

Points of Integration Workgroup
Meeting Minutes
Tuesday, October 6th, 2009
12:00 - 2:00 pm
Office of HIV Planning, 340 N. 12th St., Suite 203, Philadelphia, PA 19107

Present: David Acosta, Tony Daniel, Jeffrey Jenne, Ann Ricksecker, Nurit Shein (Chair)

Excused: Jay Grant, Ken McGarvey, Susan Spencer

Staff: Joseph Ellis, Michael Milsop

Call to Order

N. Shein called the meeting to order at 12:07 pm.

Approval of Agenda

Motion: A. Ricksecker moved and N. Shein seconded to approve the agenda after the group had reviewed the document. **Motion Passed:** All in favor.

Approval of Minutes (*August 31st, 2009*)

Motion: After the group took a moment to review the minutes from their last meeting, A. Ricksecker moved and N. Shein seconded to approve the document. **Motion Passed:** All in favor.

Report of Staff

None

Report of Chair

None

Discussion Items:

• **Presentation for All Titles Conference**

N. Shein reminded the members of the Points of Integration Workgroup that their abstract had been accepted for a presentation at the upcoming All Titles Conference. However, she also reported that, since that time, the group had learned that they would only be allowed twenty minutes for their presentation, which she did not feel was justifiable for missing an entire day of work. As a result, she said that she would not be able to attend the conference or deliver the presentation. A. Ricksecker told the group that she already had to attend the conference due to another commitment. As a result, she offered to help with delivering the presentation. M. Milsop also said that he would attend the conference and assist in delivering the presentation.

M. Milsop offered to draft a PowerPoint for the group's presentation if they were able to develop sufficient ideas for its content at the current meeting. A. Ricksecker suggested starting the presentation with a brief description of the Office of HIV Planning and the background of the Points of Integration Workgroup. She recalled that the workgroup had

formed in 2003 and that it had been modeled off a similar collaborative workgroup from another jurisdiction.

N. Shein felt that, after they had reviewed their history, the workgroup should focus its presentation on the products they had developed over the years. She said that such a focus for the presentation would be more tangible and engaging to the audience than descriptions of convoluted processes. A. Ricksecker agreed and noted that the group's first product had been the crossover grid of the care and prevention systems, which had been included in both the care and prevention plans. N. Shein mentioned the CTR model as another important product of the workgroup because it had integrated elements of care outreach and early intervention services. A. Ricksecker agreed, noting that the model had been approved by the grantee for use by both the care and prevention systems. She then suggested that the presentation include brief discussions on the developing Prevention with Positives Best Practices Guide and the Health Department Integration Workgroup. She pointed out that the topics already mentioned would likely fill the twenty-minute allotment. The rest of the group agreed.

M. Milsop asked the group whether they wanted to use the Green Paper, the Health Department Integration Grid, or the draft of the Prevention with Positives Best Practices Guide as handouts for the presentation. A. Ricksecker suggested placing the grid and the covers of the guide and the Green Paper in the slides of the presentation so that she could discuss the documents with the audience. She felt that having hard copies available for everyone in attendance would be a waste of paper because most individuals would not be interested in reviewing the full documents. However, she suggested having a single copy of the Best Practices Guide available in case anyone was interested in learning more about the document. The rest of the group agreed.

A. Ricksecker noted that the presentation would have to give credit to the authors of the various documents being presented. The rest of the group agreed and determined that, in addition to OHP staff and the long-standing members of the workgroup, Cyndi Lyons had also helped to develop the CTR model.

A. Ricksecker asked whether she should try to elicit some feedback from the audience at the end of the presentation. She pointed out that, depending on the attendees, the presentation could be used as an opportunity for the workgroup to have some questions answered. N. Shein suggested asking about other planning bodies similar to the Points of Integration Workgroup. She also noted that the presentation could be shortened in order to allow more time for interaction with the audience.

M. Milsop told the group that he would fill out the necessary paperwork for the presentation and that he would ensure the conference planners knew who would be delivering the presentation. A. Ricksecker stated that she liked the idea of having OHP staff participate in delivering the presentation. N. Shein agreed and suggested that M. Milsop deliver the historical information in the beginning of the presentation and that A. Ricksecker discuss the products that had been developed by the workgroup.

