HIV Integrated Planning Council
Prevention Committee
Wednesday, July 25, 2018
2:30-4:30pm

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Mark Coleman, Gus Grannan, George Matthews, Lorett Matus, Nhakia Outland, Erica Rand, Clint Steib, Melvin White

Excused: Dave Gana, Leroy Way

Absent: None

Guests: Caitlin Conyngham, Robert Woodhouse

Staff: Mari Ross-Russell, Briana Morgan, Stephen Budhu

Call to Order: L. Matus called the meeting to order at 2:42pm. Those present then introduced themselves.

Approval of Agenda: L. Matus presented the agenda for approval**. Motion:** M White moved, G. Grannan seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: L. Matus presented the minutes for approval. **Motion:** M. White moved, G. Matthews seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: C. Steib reminded the committee when they last met in May 2018 they requested prevention data from the PA collar counties. He noted there are no syringe exchange programs in the PA counties currently and the percentage of the EMA's epidemic has been increasing in that region.

C. Steib mentioned the committee has had small attendance turnout recently. He suggested the committee should consider doing a project that looked into health disparities in the PA counties. By doing this project it may draw attention to the committee and boost attendance. He suggested the committee could investigate the reason behind the increased HIV epidemic percentage in the PA counties. B. Morgan mentioned included in the meeting packet there is a concurrent diagnosis by EMA region and demographic, this will be discussed in greater detail later in the meeting.

Report of Staff: B. Morgan announced the Philadelphia regional allocational meeting is Thursday, July 26, 2018 from 1-5 pm. Also, the coffee shop next door from OHP is set to open tomorrow and the rail park is already open.

L. Matus reiterated that the Philadelphia allocations meeting is Thursday, July 26, 2018 from 1-5 pm. She encouraged all to attend and stressed its importance. She stated the Planning Council has the power to fund service categories according to need, if you want change to happen you must be part of the planning process.

Action Items: None

Prevention Service Initiatives

- **1802**

C. Conyngham stated PS18 18-02 is the second funding announcement for fiscal year 2018 for prevention services. She reminded the committee PS15 15-09 is a 3-year demonstrative grant that is nearing its conclusion. At the conclusion of the 1509 project, 1802 will use the best practices and procedures that were discovered from 1509.

C. Conyngham explained the purposes of prevention services are to identify clusters of HIV transmission, increase coordination of community-based organizations (CBO) and the health department, and an integrated approach for surveillance and HIV prevention programs. She noted 1802 is the first funding announcement that focuses on the integration of surveillance and HIV prevention programs. The purpose of 1802 is to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among PLWH.

C. Conyngham explained 1802's priorities are to increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, reduce transmission from PLWH, and build interventional surveillance to enhance response capacity and intensive data-to-care activities to support sustained viral suppression. Priority activities include HIV testing; linkage to, re-engagement in, and retention in care and support achieving viral suppression; PrEP-related activities; community-level HIV prevention activities; HIV transmission cluster investigations and outbreak response efforts.

C. Conyngham provided an overview of the core strategies and activities of the 1802 grant. She stated core strategies and activities include:

- systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection
- detect active HIV transmission
- implement public health interventions, and evaluate public health response
- identify persons with HIV infection and uninfected persons at risk for HIV infection
- develop, maintain, and implement plans to respond to HIV transmission clusters and outbreaks
- provide comprehensive HIV-related prevention services for PLWH
- provide comprehensive HIV prevention services to reduce risk for acquiring HIV infection
- conduct perinatal HIV prevention and surveillance
- conduct community-level HIV prevention activities
- develop partnerships to conduct integrated HIV prevention and care planning
- implement structural strategies to support and facilitate HIV surveillance and prevention
- conduct data-driven planning, monitoring, and evaluation to continuously improve HIV programs
- build capacity for conducting effective HIV program activities, epidemiological science, and geocoding.

In addition to implementing the core strategies and activities, applicants can enhance their programs by requesting funding to implement one demonstration project to expand high-impact HIV prevention and surveillance interventions and strategies. Funded subrecipients should expect significant changes in data reporting requirements. C. Conyngham explained some of those changes include the following:

1. promote integration of HIV testing by ED staff into clinical flow
2. work to incorporate HIV testing into EHR system to improve testing outcomes
3. provide technical assistance

C. Steib asked if the funding mentioned is the same as the RFP for 1802 that agencies have already applied and received. C. Conyngham replied if those agencies already applied for funding and have received funding there is no need to reapply for the RFP.

