Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA
Needs Assessment Committee
Meeting Minutes of August 10, 2015
2:00-4:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 203 Philadelphia, PA 19107

Present: Cheryl Dennis, Gerry Keys

Excused: Teraysa Franklin, Jerry Alderfer

Absent: Pamela Gorman, Juan Baez, Tre Alexander

Staff: Debbie Law, Jennifer Hayes

Call to Order: G. Keys called the meeting to order at 2:15p.m and read the mission statement.¹ Those present then introduced themselves.

Approval of Agenda: G. Keys presented the agenda for approval. Motion: G. Keys moved, C. Dennis seconded to approve the agenda. Motion passed: All in favor.

Approval of Minutes (May 11, 2015): G. Keys presented the minutes for approval. Motion: C. Dennis moved, G. Keys seconded to approve the May 11, 2015 minutes. Motion passed: All in favor.

Report of Co-Chairs: None.

Report of Staff: None.

Discussion Items:

• Review Allocation Request
  D. Law noted that C. Dennis and G. Keys had attended the Philadelphia, New Jersey (C. Dennis), and PA (G. Keys) allocations meetings. She noted that the groups had passed allocations budgets and made instructions to the grantee. She explained that the grantee had been asked to assess needs and barriers to transportation in the Philadelphia area, based on the feedback of a consumer who participated in the Philadelphia allocations meeting.

  D. Law added that the grantee would be considering the feasibility of a patient navigation program in the PA counties. She stated that, in NJ, the grantee was asked to provide utilization data on food and transportation throughout the year, on a quarterly basis.

  D. Law explained that the grantee had asked the OHP to conduct a needs assessment of providers and consumers regarding transportation in Philadelphia and the PA counties.

¹ The Needs Assessment Committee reviews and recommends needs assessment, epidemiological data, research and other informational activities and other activities as assigned by the Planning Council.
D. Law noted that the needs assessment would concern issues that providers and clients were having with transportation. She stated that tokens were not reported to be a problem, but some consumers had issues with Logisticare. G. Keys reported that the City Health Centers had many clients enrolled in Logisticare. She noted that Logisticare transportation sometimes arrived late or early. D. Law asked if any clients were having issues obtaining tokens. G. Keys stated that her organization was no longer receiving sufficient funding to acquire tokens. She said that tokens were distributed to providers through PHMC, but they were difficult and inconvenient to obtain and were sometimes unavailable. Therefore, Health Center staff had stopped collecting tokens through PHMC.

D. Law reported that OHP focus groups had revealed that clients were not receiving day passes in a timely manner through Logisticare. She stated that post office issues were sometimes blamed for these delays. She said that delays in receiving day passes sometimes required patients to postpone appointments.

G. Keys reported that the City Health centers had previously provided tokens for Emergency Room and medical visits, but they had not wanted clients to rely on the tokens for other purposes. She said the Health Centers no longer provided tokens. She stated that the Ambulatory Health division sometimes requested tokens for the general medical population (not HIV-specific), which went specifically for medical visits. C. Dennis stated that DHS provided tokens for some clients.

D. Law asked if clients were missing appointments due to a lack of tokens. G. Keys said that some were, depending on the time of the month and other factors. She noted that SEPTA tokens would soon be phased out.

D. Law noted that the transportation needs assessment activity would address what both consumers and providers were saying about transportation. She noted that one client reported being told by a provider that they could not receive transportation through that provider, but had to first utilize Medicaid transportation.

D. Law stated that the OHP would present a questionnaire to the Positive Committee asking about needs and barriers to transportation. G. Keys asked when the last consumer survey was conducted, and D. Law replied 2012-2013. She said the Consumer Survey was distributed every 5 years.

D. Law stated that the group should consider what kind of questions they would want to ask consumers about their transportation needs.

