**Ryan White Part A Planning Council (RWPC) of the Philadelphia EMA**
**Comprehensive Planning & Needs Assessment Committees**
**Meeting Minutes**
**Thursday, February 16, 2017**
2:00-4:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA

**Present:** Katelyn Baron, Keith Carter, David Gana, Adam Thompson, Lorrita Wellington, Tessa Fox, Gerry Keys, Nicole Miller, Leroy Way, Mark Coleman, Joseph Roderick

**Excused:** Peter Houle, Ann Ricksecker, Pamela Gorman

**Absent:** Karen Coleman, Lupe Diaz, Deanne Wingate, Cheryl Dennis

**Guests:** Sebastian Branca (AACO)

**Staff**: Mari Ross-Russell, Nicole Johns, Briana Morgan, Antonio Boone, Jennifer Hayes

**Call to Order/Introductions**: A. Thompson called the meeting to order at 2:06p.m. Those present then introduced themselves.

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

**Approval of Minutes** *(January 19, 2017)*: A. Thompson presented the minutes for approval. **Motion**: G. Keys moved, D. Gana seconded to approve the January 19, 2017 minutes. **Motion passed**: All in favor.

**Report of Staff**: N. Johns stated that an advertisement for the OHP consumer survey was currently being run in Philadelphia Gay News (PGN), including on their website. She said that the print ad would run for 8 weeks and the online ad would run for 4.

**Report of Chair**: A. Thompson stated that the new presidential administration had made some languages changes related to HIV/AIDS care and prevention. He said that the phrase "National HIV/AIDS Strategy" (NHAS) should be replaced with "national goals." He explained that the NHAS was still available for download online. He stated that President Obama's Care Continuum Initiative had also been renamed. He stated that the change did not reflect any shifts in programming, but was reflective of language changes that naturally accompanied political shifts.

**Discussion Items**:

- **Health Insurance Premium/Cost-Sharing Assistance Letter**

A. Thompson stated he'd received comments from one person about the draft health insurance premium/cost-sharing assistance (HIPCSA) letter to the PA Department of Health. He said the suggested change had involved adding a question to the end of the letter, and he had edited the draft to reflect it. He asked the group how many states did not have HIPCSA programs so he could edit the letter accordingly. N. Johns suggested using the phrase "one of few" instead of a specific number.

A. Thompson asked who the letter should be addressed to. M. Ross-Russell stated that Jill Garland had recently filled the director position at PA Division of HIV Disease. M. Ross-Russell added that the committee could decide who was copied on the email. She stated that Coleman Terrell from AACO should be copied, because the recipient should be involved in the process.

G. Keys noted that the reference to the NHAS in the letter should be changed to "national goals." N. Johns suggested copying the Secretary of Health on the letter. A. Thompson asked if there was a chair of the Pennsylvania HIV Prevention Group. B. Morgan replied that, as of January, a community co-chair had not yet been appointed. She said that Jill Garland would be serving as the governmental co-chair.

A. Thompson asked the group if they were comfortable sending the letter to Jill Garland and copying C. Terrell and the PA Secretary of Health. The Comprehensive Planning Committee agreed by general consensus.

M. Ross-Russell asked who the committee would like to have sign the letter. K. Baron stated that the RWPC had discussed having their co-chairs sign the letter. K. Carter also suggested that A. Thompson sign the letter, since he had prepared the draft.

Motion: K. Carter moved, D. Gana seconded to recommend the RWPC approve the letter as amended, addressed, and signed. **Motion passed**: All in favor.

- **Discuss Goals and Objectives**

N. Johns pointed the group to the integrated plan excerpt in their packets (*see-attached sheets*). She said that the section contained the goals and objectives. She pointed out that the CPC helped to monitor progress on the goals. She stated that the group would help monitor Goal 2 in particular. She stated that sources like the Consumer Survey could be used to help document barriers to care like transportation. She noted that K. Brady had presented an epidemiological update at the RWPC meeting earlier this month. She invited the group to think about other data sources they may use to gauge need.

N. Johns stated that she'd make a copy of the plan for anyone who wanted one. A. Thompson asked if the goals and objectives were available in a chart format. N. Johns replied that they were not at this time. A. Thompson asked if plan included a Gantt chart, explaining that it laid out projects and activities happening concurrently, in order to give a visual view and help lay out a plan of action. N. Johns responded that a challenge of making this kind of chart was that the timeline was vague for many of the tasks. She stated that Goal 1 covered mostly prevention activities. Therefore, the prevention committee that would be formed with care and prevention integration would review this goal. A. Thompson noted that some activities might be overlooked if they weren't placed on a timeline.

N. Johns said that the CPC would be looking at priority setting from March through May. She stated that the group could continue having short conversations about the goals and objectives throughout their next few meetings.

A. Thompson stated that the Philadelphia integrated plan had received unofficial praise from a HRSA representative. He asked the CPC for consent to use the plan as an example for a national training for transgender women of color and people of color, spearheaded by the National Minority AIDS Council (NMAC). The group expressed no objections to the request.