M. Ross-Russell asked about testing consent for minors, and what happens if there is a positive test result. C. Conyngham replied under PA law children age 13 and older can consent to an HIV test. In the case of a positive test the parents do not have to be notified, they could receive confidential treatment and it would fall under sexual health. C. Steib added in the emergency department care bills are bundled when they sent out for reimbursement. HIV tests remain confidential when they are administered in the emergency department. He explained if an individual receives an HIV test in outpatient treatment services are not bundled, an HIV test may be reflected on the bill for reimbursement.

G. Grannan asked what initiatives or strategies are in the 1802 project to handle the increase in violence in the transgender community. C. Conyngham stated it would be a joint effort between CBOs and the health department. There are trans-centered prevention activities in the 1802 project and there are ongoing transgender mobilization efforts within the health department. The goal of the mobilization is to link newly diagnosed TSM and not in care HIV positive TSM to HIV medical services that are gender affirming and culturally responsive within 30 days of diagnosis. She invited G. Grannan to share feedback with the Client Service Unit at AACO on how to better serve the transgender community.

N. Outland asked what agencies were awarded 1802 funds and how did they apply for the funding. C. Conyngham replied there was RFP put out and agencies were able to apply, those agencies were scored and the best scored agencies received funding. Currently there are three funded agencies under the 1802 grant in Philadelphia.

- **DExIS**

C. Conyngham explained DExIS is an abbreviation for Demonstrated Expanded Interventional Surveillance. She stated DExiS is a surveillance-based identification and epidemiologic analysis program. Routine HIV surveillance data will be used to identify sentinel cases of missed opportunities along the HIV continuum. The program focuses on data from surveillance as well as consumer-driven data. She noted the consumer-driven data will come from both individual-level field intervention and standardized interviews. The DExIS program will be composed of: standardized chart abstraction**,** review of all available health care data, case review team**, c**ommunity action team, and community mobilization Grants

E. Rand asked if DexIS is just data driven or are providers given active feedback. C. Conyngham replied consumer feedback is part of the DexIS initiative, providers will be given feedback throughout the initiative.

G. Grannan asked how many providers are using 4th generation testing, since the initiative is geared towards identifying acute infections. C. Conyngham replied 70% of positive tests come from healthcare settings and those healthcare settings most likely are using 4th generation testing. It is not known if testing from non-healthcare settings are using 4th generation testing. G. Grannan asked if health care settings are using rapid 4th generation testing. C. Conyngham replied very few providers use rapid 4th generation testing at this time.

C. Steib stated his agency uses 4th generation testing and the results have been good thus far. His agency is looking to expand 4th generation testing, but there is concern about patient flow, since 4th generation testing takes around 20 minutes. To help patient flow his agency is frontloading HIV tests.

G. Grannan expressed his concerns with 4th generation testing, specifically its sensitivity. Are there any situations where the test may be too sensitive for its own good? C. Steib replied there are fourth generation tests use "ALERE DETERMINE HIV-1/2 AG/AB COMBO" which has the ability to detect the HIV-1 /HIV-2 antibodies as well as the p24 antigen, so specificity is not an issue. He mentioned there are issues with false positives in 4th generation testing, this is especially true of those who have autoimmune diseases such as Lupus.

L. Matus asked if the initiative is using direct feedback from the consumer. C. Conyngham replied yes, direct consumer feedback is used and incorporated into the feedback that is given to providers. L. Matus asked would consent forms need to be adjusted for DExIS intervention. C. Conyngham replied the Partner Services staff would handle consent, also not all clients need to consent to the intervention.

Discussion Items:

- **Concurrent Diagnoses**

B. Morgan asked the committee to review concurrent diagnoses of HIV/AIDS by EMA region. Concurrent diagnosis is defined as when an HIV positive individual is other co-diagnosed with AIDS or diagnosed with AIDS within 30 days of HIV diagnosis. Those with concurrent diagnoses can also be called "late testers". She explained data from 2016 suggests the PA counties had 35.6% of concurrent diagnoses, while the Philadelphia and South Jersey regions had 17.7% and 17.4%, respectively. She suggested the Prevention Committee could have a discussion of the prevention strategies that are ongoing in the PA counties. C. Conyngham asked if there is data where testing is happening. B. Morgan stated there is data about publicly funded tests, but that does not include all testing. M. Ross-Russell mentioned that routine testing was discussed at past PA HPG meetings. In the meeting(s) the concern was routine testing was happening less frequently in suburban areas compared to larger urban areas.

