Philadelphia HIV Integrated Planning Council (HIPC)
Comprehensive Planning & Needs Assessment Committees
Meeting Minutes
Thursday, September 21, 2017
2:00-4:00pm
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA

Present: Katelyn Baron, Mark Coleman, David Gana, Pamela Gorman, Jeannette Murdock, Joseph Roderick, Leroy Way,

Excused: Adam Thompson, Nicole Miller

Absent: Keith Carter, Karen Coleman, Lupe Diaz, Ann Ricksecker, Lorrita Wellington

Guests: Jessica Browne

Staff: Nicole Johns, Stephen Budhu

Call to Order/Introductions: K. Baron called the meeting at 2:07 pm. She noted A. Thompson apologized for his absence.

Approval of Agenda: K. Baron presented the agenda for approval. **Motion:** D. Gana moved, L. Way seconded to approve the agenda. **Motion passed**: All in favor.

Approval of Minutes (June 15, 2017)**:** K. Baron presented the minutes for approval. **Motion**: D. Gana moved, L. Way seconded to approve the June, 15, 2017 minutes. **Motion passed**: All in favor.

Report of Chair: None.

Report of Staff: N. Johns informed the committee OHP has hired a data intern. She stated the data intern is analyzing data from OHP's consumer survey. She explained the goal was to have a report from the analysis by November 2017, and to discuss the findings at a future meeting. She noted trends from the preliminary analysis were not surprising, but she mentioned a few findings were noteworthy. N. Johns specified the mean age in the survey was 52 and the majority of survey respondents had income below the Federal Poverty Line. N. Johns stated poverty was not evenly distributed across the EMA, and she noted Philadelphia County was highest with 54.5% of respondents living in poverty. She stated in comparison only 31% of those from New Jersey counties lived in poverty, and 45% of individuals from Pennsylvania counties lived in poverty. She suggested the committee should look into poverty disparities across the EMA in future committee meetings.

N. Johns explained OHP included new questions in the consumer survey that were in relation to incarceration after HIV diagnosis and Hepatitis C diagnosis. She stated 20% of individuals replied they have been incarcerated since being diagnosed with HIV, noting that Philadelphia has the highest incarceration rate of young African-American men[1]. She stated 31% of individuals

1. The incarceration rate in Philadelphia of African American men is 1408 per 100,000 population.

have been diagnosed with Hepatitis C and 7% of respondents had been diagnosed but not treated. N. Johns informed the committee about 50% of PLWHA in the survey had been diagnosed with some form of mental illness i.e. depression or anxiety. She stated the survey participants matched the clientele served by the Ryan White Part A grant therefore the results of the Consumer Survey data analysis will provide insight on how to improve care and access to care.

N. Johns notified the committee there is a new OHP staff member S. Budhu. She reminded the committee to have email correspondence with S. Budhu in regards to attendance and other inquiries about committee meetings.

Discussion Items:

- HIV Integrated Care Plan Review[2]

N. Johns stated the committee needed to review the HIV Integrated Care Plan. She explained the plan was for 2017-2021, but the plan would be updated annually. She stated the plan was submitted one year ago to HRSA and the CDC. She explained the plan was well-received by both agencies, and the feedback was in majority positive. She did note some changes to the language would have to be reflected in the update such as changing RWPC to HIPC. She reviewed specific examples of feedback from HRSA and the CDC with the committee.

N. Johns introduced 4 Goals from the integrated plan to the committee. She informed the committee each goal has objectives, strategies, and activities associated with them. She noted each goal had at least two objectives, each objective had at least two strategies and each strategy had at least two activities. She added after every goal there are anticipated challenges. She informed the committee the Prevention committee would also be monitoring the integrated plan, so the committee does not solely have to work on all 77 activities. The committee reviewed each goal in numerical order.
Goal 1: Reduce new HIV infections. N. Johns reviewed Goal 1 with the committee. She referred to pages 65-68 of the integrated plan[2]. She noted HIV incidence[3] has decreased from 2012[4] in the EMA, and stated Ryan White Part A has been improving access to care and expanding its services.

N. Johns continued to goal 2: Increase access to care and improve health outcomes for people living with HIV. She emphasized goal 2 was the main focus of the committee. The committee began to discuss objectives and strategies for goal 2 . N. Johns started the committee discussion with objective 2.1: Increase the percentage of newly diagnosed persons linked to HIV medical care within 30 days of diagnosis. She noted the two activities associated with objective 2.1. She noted PDPH was associated with both activities and explained PDPH was an abbreviation for the Philadelphia Department of Public Health and AACO. N. Johns referenced page 65 of the integrated plan to review strategy 2.1.1: reduce individual and programmatic barriers to care. She noted every strategy was divided into five columns: timeline, responsible parties, activity, target population and data indicators.