- **Update on Health Dept. Integration Meetings**

A. Ricksecker informed the group that the Health Department's Integration Workgroup had just met the previous week. Primarily, she reported that Andrew de los Reyes, who worked for the CDC, had been designated as the workgroup's new representative for the STD system. However, she said that the most important piece of information concerning integration was that the White Paper had been released. She clarified that the document was still only in draft form and not yet in distribution, noting that all jurisdictions were being asked to comment on it. She stated that many of the document's recommendations were already common practices in Philadelphia and that, as a result, the city would be presented as a model for integration during an upcoming conference. She said that M. Fernandez-Viña would represent the city during the discussions.

Additionally, A. Ricksecker reported that the Health Department's Integration Workgroup had further discussed data sharing agreements. She told the group that there was a developing plan between the HIV and Hepatitis systems for mapping data on co-infections. However, she noted that the plan was only in the developmental stages and that it would take some time for any results to be produced.

A. Ricksecker said that there had also been a discussion on the H1N1 virus at the last integrated meeting because of the need for all of the Health Department systems to be involved in the response to the outbreak. She reported that Rick Tall had given a presentation to the workgroup on two OAS sites in the Northeast part of the city that were capable of screening for the virus. D. Acosta added that the city's website now contained an H1N1 factsheet and that AACO had offered to create another factsheet on the virus specifically for PLWHA.

A. Ricksecker also told the group that, at the Health Department meeting, Andrew De Los Reyes had reported on the new swabs that would be used for STD screening. D. Acosta said that a provider forum meeting had been set up to investigate the best methods for Hepatitis screenings. He told the group that approximately 20% of Hepatitis infections came from high risk sex and not intravenous drug usage. Therefore, he clarified; AACO was going to meet with MSM providers in order to get them to conduct a new assessment of the population's risks for Hepatitis infection. He said that the CDC had developed a presentation for the purpose, which M. Fernandez-Viña would be giving to providers.

N. Shein pointed out that screening for Hepatitis C was an expensive process. As a result, she asked what providers were supposed to do after individuals became more aware of the risk for Hepatitis infection and drove up the demand for screening. D. Acosta suggested utilizing the language in PS-768, the expanded testing initiative, which said that funding could be used for Hepatitis testing. He felt that the grantee could make a strong case for using the money for Hepatitis screening because the language had strengthened recently and the initiative had been extended beyond 2010. J. Jenne pointed out that it was not actually the screening for Hepatitis that was expensive but rather the confirmation of a positive result through a biopsy and the treatment that followed. A. Ricksecker said that she would ask Dr. Fenton about the matter during his forthcoming

visit to Philadelphia. She then brought the discussion to a close by noting that Kristy Moon was the workgroup's new intern for staffing their meetings and updating documents.

- **Next Meeting Date**

After taking a moment to check with their individual schedules, the members of the Points of Integration Workgroup scheduled their next meeting for Tuesday, November 17th, from 12:00 – 2:00 pm.

Old Business

M. Milsop asked the group whether they had reviewed the developing best practices guide for prevention with positives since their last meeting. N. Shein stated that some of her staff members were looking for resources to add to the document. A. Ricksecker informed the group that she had put in a request for an intern to assist in the project. However, she noted that an intern would not be available until February.

New Business

M. Milsop reminded the group that Houston had recently reduced its unmet need by combining early intervention services with counseling and testing. He asked the workgroup whether they were interested in looking into the city's process and N. Shein supported the idea.

D. Acosta reported that Angela Alvarez, the new CDC Project Officer, would be in Philadelphia on November 5th. He said that he was attempting to schedule meetings with the new project officer at the Health Department and with Co-Chairs of the CPG on that day.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 12:51 pm.

Respectfully submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*August 31st, 2009*)
- OHP Meeting Calendar

**Ryan White Part A Planning Council (RWPC) &
Philadelphia Community Planning Group (CPG)
Points of Integration Workgroup**

Meeting Agenda

Tuesday, October 6th, 2009

12:00 am – 2:00 pm

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia

Call to Order/Introductions

Approval of Agenda

Approval of Minutes (*August 31st, 2009*)

Report of Staff

Report of Chair

Discussion Items:

- **Presentation for All Titles Conference**
- **Update on Health Dept. Integration Meetings**
- **Next Meeting Date**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

The next meeting of the Points of Integration Workgroup is TBD

*Please refer to the Office of HIV Planning's attached Calendar of Events or its website, www.hivphilly.org,
for updated committee meeting information.*

Please contact the office at least 5 days in advance if you have any special needs

**Points of Integration Workgroup
Meeting Minutes
Monday, August 31st, 2009
11:00 a.m. - 1:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 203, Philadelphia, PA 19107**

Present: David Acosta, Jeffrey Jenne, Ann Ricksecker, Nurit Shein (Chair)

Guest: Marcelo Fernandez-Viña

Excused: Jay Grant, Ken McGarvey, Susan Spencer

Staff: Joseph Ellis, Michael Milsop

Call to Order

N. Shein called the meeting to order at 11:07 am.

Approval of Agenda

Motion: A. Ricksecker moved and N. Shein seconded to approve the agenda after the group had reviewed the document. **Motion Passed:** All in favor.