G. Keys reported that T. Franklin stated that timeliness of Logisticare service (arriving too early and too late) was a widespread issue. She said T. Franklin had not heard about any problems involving day passes. C. Dennis asked if consumers lacked information about available transportation services. D. Law asked how this question could be phrased for a consumer questionnaire. G. Keys stated that consumers could be asked what alternative resources they knew about or accessed when they had difficulties obtaining needed transportation.
D. Law asked G. Keys what percentage of her organizations’ clients qualified for Logisticare. G. Keys noted that ambulatory care clients often relied on public transportation, cars, or relatives to take them to appointments. C. Dennis replied that, because the City Health Centers were walk-in clinics, other organizations typically provided transportation for individuals who needed it. For example, CHOP had a program that used cabs to transport newly diagnosed adolescents to medical appointments.

G. Keys suggested that consumers be asked what their primary mode of transportation was for going to medical appointments. She also suggested asking consumers if they had any difficulties getting to their medical appointments, and, if so, what were these difficulties? She said T. Franklin had reported that clients sometimes had to wait for friends or relatives to pick them up. D. Law noted that transportation might only be an issue for a small percentage of clients. G. Keys stated that many clients who were seen in the health centers tried to stick to providers in their neighborhood. Thus, many clients lived within a short distance of their medical appointments. She stated that other medical providers and specialists may be harder for clients to get to.

D. Law suggested asking clients specific questions about methods of payment, such as tokens, day passes, Logisticare, or rides. She said that asking specific questions about methods of payment could shed light on the most effective ways for AACO to provide transportation services. D. Law noted that tokens were an easy way to get clients to and from nearby locations. G. Keys stated that patients were sometimes given 2 tokens, which was a wasteful practice. D. Law said some other types of transportation vouchers (e.g. cab vouchers) had been available in the past. C. Dennis noted that SEPTA day passes were valid for 8 rides in one calendar day, though not through the regional rail. She stated that the day pass was activated on first use, but was not restricted in advance to any one particular day.

D. Law reported that NJ transportation services worked differently than Philadelphia/PA transportation services and received state funding.

D. Law explained that the grantee was instructed to look into the feasibility of patient navigator programs in the PA counties. She said that, at their last meeting, the Comprehensive Planning committee had discussed designating a centralized site for patient navigation. She noted that this kind of model would not work in the PA counties.

D. Law noted that NJ utilization data on transportation and food bank would come back as the year progressed. She said the grantee was instructed to report this information to the Finance Committee.

She asked the group how they would assess provider issues with transportation. She proposed a survey be conducted. G. Keys agreed that an online survey would be an efficient method of collecting input from providers. D. Law stated that the Positive
Committee survey could provide more information to eventually incorporate into the provider survey.

D. Law asked how the group would select providers to survey. G. Keys suggested sending the survey to Ryan White funded providers. She recommended the survey specify that providers were being asked specifically about their clients living with HIV and AIDS.

D. Law asked if the group had a timeframe for sending out the survey. G. Keys suggested a 2-3 month timeframe for developing and administering the provider survey.

D. Law asked if language accessibility would be an issue when surveying providers. G. Keys stated that it likely would not, due to the presence of Spanish-speaking case managers within organizations.

G. Keys asked when the consumer needs assessment would be presented to the Positive Committee. D. Law said it would be presented next month.

D. Law asked the group for feedback on the allocations process. G. Keys said the process had run smoothly, and the groups had accomplished their goals. D. Law noted that the Planning Council would be voting on the budgets at their next meeting this coming Thursday.

**Old Business**: None.

**New Business**: None.

**Announcements**: None.

**Adjournment**:  
**Motion**: C. Dennis moved, G. Keys seconded to adjourn the meeting at 3:15 p.m. **Motion passed**: All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:
- Needs Assessment Committee Meeting Agenda
- May 11, 2015 Meeting Minutes
- OHP Calendar
RYAN WHITE PLANNING COUNCIL (RWPC)

Needs Assessment Committee
Meeting Agenda
Monday, August 10, 2015
2:00 p.m.-4:00 p.m.
Office of HIV Planning 340 N. 12th St. Suite 203, Philadelphia PA, 19107

Call to Order/Introductions
• The Needs Assessment Committee reviews and recommends needs assessment, epidemiological data, research, and other informational activities and other activities as assigned by the Planning Council.

