace Shu, Ann Stewart Thacker, Wayne Williams

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University of Pittsburgh: David Givens, Daniel Hinkson, Sarah Krier, Mark Friedman

HRSA/CDC: Hila Berl, Angie Alvarado

Guests: Adam Bocek, Leah Magagnotti, Dave Miller-Martini

Welcome & Introductions

[9:00]

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]

Director McGarvey: I'd like to offer a special welcome to Angie Alverado, who has been our project officer for 5 years now. Welcome. Everyone, including guests, if you have not yet completed a membership survey yesterday or last meeting, please complete a survey – we'll get those to you. For members that have not seen the emergency contact survey, we need you to fill that out today. Finally, I want to give Lisa [Petrascu] a few minutes to talk about travel.

Announcements

Lisa Petrascu: I want to thank everyone for your diligence over the last few months with our new travel process. We have a new cheat sheet I hope you've picked up here for travel relating to our office. So pleases make yourself familiar with the folks on the list there. I will be taking receipts today. We are here to help, and please continue on this good path providing good, detailed receipts. One thing that we've found is that you should NOT pre-pay for gas, you really should get the gas and then pay the exact

amount. Please remember to check your vehicle when you pick it up in case there is anything not to your liking, and note that we generally need about two weeks to schedule a car for you. If you have problems with the vehicle please call the number in the vehicle, and let us know and we will do all we can to rectify it.

Director McGarvey: Looking ahead in the agenda, we will start with some HPG business and then hear from our CDC Project Officer.

Michael Hellman: About a week ago, we sent out a new draft of the HPG Protocols. Our task group has been making some recommendations, and we will go over the proposed changes now – changes that are not huge, but significant enough we felt to warrant full discussion. [See handout for proposed changes]

Director McGarvey: A clarification –for the membership policy change, it's a policy recommended by the membership group, and not necessarily contingent on any travel requirements the state may have.

[Motion to approve all recommendations made by Shannon, discussion:]

Michael Hellman: To clarify, we are now just voting on the ones we discussed just now – these were all originally proposed in December 2013. More recent ones are not being considered today.

[Motion seconded, Motion to accept protocol amendments passed unanimously.]

Michael Hellman: The next piece for consideration is the grievance policy [see attached]. Hila Berl was instrumental in getting us some sample policies, and we have scaled those back to be appropriate to the Priority Setting process. The purpose of this policy is so that we don't get to a grievance. This would be taken to the community co-chair, and so this can also be brought to any steering committee member. Any member of the HPG that would be affected can bring this, and outlines and defines how the committee is supposed to function for priority setting and allocation, and provides early intervention so that we can stay in agreement and avoid formal grievances. This will be kept at the Dept. of Health so it can be tweaked as necessary without affecting our policies. This will be available now for review, and we can vote on this in July.

Director McGarvey: Any other questions for Michael? Ok. Michael and the committee, thank you for all your work with this. Now we will hear from our CDC Project officer.

Angie Alverado: Good morning. It is good to be here again. I have been with the CDC for 13 years now. For those that are new to the group, I am the project officer for PA, Philadelphia, and Delaware. I am right here in the places you have ties to. We have worked together through many changes and now there are a few more coming, and so I am here to outline those for you.

We are in the middle of the mid-cycle reassessment for our awardees. There are still a lot of opportunities for improvement. Some of these are issues from the healthcare reform, too, and so we are being charged to do things differently for that. So the PA jurisdiction is doing pretty well with performance standards for number of tests, but falling short on identifying new positives. These need

to be found and linked and retained as quickly as possible. Someone needs to be following up with them to bring and retain people in care and document it well. We see that people are doing a lot of stuff, but may not be documenting it well. This week we issued a report for the states, and you should all receive this, and it says for PA that Category A is looking for a 0.1 seropositivity rate, and the state sites are doing well with that goal, but the clinics are not anywhere near that. We want at least 80% linked to care, but Part A reports 39%. So this is far too low. And I know from when I went to the field yesterday with Jill and others, that people are being interviewed and possibly even linked, but they are not being reported and recorded. So the jurisdiction needs to make sure that this gets reported all the way through so that the CDC can get accurate data. It is so important that partners get assessed and linked, because they are at quite a bit of risk and we need to find as many partners as possible.

You are doing a great job distributing condoms. The staff at the health department are committed, and I commend them for that despite staff turnover, but now that you have staff on board and you have a planning group on board, you need to start planning for the next five years, because you have one year left before you need to submit a plan for 2016 while all these pieces are moving.

For Part B, it is doing the best it can. Linking partners remains a challenge. For Part C - SILK in Pittsburgh - it is challenging as it is for all projects across the country, but we have a lot of successes too. That's what pilots are for. SILK has had some successes and some failures, and those will be documented and Ken [McGarvey] and Anthony [Silvestre] and Dr. Friedman will share those with you I am sure. We have learned many things from SILK that we will want to do elsewhere, but obviously we will not have pilot funds for things like this forever. So take these lessons and examples from SILK as you consider your plans for 2016 so we can help and protect this important population.