Approval of Minutes (*May 27th, 2009*)

Motion: After the group took a moment to review the minutes from their last meeting, A. Ricksecker moved and N. Shein seconded to approve the document. **Motion Passed:** All in favor.

Report of Staff

M. Milsop reported that, at the last UCHAPS meeting, he had learned that Houston had been using early intervention and care outreach funding for cross training individuals as both DIS and partner services workers. He said that, as a result of the move, the city had greatly reduced its unmet needs numbers (from approximately 40% to 20%) and had much better linkage to care. A. Ricksecker stated that, in Philadelphia, DIS workers for both the HIV and STD systems were supposed to collaborate. M. Milsop noted that the system in Houston was much different because care outreach had been linked to both early intervention and counseling and testing. He reminded the group that, with the usual setup, it was very expensive to connect an individual to care through care outreach because, by definition, the service only sought those who had been lost to care. N. Shein told the group that, at the Mazzoni Center, an early intervention worker was always present when someone tested positive in order to link them to care. She felt that other providers were likely operating in a similar fashion. A. Ricksecker noted that the designation of care outreach in the process was what differentiated between Houston's procedure and that of the Mazzoni Center. J. Jenne informed the group that, in a recent consultation on the new guidelines for non-clinical testing, the CDC had stated that an individual had to be present to link those who tested positive to care regardless of what their title was.

Report of Chair

None

Discussion Items:

- **Best Practices Guide for Prevention with Positives**

Directing the group's attention to the developing draft of the guide, M. Milsop informed the group that he had updated the document based on all the decisions made at the last meeting. However, he noted that he had not made any changes to the first page because he wanted the workgroup's input before doing so. He explained that, since the Points of Integration Workgroup had not been involved in the initial creation of the guide, they could use the space in the document to describe their own history. The rest of the group agreed; however, N. Shein pointed out that there could also be some mention of the changes that had been made to the guide to make it more reflective of prevention with positives activities in Philadelphia.

M. Milsop asked whether anyone wanted to add any additional items to the list of provider resources, which he pointed out was somewhat limited at the moment. He then directed the group's attention to the risk assessment forms included in the handouts. He said that he was not sure which risk assessment forms were being used locally and so he had looked online to find those included in the handouts. N. Shein felt that compiling a list of resources for the guide would be a good project for an intern. She said that, if the workgroup attempted to create such a list during their meetings, they were likely to miss a number of items. The rest of the group agreed and A. Ricksecker noted that January would be a good time to get MPH interns from Drexel. She then offered to add the item to a list of intern requests.

J. Jenne suggested that the group make the guide available online instead of printing it so that it could be more easily and regularly updated. However, N. Shein pointed out that an online version of the guide would require greater initial planning and research. She then stated that, on the first page of the document, there was no need for mention of the revisions made by the workgroup. She felt that the space should be used to acknowledge the original work done on the guide in San Francisco. However, A. Ricksecker felt that the space should also include some mention of the workgroup's commitment to integration, especially with the Hepatitis system. The rest of the group agreed.

A. Ricksecker reminded the group that a number of care clinics had received a grant for prevention with positives activities. She offered to provide a list of such providers since they were likely to have some kind of model to work from. Additionally, she told the group that she would review the minutes from the last meeting in order to follow through with the tasks she had offered to complete. D. Acosta said that he would contact Marlene Matowsky, who worked in quality assurance for the care system, and have her provide M. Milsop with a list of contacts.

D. Acosta felt that page 13 of the guide should make some mention about referrals to CRCS, since those programs usually dealt with skills building activities. N. Shein asked whether some sections of the guide did not actually have any provider notes and resources listed, as was the case on page 12 of the document. M. Milsop confirmed the statement, noting that there was still much work to be done on the guide. He then passed out copies of the Mazzoni Center's medication adherence questionnaire, asking the group whether they wanted to add the document to the provider notes and resources on page 12. After taking a moment to review it, the group agreed to add the document because it was brief but still asked all the necessary questions. Before moving on to the next discussion item, N. Shein suggested that

she and M. Milsop review the guide outside of a meeting at some point in order to ascertain what still needed to be completed.

