HIV Integrated Planning Council
Comprehensive Planning Committee
Thursday, September 20, 2018
2-4pm

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

Present: Keith Carter, Mark Coleman, Tiffany Dominique, David Gana, Pamela Gorman, Gerry Keys, La'Seana Jones, Joseph Roderick, Adam Thompson

Excused: Katelyn Baron, Peter Houle, Nicole Miller, Jeanette Murdock, Gail Thomas, Lorrita Wellington

Absent: None

Guests: Sebastian Branca, Jessica Browne, Tyrone Burke, Davone Carter, Blake Rowley, Matt Douglas

Staff: Nicole Johns, Stephen Budhu

Call to Order: A. Thompson called the meeting to order at 2:08pm. Those present then introduced themselves.

Approval of Agenda: A. Thompson presented the agenda for approval**. Motion:** K. Carter moved, G. Keys seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: A. Thompson presented the minutes for approval. **Motion:** K. Carter moved, David Gana seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: None

Report of Staff: N. Johns informed the committee the Prevention Committee will not meet in September 2018 and their meeting will be rescheduled for October 3, 2018. An email reminder will be sent out to members.

Action Items: None

Discussion Items:

- **Recommendations for Medical Case Management**

A. Thompson briefly summarized the discussion from the last few committee meetings. He explained the committee has concluded its barriers to retention discussion. From the brainstorming, the committee has created instructions to Recipient (AACO[1]). When the committee met in August, the committee set its work calendar. For this month and the following, the committee has decided to discuss medical case management. A. Thompson explained AACO requested the committee to formally submit its recommendations about MCM[2] so they can be incorporated into the new MCM model. S. Branca mentioned there is an MCM advisory board that will meet in the upcoming months. The committee's recommendations will be incorporated into discussion of the MCM advisory board, and then into the new case management model.

A. Thompson suggested the committee should break into two smaller subgroups. Both groups will focus on what MCM is, what MCM does, and what MCM's should know. A. Thompson defined MCM for the

1. AACO refers to the AIDS Activity Office, also known as the Recipient and PDPH
2. MCM is an acronym for medical case management

committee. He stated MCM is defined as a range of client-centered services that link clients with health care, psychosocial, and other services provided by trained professionals. MCM produce outcomes that are measurable and centered on clinical outcomes.

OHP staff distributed markers and poster board to each sub group to record their ideas. A. Thompson suggested the groups should take 20 minutes to brainstorm and record their ideas. After the 20-minute period the committee reconvened and reviewed the ideas for training needs/necessary knowledge for MCMs.

Group 1:

- Insurance Navigation (ACA, Employer, Private)
- Benefits/Entitlements
- Referral Sources
- Primary vs. Specialty Care (HIV, ID care)
- Annual vs Episodic care
- Medicaid (types, access, benefits)
- Medicaid vs Medicare
- Managed Care Models (Payer)
- RWHAP (internal referral)
- Referral/linkage appropriateness or experience evaluation of clients /patients
- Match tools (matching clients to services)
- Comprehensive Assessment Skills
- Cultural Competency
    - Language Access
    - Concepts of Privilege
    - Cross Cultural Conversation
    - Co-Production of Health Outcomes
- Addressing Health Literacy
- Addressing Non-Adherence
- Nutritional Assessment
- Advocacy vs Gatekeepers
- Standardized Initial Assessment
    - Trigger tool
- Competency tool used for MCM
    - Compassionate Care Principles
    - The "Handshake"
- Trauma-informed care

Group 2:

- Awareness of Ryan White services
- Be aware of insurance entitlements, what is provided by Ryan White program
- Knowledge of experience of care as well as resources (e.g. Mental Health & Substance Abuse)
- Cultural Competencies
- Who are the support systems of case management (peers/ supervisors)?
- Identity of the client (gender, sexuality, race/ethnicity)
- Knowledge about primary care (specialty items such as hormone replacement)

- Reference list
- Be able to talk about sex comfortably
- Recognize their own bias
- Targeted knowledge to assist the younger population that gets lost to care (21-30 years old)
- Disclosure negotiation skills and tools to help clients
- Knowledge of grievance procedures
- Basic HIV knowledge (HIV 101)

A. Thompson thanked the committee for their recommendations. He asked the committee if they had any additional recommendations or if they think anything else should be covered in greater detail. P. Gorman stated the committee needed to focus more on the "warm handoffs[3]" that happen in the continuum. She added that MCM should also have clinical supervision to ensure MCM do not get "burnt out". T. Dominique explained her group talked about warm handoffs, but how do we address 21-30 years who were never engaged in care so there were no warm handoffs.

S. Branca stated the committee hit the nail on the head with their recommendations. In reference to P. Gorman's comments, MCM burn out does happen. The position is complex and requires on average 6 months of training to be knowledgeable. He noted there is also a high rate of turnover in MCM positions. He explained AACO has studied the turnover rates in MCM staff positions that of MCM supervisors. He acknowledged salary and work load may contribute to the high rate of turnover.