2. In reference to the Philadelphia EMA Integrated HIV Prevention and Care Plan. For direct link go to http://hivphilly.org/Documents/IntegratedPlans/2017IntegratedPlan.pdf
3. Incidence refers to the rate of new infections.
4. in reference to information from https://aidsvu.org/state/pennsylvania/philadelphia/

She explained for this strategy there were two activities and they were continuing the development and delivery of evidence based research, and expanding access to the support services. She stated the timeline for both activities was 2017-2021and the responsible parties were PDPH, NJDPH, and PADOH. She explained the committee needed to continue linkage services such as CoRECT, DIS linkage and New Jersey clinical navigation programs. M. Coleman asked N. Johns what does Ryan White services do for patients who have suffered severe trauma. N. Johns replied the Ryan White Part A grant funds trauma informed services.

N. Johns moved the discussion onto strategy 2.1.2: reduce systematic barriers to timely linkage to care. N. Johns informed the committee this strategy had two activities just like strategy 2.1.1. She explained each strategy required a minimum of two activities to be accordance with HRSA. N. Johns stated the target population in both of the activities for strategy 2.1.2 was NHAS[5] target guidance population, and the timeline was through 2021. N. Johns read both activities to the committee and stated this strategy is tailored more to fixings the gaps in care rather than continuing care services.

N. Johns shifted discussion to the strategy 2.1.3: promote access to Ryan White services for newly diagnosed individuals. She explained the activities were to disseminate information about Ryan White services and continue the provision of centralized medical case management. She noted the Positive committee does a good job of getting information to the public by way of their newsletter.

N. Johns introduced objective 2.2: increase the percentage of people diagnosed with HIV infection retained in care. She noted this objective has 3 strategies, and the success of each strategy is geared around continuing available services, assessing the services, and reducing the barriers to those services. N. Johns stated the success of this objective would be judged by data indicators such as the OHP consumer survey, and the number of Ryan White eligible clients engaged in care. K. Baron inquired if AACO could request enrollment from specific providers and use that information to improve care. K. Baron explained since HIPC could not get information about specific providers would AACO be able to obtain that information and disseminate the information to HIPC. N. Johns replied yes AACO would be able to get that information. She explained if activities were not being executed system-wide by providers then it is HIPC's responsibility to inquire about the services, and make plans to improve those services. She stated the council could request from AACO to see how by geography or type providers are doing, and note the differences in care across providers. N. Johns stated CoRECT[6] and ARTAS[7] were navigation activities. K. Baron inquired about CoRECT. N. Johns replied CoRECT was the Cooperative Re-Engagement Controlled Trial, and its focus was to ensure PLWHA had access to medical care and also remained in medical care.

5. National HIV/AIDS Strategy
https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update
6. Project CoRECT is the Cooperative Re-Engagement Controlled Trial and its aim to keep PLWHA in care. The controlled trial is ongoing and is actively recruiting
https://clinicaltrials.gov/ct2/show/NCT02693145
7. ARTAS Anti-Retroviral Treatment and Access to Services.) is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result

N. Johns moved onto strategy 2.2.2: reduce programmatic and provider barriers to retention in care. She explained this strategy is designed to make sure there are no language barriers preventing care, all care is LGBTQ competent, and promote the adoption of trauma informed approaches. N. Johns informed the committee strategy 2.2.3 featured an activity that had a timeline of the end of 2017. She stated the activity was to develop a plan to address documented barriers to retention in care, including transportation. N. Johns suggested the committee should add this activity to their 2017 work plan. P. Gorman asked N. Johns if the integrated plan was static or dynamic. She asked if the plan changes yearly, and also can strategies be added. N. Johns replied this is the 5 year integrated care plan, but the plan can always be added onto if necessary based on need of the target populations. N. Johns stated the timelines of the activities can also be edited, if more time was needed for implementation. P. Gorman referred to activity 2 of strategy 2.2.1 on page 66 of the plan. P. Gorman stated activity 2: provide ongoing assessment of behavioral health needs of patients in HIV clinical providers and linkages to ongoing services, and she noted these activities and strategies maybe applicable to other goals or objectives. P. Gorman noted with navigation that does not just encompass newly identified PLWHA but also people who are reengaged in care, or lost to care. She explained many times patients aren't newly identified because they have been in care for such a short period of time. P. Gorman stated the real strategies should be more than what is listed in the integrated plan. N. Johns replied the plan was not created with the inclusion of all strategies in the EMA. N. Johns stated the plan was created with the minimum number of strategies and objectives per goal for ease of understanding and length when it was submitted for government approval. She explained the plan could be edited based on need. P. Gorman noted some of the strategies would be under-valued based on the data indicators associated with each activity. P. Gorman suggested some of the data indicators would need to be edited. N. Johns agreed with P. Gorman that data indicators would need to be reevaluated in the plan, and more time needed to be put into matching data indicators to strategies. N. Johns stated activities and strategies could be shuffled around and strategies could overlap activities if necessary, as well using the same activity multiple times.

N. John moved the discussion onto objective 2.3: increase the percentage of people with diagnosed HIV infection who are virally suppressed. N. Johns stated this objective had four strategies and she began the discussion with strategy 2.3.1: reduce individual barriers to treatment adherence. She noted the first activity for strategy 2.3.1 was to ensure access to food banks and other food services. She stated there have been some food bank issues, and the New Jersey food banks have been a topic at allocations meetings. K. Baron stated there was money allocated in New Jersey but none was spent in FY16.