Shubra Shetty: The new recommendation for PrEP – how does that fit in with planning in terms of implementation? There will be a huge cost associated with that. Will we get more guidance with that?

Angie Alverado: The CDC is not allowed to fund PrEP or NPEP, since it is considered care.

Michael Hellman: We had a discussion in stakeholder engagement I'd like to mention here. We had a great literature review from the University of Pittsburgh, and as you mention that we want to build a five year plan for stakeholder engagement. We need to know what questions we need to ask so that we can get feedback from groups. What we talked about yesterday was using the continuum of care to get to people –my question is whether there are specific groups that you would recommend we reach out to.

Angie Alverado: Case managers are great people to work with. And when you utilize peer navigation you can free up case workers more, and partner services are critically important… the bottom line is don't give the DIS people more work to do. … the Disease Intervenion Specialists. The field staff.

Director McGarvey: That's correct, those are all our areas of focus, including supporting our field staff. We do need to best utilize our resources… the days of testing everyone in every corner of the state are gone. We will be looking at all our testing sites – so it's helpful to hear this from Angie too. When sites that have been testing for years and have never found a positive… I'm sorry, but we will likely need to

redirect our resources. It doesn't mean you're a bad site, but this will just be the way it has to be so we can get our numbers where they need to be and restructure to use our resources as best we can.

Angie Alverado: And with the advent of home tests, hopefully the state can accommodate that for people in any place that want that. You will just need to be more progressive and creative in your thinking. Where there is a will there is a way.

Director McGarvey: This is also the result of the ACA and healthcare reform, where people can and should be getting testing routinely through their healthcare. We will still be there as a safety net, but this is a huge change since we aren't the only game in town with testing now.

Angie Alverado: Yes, we can do third party billing now, and that redirection of Category B will help providers find reimbursement and the ability to do other things now, too.

Briana Morgan: The Needs Assessment task group is looking at linkage. When you have a new positive, there are certain things that need to happen – a lot of balls in the air. My question is: what models have you seen in other jurisdiction that can ensure success and flexibility but also work well?

Angie Alverado: Peer navigators or peer support need to be conformable with and please everyone, so the person that is the peer navigator must be picked very carefully. It is a hard job; that selection is the hardest part. So you will need good MOA's and MOU's in place so they can work with everyone effectively and spell everything out. The staff need to be aware of it and follow it like the Bible. …A MOA is a Memorandum of Agreement and U is understanding. An MOU is a less intense version; an MOA involves money or resources and strict guidelines and deadlines.

I have to return to Georgia in just a little while, but thank you all for the work you do, and I am only a call or email away.

Director McGarvey: Thank you. Our presentation #3 is up next, so we'll take a brief break.

Presentations: "Existing Services"

[HPG reconvenes 10:11]

Melissa Davis: For the last several meetings we have been having presentations preparing us and leading up to priority setting, so I wanted to talk a minute about the process we are going through. We have passed out a handout outlining the steps, and you can see in step number two the need to get reliable input into decision making. So that's why we have been having these data presentations, and this is where all of that is headed. Every presentation that we have had has key questions, and we hope that will help you think about what we might need for the Setting. In September we will have a tool to help us fill in priorities and allocations, and we will need justifications to go with those, too. There will be a summary in September for each of the presentations to refresh our memories. Now we are ready to hear another one.

[Jill Garland presentation "Existing Services: Prevention Services," attached]

Alicia Beatty: Are the Prevention Services (PS) interviews lining up with where you are finding positives?

Jill: Yes, mostly, but we are reevaluating how the process works, since we believe that our staff are actually exceeding the target rates but are not documenting them well. We estimate that over half of all new positives in 2013 were a direct result of our PS interventions... out of all the 20,000+ tests we did. So I think that is profound and shows the impact that these staff members have.

[Julia Montgomery presentation: "Existing Services: Care section," attached]

Michael Hellman: [Upon request, comment omitted from minutes]

[Cheryl Henne presentation "Existing Services: SPBP," attached]

Alicia Beatty: Is there a sense of how the ACA might impact the SPBP program at this point?

Cheryl Henne: No, I don't see an issue with either our pharmacies or our Part D at this point. Moving forward, there might be some complications with insurance and who pays for what, but we haven't seen any issues at this point. As more folks get their own insurance, we might see a diminished need to pay for lab costs and such things, but there should be no accessibility impacts.

Susan Rubenstein: So you currently cover copays for card holders but not people on Medicaid?

Cheryl Henne: No, that hasn't changed yet, but we are looking to cover more people in the future.

Ann Thacker: What will be the impacts on the Part D's? I have two in my region.

Cheryl Henne: I can't say right now – there are a lot of things to be considered and parts to get into place, but we will be communicating with them and the HPG possible ways to move forward as that becomes available.

Benjamin Muthambi: Hello all. For the next segment you requested, my presentation is seven years old, but it should demonstrate how we came to initiate this project, HASP.

["Update on the Integration of a state-wide multipurpose…," attached]

[David Givens: "HASP and Priority Setting," attached]

Alicia Beatty: Ben [Methambi], can you point to a success that HASP has had?