K. Carter suggested AACO should look for ways to ensure MCM are properly trained and they avoid burn out. He suggested that less experienced MCMs should be paired with experienced MCMs. Also, MCM should be able to delegate some of their administrative duties, such as paper work/forms, to another staff position. A. Thompson stated he agreed with K. Carter's suggestion. He added that would be a clinic-based decision, however; MCMs can focus on improving their organizational skills. Maybe there should be an emphasis on the organizational and business skills of MCM. P. Gorman referenced a common business model that focuses on the organization and business savvy skills. The six-sigma model works like martial arts that used a colored belt system for progression. She suggested the committee should look into that model and assess its feasibility for the MCM model.

B. Rowley suggested the review the materials MCM trainers use to train MCM. He explained since it is known that there is a high rate of the turnover in MCM, the committee should look into the MCM trainings to make sure all new trainees are provided with adequate and valuable information. A. Thompson asked S. Branca about the MCM training model. S. Branca explained AACO has a rigorous MCM training model that is provided quarterly. All orientation trainings are mandatory for all MCM. A. Thompson requested the training overview for MCM. He suggested the committee could review the training materials and evaluate if they are adequate. S. Branca replied that request was feasible and he would take the request back to AACO.

K. Carter asked if it was possible for MCM trainings to be online, especially when there are small updates to the trainings. A. Thompson replied it was possible in theory, but it's always better to have in person trainings. T. Dominique stated sometimes with online trainings, those taking them may not have the volume on or paying close attention. With new online training modules there are ways to get those taking them to participate, such as questions during sessions, but it does not come close to replacing in person trainings.

3. Warm handoff refers to a referral practice wherein the medical provider introduces the patient to the behavioral health consultant in real-time

J. Malloy asked S. Branca about the inner workings of the PDPH[4]. He asked if AACO has a relationship with other agencies within the PDPH. S. Branca explained AACO is housed in the PDPH and there is an interconnected relationship between agencies, with all reporting to the health commissioner.

K. Carter suggested there should be a streamlined approach to patient intake. It's not necessary for clients to have to go through intakes with multiple persons. S. Branca stated AACO is addressing that, improved intake will be addressed in the new MCM model. A. Thompson mentioned the shortcomings with client intake in the current MCM model. He stated the questions needed to extract valuable information are not being asked during client intake. He stated information like psychosocial habits is being missed.

T. Dominique asked if Project CoRECT[5] uses data from client intake. S. Branca stated the CoRECT does not collect intake data, but it does capture data from DIS linkages. He explained CoRECT has identified some of the barriers to care in the system. He noted transportation was a big barrier, stigma was not. A. Thompson suggested many who experience stigma may be unaware that they are being stigmatized.

J. Malloy referenced the systematic stigmatism in the care continuum. He explained stigma is based in the socioeconomic realities of Philadelphia. He suggested the HIPC should focus more on socioeconomic factors.

Old Business: A. Thompson stated the committee has had the "Racial Bias" item on the agenda for the past few months. Unfortunately, due to time constraints the item has not been discussed in great detail. He suggested racial bias should be a discussion item in the next committee meeting. The committee agreed.

New Business: Opioid Discussion

N. Johns reminded the committee they had planned to discuss the opioid epidemic in the November and December meetings. She invited the committee to invite those who would be interested in attending the meeting. She explained on behalf of the committee she had invited the medical director of AIDS Care Group, in Delaware County, to discuss medication-assisted treatment.

Announcements: D. Gana announced Mid Atlantic AETC is hosting an event on Friday, September 28, 2018. The event is the "Partnership Comprehensive Care Practice 25th Anniversary Celebration" and will be held at the Drexel campus located at 3210 Chestnut Street, Philadelphia PA 19104. During the Event variety of topics will be discussed including: aging and HIV, clinical manifestations of HIV disease, HIV epidemiology, osteoporosis, cultural competence, stigma or discrimination. To register visit: https://www.maaetc.org/events.

D. G. announced the LGBTQ Aging Summit is October 9 and 10, 2018 Harrisburg. Those who are interested can register online at https://lgbtelderinitiative.org/events/2018-10/

A. Thompson announced the South Jersey AIDS Alliance is looking for community health workers, who are comfortable talking about HIV, and HIV status. If anyone knows anyone who would be interested please pass the information along. For those interested there are job descriptions in the office.

4. PDPH: is an acronym for that Philadelphia Department of Public Health, can be used to describe AACO
5. Project CoRECT: Cooperative Re-Engagement Controlled Trial, Health departments will generate an out-of-care list using HIV laboratory surveillance data; collaborating clinics will concurrently generate out-of-care lists using appointment data. The combined out-of-care list will be reconciled by the health department and clinics, and discussed at monthly case conferences. All individuals determined to be out of care will be randomized to receive either: (1) usual linkage and engagement in care services (standard of care [SOC]); or (2) an active health department field services intervention in addition to SOC. The active intervention activities will vary among jurisdictions; however, all sites will include field services to locate, contact, and aid, including a same-day appointment, to access HIV medical care.

Adjournment: Adjourned by consensus at 4 pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Recommendations from Brainstorming sessions
- Results of CPC recommendations
- CPC Instructions to the Recipient