- **Planning for Priority Setting**

N. Johns said there was a priority setting worksheet distributed as part of the packets (*see-attached sheet*). She said the chart was based on copies of the consumer survey received back so far. She noted that the chart laid out answers to question 38 on the survey. She said the columns were for people who used the service, the percentage who used the service, and number and percentage of people who needed but didn't get the service.

She noted that, the last time priority setting was done, the consumer survey was used as a factor. She stated that the chart was an attempt to answer a similar question. M. Ross-Russell suggested re-ordering services in column A. She suggested combining "used services" and needed services for ordering columns. She said it was up to the group how they'd use the factors.

A. Thompson asked if it was possible to gauge who utilized what services and with what frequency. He said he'd learned that few clients had very high rates of service utilization. M. Ross-Russell said that factors changed over time. She noted that, last time, the sources of data were the consumer survey, Medical Monitoring Project (MMP) data, and AACO Client Services Unit (CSU) data for determining unmet need.

A. Thompson pointed out that services that touched only one continuum bar may still be highly important for some clients. For instance, services that touched linkage to care and retention in care may be more important to getting people healthy than services geared toward viral suppression. He suggested tracking clients who needed a variety of different services to become virally suppressed, in order to see which were most important to them. M. Ross-Russell noted that the Consumer Survey relied on self-reported data. N. Johns added that there were small sample sizes for each category of reported service needs.

N. Johns stated that continued analysis of the survey would be done over the next several months. She noted that the population could be broken down and analyzed in various ways, even to an individual level.

M. Ross-Russell noted that K. Brady had given her annual epidemiological presentation at this month's RWPC meeting. She noted that there were only 2 questions on the consumer survey that directly corresponded to the care continuum. She stated that most people who took the survey were clients in the Ryan White system. She stated that their numbers for linkage to care and other factors along the continuum would be different from all PLWHA in the EMA. A. Thompson suggested using CSU data to compare with consumer survey data. He said that the CSU tracked people who were entering into and re-entering care.

S Branca said that AACO had data available for the entire Ryan White system, cross-referenced by continuum factors. He stated that case management had lower viral suppression, most likely because the category was serving the clients most in need. He said this data could be analyzed to provide a different perspective than CSU intake data.

A. Thompson suggested that data be analyzed in a way that addressed intersectionality. He said intersectionality was a term coined by Kimberlee Crenshaw. According to Crenshaw, African American women in poverty had a higher degree of need in the domestic violence service system. However, services were designed for the majority rather than people who used and needed them most. He suggested also adopting an intersectional mindset in preparing for priority setting. He noted that the data may not capture disparities in need between different groups. He pointed out that services with a low priority ranking might still be critically important to a small group of people, who may be negatively impacted by priority changes.

S. Branca noted that clients who responded to the consumer survey might not understand how services were provided in the EMA. For instance, he said that very few people used hospice services within the Philadelphia Part A EMA. Therefore, some people who responded to the survey may have misunderstood the function of the service. M. Ross-Russell said that hospice service, as listed on the survey, may not be paid for by a specific public funder, and was not restricted to services funded by Ryan White.

N. Johns cautioned that several services on the chart were called by different names in the actual survey questions (e.g. respite care). She stated that, toward the end of the list on the survey, some people stopped checking services or started checking them indiscriminately. She said that all responses, even those that did not make sense in context, were entered into the data set. S. Branca stated that housing was implemented in the EMA in a different way than traditional housing, as it did not provide actual housing. M. Ross-Russell noted that housing, transportation, and case management were all consistently listed as needs.

K. Baron noted that many people on the survey said they received health insurance premium/cost-sharing assistance services (HIPCSA). A. Thompson said that these could be clients from NJ, where a statewide HIPCSA program was in place. N. Johns said that the question called the survey "financial assistance for paying premiums." She stated that people may be counting other means of assistance such as subsidies through the ACA marketplace. She explained that the self-reported data should not be treated as meaningless, but it should be viewed with an understanding of the subjectivity of interpretations. She said a number of responses were consistent and clear about what respondents needed. M. Ross-Russell reiterated that the question asked about financial assistance to pay for copays or premiums. She stated that these forms of assistance could be received from many different sources. N. Johns said that it may be hard to analyze data in an intersectional way due to variation in who answered the survey. For instance, fewer women than men had responded to the survey thus far. She added that poverty affected different people in different ways.

A. Thompson noted that the factors used in the last priority setting process were data driven. He suggested adding a factor addressing small but important target groups of people with HIV. He said that key informant interviews may be one possibility for reaching these populations. He said that key informants could be chosen from small groups who weren't reaching viral suppression and with specific needs. He stated that people involved in the Planning Council were more involved than some other PLWHA. He suggested reaching out to officials in the city to participate in the process. He said that talking one on one may

facilitate clearer communication. He suggested the committee reach out and select individuals for key informant interviews.