Approval of Agenda

Approval of Minutes (May 11, 2015)

Report of Co-Chairs

Report of Staff

Discussion Items
• Review Allocation Request

Old Business

New Business

Announcements

Adjournment

Please turn Phone to Silent or Vibrate

The next meeting date and time of the Needs Assessment Committee will be September 14, 2015 from 2pm-4pm at the Office of HIV Planning, 340 N. 12th St. Suite 203, Philadelphia PA 19107
Please refer to the Office of HIV Planning’s attached Calendar of Events or its website, www.hivphilly.org, for updated committee meeting information.
If you require any special assistance, please contact the office at least 5 days in advance.
Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA
Needs Assessment Committee
Meeting Minutes of May 11, 2015
2:00-4:00 p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 203 Philadelphia, PA 19107

Present: Jerry Alder,er, Juan Baez, Cheryl Dennis, Teraysa Franklin, Pamela Gorman, Gerry Keys

Absent: Tre Alexander

Guests: Joseph Malloy

Staff: Debbie Law, Jennifer Hayes

Call to Order: G. Keys called the meeting to order at 2:10 p.m. and read the mission statement. Those present then introduced themselves.

Approval of Agenda: G. Keys presented the agenda for approval. Motion: T. Franklin moved, C. Dennis seconded to approve the agenda. Motion passed: All in favor.

Report of Co-Chairs: None.

Report of Staff: None.

Discussion Items:

- Review Priority Setting
  D. Law stated that she had distributed a printout of the 2015 Priority Setting Tool, as determined at the last Comprehensive Planning Committee meeting (see-attached sheet). She asked members who attended priority setting for feedback on the scoring process. G. Keys said she felt it had gone smoothly. T. Franklin said there had been some disagreement about scoring for the Unmet Need factor, but the process went well overall.

  D. Law distributed a handout delineating the placement of services along the Gardner Cascade, which was used in priority setting (see-attached sheet). She noted that the tied categories were highlighted on the Priority Setting Tool. She stated that the scores were more objective than they had been in past years, due to the way the data was used. G. Keys asked when the priorities would be presented to the Planning Council. D. Law stated that they would be presented at the Planning Council meeting on Thursday, and then included in the upcoming plan. She said the process of priority setting would be repeated every 3 years.

- Brainstorm Needs Assessment Activity
  D. Law reviewed suggestions for Needs Assessment activities made in previous meetings. She said the group had discussed assessing needs of providers in New Jersey, given changes in

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1 The Needs Assessment Committee reviews and recommends needs assessment, epidemiological data, research and other informational activities and other activities as assigned by the Planning Council.
funding and Medicaid expansion. She noted that several CBOs in New Jersey were closing or had closed. She explained that one of the CBOs that was closing provided psychosocial support. She suggested the group assess how this change might affect consumers in New Jersey. She noted that PHMC had a transportation contract in New Jersey, and would be taking over for a previous transportation provider (Francis House).

P. Gorman stated that there would be 2 CBOs remaining in New Jersey following the closings: the New Jersey Area Health Education Center (AHEC) and South Jersey AIDS Alliance. She noted that one of these providers had a drop-in center. D. Law explained that consumers she had spoken with reported difficulty accessing services in NJ. She said one consumer reported having to travel long distances to access needed services. G. Keys asked why Francis House was closing, and D. Law replied that it lacked sufficient funding. P. Gorman noted that Francis House had provided education and training, along with lunches every Friday. D. Law explained that Francis House had not been funded through Ryan White Part A.