N. Johns informed the committee the next activity was to provide high quality medical case management. N. Johns defined medical case management as the collaborative process that facilitates recommended treatment plans to assure the appropriate medical care is provided and it refers to the planning and coordination of health care services appropriate to achieve the goal of health and sustained viral suppression. She noted the integrated plan elaborated about case management on page 44.

N. Johns moved onto the strategy 2.3.2: reduce barriers to anti-retroviral therapy.

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She explained the two activities were to vigorously pursue health insurance and ADAP[8] enrollment, and to minimize interruptions to ART adherence. She noted the activity also included SPBP[9]. N. Johns continued to page 70 of the plan and informed the committee this included some of the anticipated challenges and barriers to goal 2. She reminded the committee the challenges and barriers could be updated if necessary.

Goal 3: Reduce HIV-related disparities and health inequities. N. Johns noted this goal will be shared with the Prevention Committee. She informed the committee goal 3 had 2 objectives, and introduced objective 3.1 to the committee. N. Johns listed the 2 objectives; Objective 3.1: reduce HIV related disparities in new diagnoses among high-risk populations, Objective 3.2: reduce disparities in viral suppression. She reviewed the strategies for each objective (see pages 71-74 of the integrated plan), stated one of the activities was to develop and sustain Club 1509[10]. K. Baron noted the activity for 3.2.2 the first one was duplicated.

Goal 4: Achieve a more coordinated response to the HIV epidemic N. Johns explained this goal was designed to continue to provide care and expand on the care. She reviewed pages 76-79 of the integrated plan with the committee. She noted goals 3 and 4 were not as involved as goal 2, and goal 4 was quite succinct. In reference to strategy 4.1.3 on page 77, N, Johns informed the committee OHP is working on expanding its website. She stated the website will have a searchable HIV resource database by December 2017. N. Johns reviewed strategy 4.2.1 with the committee she stated a conference call may be set up between the various EMA planning partners, including New Jersey and Pennsylvania State Health Departments.
K Baron stated now that the committee has reviewed the four goals they could start to deliberate on when to work on specific activities. N. Johns asked the committees for any questions or inquiries. P. Gorman inquired about what was the baseline data used for the plan. N. Johns replied the baseline was yet to be determined and the plan would be dynamic and change when necessary going forward.

8. ADAP refers to AIDS Drug Assistance Program, is a state and territory-administered program authorized under Part B that provides FDA-approved medications to low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare.
9. SPBP refers to the Special Pharmaceutical Benefit Program. Provides pharmaceutical assistance and specific lab services to low to moderate income individuals living with a diagnosis of HIV/AIDS who are not eligible for pharmacy services under the Medical Assistance (MA) Program. Applicants must be a resident of Pennsylvania, have a gross annual income of less than or equal to 500 percent of the Federal Poverty Level (FPL), and have a diagnosis of HIV/AIDS to qualify for the program. SPBP HIV/AIDS is the payer of last resort and third party resources must be used before payment is made by the program. For more info visit http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/E-H/HIV%20And%20AIDS%20Epidemiology/Documents/SPBP%20Application%20-%20Effective%2007_18_16.pdf for an application.
10. Club 1509 is a program that helps men and trans-persons of color access PrEP, education support, employment opportunities and housing resources. For more information visit http://www.doyouphilly.org/resources/club-1509

P. Gorman suggested that OHP involve a data analyst from AACO to assess the plan's effectiveness. N. Johns replied often that is standard protocol and OHP will continue to work with AACO to coordinate monitoring. She reminded the committee not all progress could not be measured quantitatively, but it would have to be measured qualitatively. She noted she would ask M. Ross-Russell what time frame makes sense to make data requests.

- Work Planning

N. Johns stated in the next committee meeting she will have a report on OHP's consumer survey. She explained the analysis would be complete and the report would include a slide show. She stated the October work plan will be report on consumer survey with presentation, and work towards to the activities due by 2017. N. Johns suggested to the committee that work planning should start for next year but it was not necessary to plan until the end of FY 2018. She stated it's feasible to plan for October 2017 through March 2018. She suggested in October the committee discuss the consumer survey report. She noted the Prevention committee will be doing Integrated planning as well.

The committee agreed by consensus to plan until December 2017. The plan included: October consumer survey, November housing, and December: transportation, and other barriers to retention in care.

Old Business: None

New Business: None

Announcements: M. Coleman reminded the committee about the Philly Fringe Arts Festival, and encouraged everyone to attend. He stated this weekend was the last weekend of performances and noted the last day is September 24, 2017.

Adjournment: **Motion:** J. Murdock moved, L. Way seconded to adjourn the meeting at 3.23pm. **Motion passed:** All in favor

Respectfully submitted by,

Stephen Budhu, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- June 15, 2017 minutes
- Comprehensive Planning Calendar
- HIV Integrated Prevention and Care Plan