N. Johns noted that the priority setting process was updated each time that it was conducted. She suggested that the group attempt to assess needs that they knew existed but weren't capturing in the data, as A. Thompson was suggesting. A. Thompson explained that a Technical Expert Panel (TEP) allowed selecting a group to pick people for a deep discussion around a specific topic. N. Johns suggested selecting experts to join the Comprehensive Planning Committee at their April or May meeting. She said they'd present their service priorities and explain to a panel how they were reached, and ask for feedback. She said it might be better to select experts who would inform the process on an ongoing basis, but they could advise after priority setting was already completed if necessary.

K. Baron noted that the CPC had plotted their care continuum chart last time priority setting was done. However, she supported considering A. Thompson's remark that services that touched more points in the continuum were not necessarily more important, and revising the continuum accordingly. M. Ross-Russell suggested combining the chart with more anecdotal information from the consumer survey and other sources. She noted that individuals who lived in the suburbs had a lot of trouble with transportation, which was the largest barrier to care. She stated that Ryan White clients had to use Medicaid transportation before they could access Ryan White funds, which had made it a bigger issue. She said that clients who couldn't access transportation also couldn't access other services. She stated that the group should consider the impact of transportation issues on other services as well.

K. Baron said it could be challenging to come up with quantitative measures. A. Thompson said that a TEP could help with this. He pointed out that it was necessary to have a defensible priority setting process. Therefore, experts should be included in the process, in order to make it more defensible. M. Ross-Russell noted that the justification for any shifts greater than three positions in the priority order needed to be able to be explained to HRSA. She said that explanations were gathered from the survey, meetings, the Positive Committee, and other sources of information. A. Thompson noted that, as M. Ross-Russell said, the priority order didn't necessarily represent how much funding each service got. He noted that this information could be used in the planning process. N. explained that some service categories that did not receive Ryan White funding had been ranked highly in the past.

N. Johns asked if the group would like to revisit the care continuum factor at their next meeting. A. Thompson asked if they compared the continuum chart to the Kaiser Family Foundation's continuum when they developed it. K. Baron replied that they had.

M. Ross-Russell stated that the Comprehensive Planning Committee needed to figure out how they'd measure unmet need. She noted that the unmet need factor was weighted at 30% last time priority setting was done. She said that unmet need by service category was identified through a question in the last consumer survey, but wasn't directly asked in this year's survey. She added that CSU and MMP data was used as well. A. Thompson asked if an updated MMP data set was available. M. Ross-Russell said she'd ask K. Brady for this information. S. Branca said that some AACO data from 2016 would be available by the end of April.

A. Thompson suggested changing the language around Essential Health Benefits in the priority setting factors. N. Johns recommended revisiting the factor. A. Thompson said that the 15% devoted to this factor could be changed to TEP. He said that the language for Essential Health Benefits might change due to the shift to a new political administration. K. Baron said that the Essential Health Benefit factor was intended to gauge categories that could be covered by other payers.

**Old Business**: None.

**New Business**: M. Coleman said Jill Roberts was the Executive Director of the Healthy Rowhouse Project in Philadelphia. He said the project was designed to help to prevent homelessness. He said she had also worked at Project HOME in the past. He asked if the RWPC could collaborate with her in the future. M. Ross-Russell said she'd look into the guidelines for networking with organizations to facilitate this type of potential collaboration.

A. Thompson said that the National Quality Center (NQC) was promoting a train-the-trainer program called Quality Plus. He said the program was 2.5 days and provided to train PLWHA and clinicians on clinical quality management. He said it had been done in 15 cities so far. He stated that PLWHA could be funded to participate in the program, but would have to be referred. He explained that recipient partners wound fund their own participation, or they could speak to the NQC to inquire about receiving funding on a case-by-case basis. He stated that the program would take place from April 5-8 in San Diego. He noted that 2 of these trainings were being held in this grant year.

A. Thompson stated that the National Quality Forum determined Guidelines around medical care measures. He said they were currently reviewing infectious disease measures and would meet face to face in March. He said he'd like to take feedback from the CPC to bring to the meeting. S. Branca noted that the gap measure was difficult to use.

**Next Steps**: N. Johns said that, for next month, the CPC would review the care continuum chart for priority setting, talk about the TEP process, and look into the unmet need data from K. Brady, the AACO CSU, and S. Branca. She added that she'd compile further data from the open-ended responses to the consumer survey, and the CPC would determine how to categorize them. A. Thompson noted that New Jersey had solid data. He suggested reaching out to him if anyone needed help getting NJ data. M. Ross-Russell said that NJ epidemiological data was sometimes difficult to obtain. N. Johns said the HIPCSA letter to the PA Department of Health would be put to a vote at the next RWPC meeting.

**Announcements**: None

**Adjournment**: **Motion:** L. Way moved, G. Keys seconded to adjourn the meeting at 3:30p.m. **Motion passed: All in favor.**

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- January 19, 2017 Meeting Minutes
- Section II: Integrated HIV Prevention and Care Plan
- Service Priority Setting Worksheet 2015
- Consumer Survey Question 38 Preliminary Results
- OHP Calendar