HIV Integrated Planning Council
Comprehensive Planning Committee
Thursday, October 18, 2018
2-4pm

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

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

Excused: Peter Houle, Dorothy McBride-Wesley, Nicole Miller, Jeanette Murdock

Absent: None

Guests: Sebastian Branca, Jessica Browne, Davone Singleton

Staff: Nicole Johns, Mari Ross-Russell, Stephen Budhu

Call to Order: A. Thompson called the meeting to order at 2:05pm. Those present then introduced themselves.

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

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

Report of Chair: A. Thompson stated the committee also needed to discuss consumer involvement in the system during this meeting as well. No formal agenda change was needed.

Report of Staff: N. Johns informed the committee the epidemiological profile and updates to the integrated plan are complete. Both documents will be uploaded to the website in the near future. She explained the plan updates feature baseline data from 2016.

A. Thompson asked what the epidemiologic profile is. N. Johns replied the epidemiologic profile is a comprehensive 300-page document that gives a demographic overview of the 9-county Philadelphia EMA. The epidemiologic profile describes the general population of the EMA, risk indicators, characteristics of the local HIV epidemic, unmet need, and service utilization. The profile is divided into 5 sections; section 1 covers the sociodemographic factors; section 2 addresses risk factors for HIV infection in the EMA; section 3 provides the scope of HIV in the EMA; section 4 addresses how those living with HIV access services; section 5 addresses the characteristics of PLWH who do not access services.

Action Items: None

Discussion Items:

- **Racial Inequity**

A. Thompson reminded the committee "racial inequity" has been on the agenda for quite some time, but it has not been covered/adequately discussed due to time constraints. A. Thompson suggested the committee could begin to framework the discussion about racial inequities. From there, the committee can identify what they wished to discuss about racial inequity. Since the topic itself is quite

vast, A. Thompson suggested the committee should have a specific focus. He suggested the committee could focus on racial inequities within the service delivery system. The committee agreed.

After the committee decided what they wanted to focus on in regards to racial inequality, A. Thompson suggested the committee could form a work group that's role will be to focus on racial inequity solely. He stated it would not be feasible to attempt to review racial inequality within the service delivery system and to make recommendations within a pre-existing subcommittee. He stated the work group would be a similar model to the Prevention Committee and the PrEP work group. The work group would look to recruit its members from all committees, not just from the Comprehensive Planning Committee.

A. Thompson asked the committee for their feedback on the recommendation. D. Singleton stated he agreed with the idea of forming a work group, it would not be feasible to think a committee could address racial inequity in a two-hour meeting. G. Keys agreed and suggested the committee should move forward with making a recommendation. The committee agreed.

Motion: A. Thompson moved, G. Keys seconded to recommend the Planning Council to form an ad-hoc work group that will look into racial inequities in the service delivery systems in the Ryan White Part A continuum. **Vote**: 7 in favor, 0 opposed, 0 abstentions. **Motion Passed**.

- **Consumer Engagement**

A. Thompson stated the committee should review the Meaningful Involvement of People with AIDS[1] (MIPA) as well as the Greater Involvement of People with AIDS[2] (GIPA) since the committee would be reviewing consumer engagement. The Meaningful Involvement of People living with HIV/AIDS (MIPA) is the process of keeping people living with HIV central to the creation and determination of the policies, funding, services, research and initiatives that affect us. On the international stage, the Greater Involvement of People living with HIV/AIDS (GIPA) is used to describe this dynamic. Whether talking about MIPA or GIPA, we are centering people living HIV as integral to decision making in the HIV field. It means transparency with power, resources and inclusion.

A. Thompson suggested that the committee needed to focus on consumer engagement in the Ryan White system. He explained the committee could make a similar recommendation to the racial inequity work group, the committee could suggest another work group or even committee that will focus on consumer engagement in the Ryan White System. The process starts with a brainstorm, to find the issues, then a targeted approach to improve the system.