- **Update on Health Dept. Integration Meetings**

Before beginning her report, A. Ricksecker noted that she had mistakenly brought an older version of the grid with her. She said that she would send a copy of the updated version, which she described as more of an action plan with greater detail. She told the group that some involved requests had been made at the last meeting of the Health Department integration workgroup, which had taken place on June 9th. She explained that the group was working to expand the STD screening opportunities at OAS beyond its pilot site. Additionally, she said that the group would soon have a website in operation. M. Fernandez-Viña informed the group that the Health Department would also have a new website in the near future. He said that the new site should be online in October and that it would have greater information on Hepatitis and Tuberculosis.

A. Ricksecker reported that the integration workgroup was working to develop more data agreements between the various systems of the Health Department. She said that the goal of the efforts was to enhance health planning through cross tabulation of the data. M. Fernandez-Viña agreed and said that the Hepatitis system was meeting monthly to discuss the software it would be using as part of the plan, which was set to launch early in 2010. He said that he was also working with Kathleen Brady to enhance the overlap between Hepatitis C and HIV data.

A. Ricksecker stated that another goal of the workgroup was to have screening for Hepatitis C performed at an STD clinic that currently offered HIV testing. However, she said that testing technology was a barrier to the goal and that a rapid test for Hepatitis would have to be developed before it could be achieved. M. Fernandez-Viña informed the group that he was a member of the workgroup that was planning the unveiling of the Hepatitis C rapid test. He said that one of the options being considered tested for both HIV and Hepatitis C. Having heard that it was more expensive to screen for Hepatitis than to vaccinate, N. Shein asked for further clarification on the matter. In response, M. Fernandez-Viña informed the group that Hepatitis B was more expensive to screen for than to vaccinate against, but not Hepatitis C. N. Shein noted that screening for Hepatitis would be a difficult matter for many CBOs to undertake because the process required a clinician. A. Ricksecker supported the statement, saying that Hepatitis screening had only been successfully implemented at clinical testing sites. N. Shein pointed out that such a setup could be problematic because many high-risk individuals would not go to clinics.

A. Ricksecker reported that Prison Health Services had also recently joined the Health Department Integration Workgroup. She said that an inventory of their services had been performed in order to identify overlaps; however, she also stated that they were not yet full members of the workgroup. N. Shein asked how involved the mental health system was with the integration workgroup. A. Ricksecker replied that only Dr. Williams from OAS was at the table. She then stated that the next meeting of the Health Department integration workgroup was scheduled for the end of September.

A. Ricksecker announced that Dr. Fenton would be visiting Philadelphia in January, when he would be making rounds at the School of Public Health and other locations. She said that the

integration workgroup wanted to try to meet with Dr. Fenton and would possibly plan a workshop with him. M. Milsop suggested that the Points of Integration Workgroup and the Health Department integration workgroup meet together with Dr. Fenton, saying that he was very supportive of integrated community planning. A. Ricksecker said that she would investigate whether such a meeting was possible.

- **Next Meeting Date**

The group decided to schedule their next meeting for sometime before the All Titles Conference on October 14th and 15th. After taking a moment to check their personal schedules, the group set their next meeting date for Tuesday, October 6th from 12-2 pm.

Old Business

None

New Business

A. Ricksecker reminded the group that the deadline for abstracts for the All Titles Conference was September 10th. M. Milsop noted that the conference could be used as an opportunity to show the level of service integration occurring in Philadelphia, through both the Points of Integration Workgroup as well as the Health Department's internal workgroup. N. Shein supported the suggestion and asked the group whether they wanted to develop an abstract that detailed the processes undertaken by the Points of Integration Workgroup over the past few years. A. Ricksecker agreed with the suggestion but noted that developing a description of all of the workgroup's activities would require a lot of work. N. Johns pointed out that everything that the committee had done was already documented in the Prevention Plan. A. Ricksecker asked whether the OHP would be willing to develop and submit the abstract to the All Titles Conference. M. Milsop replied that he would bring the idea to M. Ross-Russell to ascertain whether staff was able to develop the abstract and then report back to the group. N. Shein stated that she was able to attend the conference in Harrisburg and offered to assist in the presentation in the event that the abstract was submitted and accepted. A. Ricksecker said that she would look into whether or not she could attend the conference. She then suggested that both N. Shein and D. Acosta present at the conference so that both the care and prevention systems would be represented.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 12:19 pm.

Respectfully submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*May 27th, 2009*)
- Prevention with Positives: Best Practice Guide (draft)
- OHP Meeting Calendar