G. Grannan asked if there was a possibility for doing a spatial analysis for testing frequency. He acknowledged the difficulty of the request, especially since may PA counties' residents commute to Philadelphia frequently. M. Ross-Russell replied the PA counties have large areas that require many to travel great distances to receive care. There is also a lack of services in the PA collar counties, for instance there is no health department in Delaware County. Overall there are few HIV service providers in the PA counties and even fewer are Ryan White funded. HIV clinics in the PA counties offer limited hours that may be inconvenient for clients. G. Grannan stated South Jersey counties are also large, yet there the concurrent diagnoses are not on par with the PA counties. M. Ross-Russell agreed; however, Salem County in New Jersey lacks any type of HIV care. There was discussion in the NJ allocations meeting about the lack of HIV provider in the county and the issues with transportation. It was reported that Medicaid transportation would not take clients past county lines to receive treatment in other counties.

N. Outland shared her experiences working with PLWH with the committee. She stated clients often mention the issues with transportation and she is concerned with clients' ability to access healthcare who live further out in the PA counties. M. Ross-Russell mentioned there are providers in the PA counties, but the further you are away from Philadelphia the fewer providers there are.

G. Grannan asked how concurrent diagnoses data was collected. M. Ross-Russell stated the data was collected by the Recipient.

C. Steib stated there could have been intervention efforts in the PA counties for 2016 which could account for the higher levels of concurrent diagnosis. We cannot be sure there is a pattern unless we examine data

from other years. G. Grannan requested concurrent data for other years to see if a pattern can be established. M. Ross-Russell replied the data is accessible, OHP does an epidemiological profile annually and data is accessible for at least five years back. B. Morgan added prevalence is going up in the PA counties, she noted she could not speak on concurrence patterns off hand.

B. Morgan reminded C. Conyngham that the committee requested prevention updates in the PA counties. C. Conyngham stated there are a few data to care services in the PA counties. The state will begin to fund data to care services starting in Allegheny County, she is unsure of which direction services will be expanded. B. Morgan stated there was discussion in the PA allocations meetings that the state is giving prevention grants to county health departments. There was mention of Delaware County not being eligible for those grants since they do not have a health department.

- **Syringe Access**

B. Morgan reminded the committee they discussed syringe access in their spring meetings. She explained syringe access was discussed during the PA counties regional allocations meeting as well. The takeaway from that meeting was there is a need for substance abuse services in the PA counties. Within the meeting the Planning Council moved to begin funding the substance abuse category in the PA counties, an allocation of $30,053 was put into substance abuse under the new level-funding budget.

M. Ross-Russell mentioned there was support of syringe access services in the PA HPG meetings but she was unsure if any action has been made besides stating their support. C. Steib stated he did not believe any action has been taken at this time.

G. Grannan mentioned Prevention Point has decreased the number of needles that clients can exchange from a max of 300 needles to 200. He stated this change in policy stems from the belief there are too many needles in the environment. He made note this could be a response to current drug policy by law enforcement. M. Ross-Russell asked if Prevention Point exchanges needles one for one. G. Grannan replied yes, that is true up until a person brings in 30 or 40.

L. Matus stated the committee should look to contact the PA harm reduction coalition to see if they could come and talk to the committee or if they could share some of their ongoing prevention strategies.

G. Grannan asked if there was any information about the syringe access program in Camden program. B. Morgan replied there has been some controversy with the syringe access program. She explained the syringe access program in Camden was supposed to reopen on May 30, 2018 and be run and operated by Camden AHEC. The program was scheduled to operate from a mobile van that would be parked in the Camden AHEC parking lot. According to a recent article from a South Jersey paper the syringe access program is still not running, a single individual from Camden AHEC is doing a needle exchange.

Old Business: None

New Business: None

Announcements: M. Coleman announced Friday, July 27, 2018 is Hepatitis C Awareness Day. In honor of the day, Philadelphia FIGHT is hosting an event at the Lowes Hotel located at 1200 Market Street, Philadelphia PA, 19107. The event begins at 8:30 am, no RSVP is necessary.

Adjournment: Motion: G. Matthews moved, M. Coleman seconded to adjourn the meeting at 4:20 pm. **Motion Passed**: All in favor.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Concurrent Diagnoses by EMA Region Handout