S. Branca stated the Recipient would like to use the Planning Council's feedback to inform the quality management program. In regards to forming a committee/work-group that may not be necessary since the Positive Committee may be a good setting. G. Keys agreed with using the Positive Committee as a vessel for assessing consumer engagement. S. Branca explained the Positive Committee could keep quality management team at AACO informed about the issues in the system. In turn the findings could be incorporated into the quality improvement project. A. Thompson agreed but reminded the committee quality management is a small portion of consumer engagement. K. Carter stated he felt that the Positive Committee will be a good setting for assessing consumer engagement. He explained this would give the committee direction and he is looking forward to the discussion going forward. The committee decided to ask the Positive Committee to lead this work.

1. For more information on MIPA visit: https://www.poz.com/blog/meaningful-involvement-people-hivaids-mipa-meaningful-mean
2. For more information on GIPA http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf

- **Medical Case Management Continued (*Refining Recommendations*)**

A. Thompson reminded the committee they have previously brainstormed recommendations that pertain to medical case management. He suggested at this time the committee could refine its recommendations and finalize its list of recommendations. A. Thompson invited the committee to review the list of recommendations included in the meeting packet.

A. Thompson gave an example of a recommendation that needed to be refined. He explained the recommendation that pertained to food and nutrition needed to be more specific. He asked the committee what they specifically wanted to know or recommend in regards to food or nutrition. G. Thomas stated she thinks that a case manager should know the location of foodbanks they are referring their clients to as well as an understanding of the food voucher system. G. Keys suggested the medical case manager should be aware of how diet interacts with medications.

S. Branca informed the committee AACO's next steps in the new MCM model planning are looking into a care coordination model. He stated going forward AACO will review the current care standards in the MCM model. He asked for feedback on care coordination from the committee.

A. Thompson began review of the list of recommendations with the committee. He asked the committee what was meant by "referral/sources (community)". G. Thomas stated the case manager must be familiar with whom they are referring clients to as well a list of alternative agencies. M. Ross-Russell asked would it be helpful if there was a resource inventory that MCMs can use, that is not necessarily HIV-specific services. S. Branca stated Philadelphia FIGHT composes a list annually, but it's mostly HIV-based services. P. Gorman stated her agency asked clients what they wanted case managers to know when they refer clients to an agency. She explained her agency found that many clients were concerned about in-network referrals, these referrals may not be local. M. Ross-Russell informed the committee a comprehensive resource inventory is available on the OHP website that is searchable by zip code. P. Gorman mentioned a comprehensive list may be daunting, the committee should look to recommend a cheat sheet for MCM.

M. Ross-Russell asked if MCM have regular supervision with supervisors and peers. She suggested those would be good opportunities for organizations to discuss referrals. S. Branca stated that was correct there are staff meetings regularly to discuss best practices for their clients.

N. Johns suggested the committee could look at the broad topics/headers in the list as opposed to each individual recommendation. She stated in the interest of time the committee may want to identify what is absolutely necessary for them to talk about. A. Thompson agreed and began a broad review of the recommendations under clinical outcomes.

After reading the recommendations under clinical outcomes, A. Thompson asked the committee if there was anything they wished to expand upon or anything they felt should be removed. A. Thompson stated he wanted to add an emphasis on specialty care vs. primary care. A lot of times providers provide HIV specialty care not regular primary care. MCMs need to know the difference.

P. Gorman stated there also needs to be discussion on medical vs. non-medical case management. Also, if there should be a clear distinction between the regular and comprehensive medical case management. She explained it's not clear who falls under regular case management versus comprehensive.

A. Thompson suggested the committee should discuss non-adherence. He explained the majority of the Ryan White population is virally suppressed, but many of those who are virally suppressed may need

mental/supportive services. The system does little to offer supportive services to those in need of social support.

P. Gorman suggested there needed to be a way to follow up on referrals to make sure linkages to services happened, especially from mental health. The committee stated social isolation was a major factor in depression. D. Gana mentioned social isolation is just as deadly as smoking cigarettes daily. D. Gana added case managers ask clients if they are depressed, not if the client is socially isolated. G. Thomas suggested those who are socially isolated could attend HIV social/dating groups online. A. Thompson agreed and added those who are socially isolated should look to non-isolated members of their community for support.