P. Gorman stated that the Southern New Jersey CAB was attended by numerous consumers and could provide a good venue for consumer feedback. J. Malloy asked if there had been any fallout from the close of Francis House. P. Gorman reiterated that the organization had not been funded by Ryan White Part A. She stated that she had not received any feedback from clients or providers in the Camden area about the impact the Francis House closing would have on consumers. She suggested the group look at ways of filling the gaps caused by the closing. She said she would look into whether or not there had been concerns expressed by consumers.

D. Law noted that NJ had underspending in transportation in the previous year. She said that this underspending would likely come up in this year’s allocations process. She said it was unknown as of yet how the NJ Part B grantee would distribute funds.

D. Law noted that a Needs Assessment focus group had recently been held for Black MSM from ages 30-60. She said that the office would be taking a break before holding further focus groups targeting Black MSM.

G. Keys stated that there had been a lot of focus on PrEP in recent months. D. Law explained that C. Terrell had recently presented on PrEP before the Planning Council. T. Franklin remarked that many consumers were unaware of PrEP. D. Law stated that C. Terrell had explained PrEP was still in early stages of its implementation. G. Keys asked if providers were talking about PrEP. P. Gorman speculated that insurance coverage and the availability of medications barred access to PrEP. She asked if there were limitations on who was eligible for PrEP. T. Franklin stated that her organization (a city clinic/health center) would prescribe PrEP for any clients they perceived to be at risk. She explained that extensive follow-up was required for PrEP patients, and they were often referred to outside doctors for follow-up. G. Keys noted that some insurance plans did not want to cover follow-up visits.

P. Gorman asked if the group had looked into targeting consumers for PrEP using social media. She asked if there were concerns related to HIPPA (privacy) prohibiting use of social media for appointment reminders, etc. T. Franklin stated that patients at her organization received calls or text messages reminding them of upcoming appointments. G. Keys stated that there had been
some studies that used social media to target teens and young adults. She said that social media was a way to reach many people, but it was important to consider privacy concerns. T. Franklin agreed that social media was a good platform for disseminating information. She noted that clients' addresses and phone numbers, which were often used for appointment reminders, frequently changed. P. Gorman stated that there were many health-related smartphone applications available. J. Alderfer stated that the Penn Medicine system had an online portal where patients could see upcoming appointments and test results. T. Franklin noted that patient portals were patient-initiated, as opposed to providers contacting patients. D. Law stated that she knew of a social media training seminar and could give interested participants more information about it.

D. Law stated that patient navigators might use social media to find patients who were lost to care. She explained that the Comprehensive Planning Committee was in the process of figuring out where patient navigators fit among the service categories. P. Gorman stated that patient navigators had been very successful at her organization (Cooper). She said that there was one central contact that helped patients navigate the care system. D. Law stated that patient navigator models would work differently in Philadelphia than in NJ, due to a higher case volume. P. Gorman explained that organizations designed patient navigator programs in different ways. She said it was up to organizations applying for funds to determine how to meet their individual needs.

D. Law explained that care outreach had changed in recent years. T. Franklin said that, in the past, her organization required patients to sign consent forms for care outreach. She explained that individuals who signed consent forms were typically the same patients who were already retained in care. She noted that her organization no longer required consent forms to be signed. J. Alderfer asked where patient navigation was initiated. T. Franklin said that new patients at her organization were assigned patient navigators (HSN). She stated that existing patients often showed more resistance toward HSN services, whereas new patients welcomed them.

J. Alderfer asked if the healthcare information helpline was involved in the process of connecting patients to navigators, and T. Franklin said it was not at her organization. She stated that clients were connected with patient navigators prior to their first medical appointment at the health center. She explained that, when clients came in for their first appointment, they were informed about all the services that were available. D. Law stated that some navigator models had patients connected to patient navigators following initial diagnosis. She said the patient navigators would then link clients to care.