Benjamin Muthambi: Well, as you have seen from the last presentation, we have had little luck getting organizations to fill out these large, blank forms. So we tested a pilot with a specific subset where we pre-populated the data, and then just asked them to go in and verify that it was all correct. That seemed to have a much higher response rate.

Director McGarvey: Ok, we'll break for lunch and resume the presentation and questions after lunch.

[Lunch at 12:05, reconvene at 1:02]

Benjamin Muthambi : Based on the last presentation, and what the limitations are and where we want to go, this is how we can do analysis in the meantime without HASP. So this is our analysis of HIV Morbidity. You've seen the epi presentation on that, and all the services we are looking to capture line up fairly well location-wise with the morbidity numbers. So while we don't have any database for people not yet infected, we have other strategies that allow us to access similar information for people who don't know their status. We have a list of all agencies that offer screening, partner services, and data on services that would be provided by facilitators for linkage from the DIS subset and some case managers. All of this is in the realm of publically funded efforts, of course. We only have a half hour, so let us begin. ["Basic HIV Service Gap Analysis," attached]

Wayne Fenton: I see that some of this data is from 2011.

Benjamin Muthambi: Yes and no, some of these maps are from last year, and some of it has been updated since, but since this analysis takes such a long time, it is always a rolling basis. There can be reporting delays of up to a year from reporting and confirming deaths related to HIV. You can see on the CDC website that they are just now releasing 2012 data. So we take the data from where we can get it when it is certified to be accurate.

Briana Morgan: What led to the decision to exclude Part A providers from these maps, given that they are all publicly available? I am afraid it gives a false impression of services.

Benjamin Muthambi: This is addressed on the last page, here, you can see it explains it for the southeast district. It says that we will be making new maps that will show that. This presentation was not intended to be used to help in decision making, but rather just to show that we *can* do gap analysis. The next sets of maps will have that information for you. If I may continue, so that we can conclude, I won't read all the slides for you. You can see them, or look on your copies, but keep in mind they are just to show you that we can potentially do this analysis. This will be even more interesting when we have all the parts shown together.

You can find the updated – such as it is – EPI profile on the Dept. of Health website. As data is updated, we will post it there. We might expect an update on some data in as soon as thirty days. You can send any updated information requests meant specifically for the HPG to c-mccdcp@pa.gov. Requests for data for other organizations can be sent to hivepi@pa.gov.

Subcommittee Meetings & Reports

[2:03 pm]

Director McGarvey: Now we will have the subcommittees meet, and we will reconvene here at 3pm.

[3:03 pm, Reports from chairs]

Michael Hellman: For Membership and Stakeholders we had a wonderful presentation by Mark Friedman. We need to put together a five year plan, and this year we are going to put a plan to develop that plan in place. So we need to understand how we will get the plan out to folks, how we collect

information about their opinions and thoughts on the plan, and then how we will parse that data. We also went over a few of the gaps in our membership, and how we can bring about anything with members now that we are halfway through the year. Possibly bring them starting next year if they are still willing. We passed on to the steering committee that we talked about changing terms from two year to three year terms, but at the table today, we talked about sending out an opt-in or out form to get current members to commit to staying on longer while still developing our membership base on a rolling basis. We have set a meeting for Friday the 13th of June; Mark will be doing a draft plan of what we can do to gather feedback from our communities in the year ahead. We will be looking at the national HIVAIDS strategy, to see how we can better be in line with that. Finally, we talked a lot about orientation. We have not made a formal request but we will be doing so. We want to have video component or DVD that folks can familiarize themselves with ahead of time and at their convenience. A lot of what we covered in-meeting last January. Epi, travel, the committees, these are foundational things that can be started and reviewed ahead of time. With better follow up from our mentors, who may need, like, a training the trainer thing, we can have good follow up and hit the ground running sooner. This could also be used for effective recruitment so people can see what we do and if they'd be a good fit.

Briana Morgan: For Needs Assessment, we have been looking at linkage to care for a while now, and last month we had a really stellar lit review on that. So now we are thinking about what we don't know and what we can impact. That is rural linkage – everywhere except Philly and Pittsburgh. So we are looking at it both from testing and med providers and DIS in the middle. We'd like to use a pre-made interview format – when someone tests positive, what do you do specifically, etc. the for formal components. We saw from the lit review and Angie that we need to be asking: what do we need to recommend for MOA's and MOU's that can really help us improve services? We will have a conference call on that and hopefully be ready to keep moving forward in July.

Melissa Davis: We made lots of progress moving through the ten step process for PSRA. We will get our discussion in writing to formalize what we've discussed. In the meantime we will be talking with Pitt about specifically getting our regional consumer input for the priorities and I'm sure David [Givens] and I will be talking a lot about that.

Director McGarvey: Thank you to all the members and Chairs of our subcommittees – what great progress over the last few days. If there is nothing else, do I hear a motion to adjourn?

[Daiquiri Robinson motioned to adjourn. Jeffrey Haskins seconded. The meeting is adjourned at 3:15 pm.]