After discussion, P. Gorman suggested the committee should add social support assessment to the list of recommendations. S. Branca replied this was included in the discussions about the new MCM model.

A. Thompson shifted committee discussion to review the recommendations under "core competency". D. Gana stated "customer service" needed to be added to the list. He explained case managers do not always get back to their clients in a timely fashion. S. Branca stated if clients are not getting good customer service they should file grievances. A. Thompson disagreed, he stated consumers may not want to file a separate grievance while trying to get care. They may just fall out of care all together, its best to be preventative than reactive, customer service is a core competency.

S. Branca explained AACO's perspective to the committee. He explained that the system cannot change unless there are quantifiable grievances reported by the Client Service's Unit. AACO cannot know about grievances that are not being reported. If no issues are reported, AACO will assume the system is working. A. Thompson disagreed with S. Branca's comments.

M. Ross-Russell explained from the Recipient perspective they cannot be aware of issues that are not reported. From the Planning Council side, consumers voice issues in the Planning Council meetings and they want to feel as though the Recipient is taking it into consideration. She added the Office of HIV Planning will hold listening sessions in the near future to capture community feedback and inform its RW clients about grievance procedures.

S. Branca reminded the committee, AACO is looking for recommendations to improve the system overall. Ideally the recommendations from this committee will be incorporated into the quality management process. A. Thompson replied he thought the purpose of this meeting was to refine recommendations as they relate to the case management system.

The committee asked for clarity about the purpose of discussion. S. Branca stated the idea of this discussion was to make recommendations on areas the Recipient can assess or give direct intervention in specific areas in the MCM system. The goal is to improve the MCM system as a whole.

K. Carter suggested the committee should "parking lot" the discussion and revisit the discussion when there is more clarity about what is being asked by the Recipient. A. Thompson replied if tabled the committee will not meet the timeline of the Recipient.

M. Ross-Russell reminded the committee the purpose of today's meeting was to refine the list of recommendations for MCM that were brainstormed in the previous meeting.

D. Gana mentioned under cultural competencies gender identity should be included. N. Johns stated she would make the updates to the list and send over the finalized recommendations to S. Branca.

Old Business: None

New Business: N. Johns reminded the group that November's meeting will have a conversation about opioid and injection drug use. The committee will discuss the recent increase in HIV diagnoses in those who inject drugs. She encouraged committee members to bring anyone who they think will be interested in the conversation. Also, in November as discussed, the Positive Committee would be discussing consumer engagement

Announcements: M. Coleman announced the annual Philadelphia AIDS walk is on Sunday, October 21, 2018. To register for the event visit: http://www.aidswalkphilly.org/.

K. Carter announced on Saturday November 10, 2018 Philadelphia FIGHT is hosting the "Reunion Project" at the William Way Center. The purpose of the "Reunion Project" is to create a safe space for people who identify as long-term survivors living with HIV to come together, share stories, learn, network and create friendships. Registration for the event is available online. For more information visit: https://fight.org/event/the-reunion-project-2018/

T. Dominique announced on Friday, November 16, 2018 the Penn Mental Health AIDS Research Center is hosting a Connecting the Dots II: Understanding the Intersection of HIV and Mental Health event. The event will be from 8:30 am to 3:30 pm at 801 Market Street. 11th floor, Room 1154A, Philadelphia PA 19107. For those who are interested in registering please visit: http://phillyresearch.wixsite.com/connectingthedots

A. Thompson announced Dr. David Condolucci is the 2018 recipient for the Teddy DePrince Community Commitment HIV award. The ceremony will be held on December 5, 2018. He stated he will pass on more information to the committee as it becomes available.

A. Thompson announced on November 7, 2018 the Jefferson Health System is hosting a workshop on Integrative Health Care focuses on both provider and patient care. Topics include mindfulness, stress assessment, and management in the provider patient relationship. He encouraged those who are interested to contact him for more details.

Adjournment: Motion: G. Keys moved, K. Carter seconded to adjourn the meeting at 3:35 pm. **Motion Passed**: All in favor.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Medical Case Management Recommendations