P. Gorman noted that health centers had multiple services available, and patient navigators could help clients navigate these services. D. Law noted that the differences in patient navigator programs between agencies could present problems when it came to funding. T. Franklin stated that her organization had HSNs, medical case managers, rapid testers, etc. who came in to provide services beyond what existing social workers were doing. She said it was necessary to reevaluate the roles of social workers and other individuals in the care system. She noted that patient navigator systems could create confusion among clients.
C. Dennis noted that social workers had already built rapport with clients. She said that social workers at her organization did linkages to all organizations aside from health centers. She said patient navigators were only used for linkage to health centers. She explained that, for the most part, social workers also handled follow-up. She added that navigators did follow up on individuals who were lost to care. She noted that patient navigators were more “mobile” than social workers. T. Franklin stated that the HSNs at her organization did home visits. D. Law asked if anyone knew of navigator programs that handled mental health or substance abuse. C. Dennis stated that these issues were generally handled by social workers at her organization. She said that clients were referred by social workers to outside organizations to handle mental health or substance abuse concerns. She stated that navigators helped do fieldwork involved in getting patients back in who had been lost to care so they could be referred by social workers to needed services.

P. Gorman stated that her organization had 2 kinds of navigators (clinical outreach and nurse navigators). She noted that clinical outreach navigators handled linkage to care and retention in care. She said nurse navigators were responsible for staying in contact with patients for the first year they were in care. She said clinical outreach navigators stayed in touch with CBOs to track patients and help keep them in care. She said that patients were “handed off” from clinical outreach navigators to nurse navigators once they were securely in care. D. Law pointed out that patients were coming into contact with many different individuals in the process of linkage and retention in care. P. Gorman stated that, in NJ, patient navigators were mostly used to get clients in care, and clients dealt with fewer individuals once they were stably in care.

D. Law asked if case managers did fieldwork and several members of the group replied they did not. T. Franklin stated that her organization had employed a case manager that accompanied patients to medical appointments. She added that some case managers demonstrated personal initiative in helping patients navigate the care system. P. Gorman stated that case managers used to do home visits. D. Law pointed out that case management now had a more medical focus. T. Franklin stated that patients at her organization who required extra assistance were referred to a specialized case manager.

D. Law stated that she had spoken to an organization that employed case managers and case management assistants. She explained that the case management assistants were responsible for doing fieldwork. C. Dennis asked if case managers transported patients at this organization, and D. Law replied they did not. D. Law stated that outreach coordinators handled transportation. T. Franklin said that case managers at her organization gave out tokens and helped patients organize Logisricare, as well as meeting patients at appointments. P. Gorman explained that her organization gave patients vouchers for taxis.

G. Keys stated that she was interested in knowing what happened when several patient navigator programs (funded by Merck) lost their contracts in coming months.

P. Gorman noted that Health Education was another important topic. D. Law stated that AIDS Education Training Centers were funded through Ryan White Part F. P. Gorman stated that AETC training was generally for providers. She explained that Health Education referred to patient education in community health centers and doctors’ offices. D. Law asked if Health
Education encompassed services not provided by case managers. P. Gorman stated that Ryan White Part C capacity-building grants had included Health Education. She said this included chronic disease self-management workshops, along with different Evidence-Based Interventions (EBIs) designed to retain clients in care and teach them to manage their own health. She explained that Stanford University had developed a specific, consumer-focused program called Chronic Disease Self-Management (CDSM). D. Law stated that Act Up and Project TEACH provided classes for consumers. She added that Project TEACH was funded under the Ryan White category of Health Education.

D. Law stated that she would follow up with C. Terrell about the future of patient navigator programs. G. Keys said she’d be interested in seeing the data gathered from existing patient navigator programs when it became available.

D. Law noted that Ryan White Part A grant allocations would be held this summer.

**Old Business:** None.

**New Business:** None.

**Announcements:** None.

**Adjournment:**

**Motion:** T. Franklin moved, P. Gorman seconded to adjourn the meeting at 3:10 p.m. **Motion passed:** All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Needs Assessment Committee Meeting Agenda
- March 16, 2015 Meeting Minutes
- OHP Calendar