
Comprehensive Planning Committee

Meeting Minutes of

Thursday, April 18th, 2024

2:00 p.m. – 4:00 p.m.

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

Present: Keith Carter, Gus Grannan (Co-Chair), Pamela Gorman, Lupe Diaz, Clint Steib

Guest: Javontae Williams, Laura Silverman, Gita Krull-Aquila, Jessica Browne

Excused: Debra D’Alessandro (Co-Chair)

Staff: Sofia Moletteri, Tiffany Dominique, Mari Ross-Russell, Kevin Trinh

Call to Order: G. Grannan called the meeting to order at 2:03 p.m.

Introductions: G. Grannan asked everyone to introduce themselves.

Approval of Agenda:

G. Grannan referred to the April 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion:** C. Steib motioned; L. Diaz seconded to approve the April 2024 Comprehensive Planning Committee agenda via roll call. **Motion passed:** 4 in favor, 1 abstained. The April 2024 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (March 21st, 2024):

G. Grannan referred to the combined March 2024 Comprehensive Planning Committee minutes. **Motion:** P. Gorman motioned; L. Diaz seconded to approve the March 2024 CPC meeting minutes. **Motion passed:** 4 in favor. The March 2024 CPC minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

M. Ross-Russell said there was discussion of a letter regarding harm reduction in the previous HIPC meeting. She said she was able to receive data from the Division of HIV Health (DHH) that demonstrated the effectiveness of needle exchange in curbing the incidence rate of HIV from 1983 to 2023. She said she was researching for information from the perspective of the HIPC which viewed needle exchange and harm reduction as important services used to reduce HIV transmission. M. Ross-Russell said she had looked at other sources and discovered a time series analysis about the impact of syringe exchange in Philadelphia from 2019. She hoped to have the letter drafted by Friday or Monday at the latest. She said she would have something by next Friday or Monday. She said the Office of HIV Planning staff would review the letter followed by

A. Edelstein and M. Cappuccilli. After reviewing the letter, they would decide what was the best method to have the members sign the letter if they supported it.

Presentation:

-QM Work Plan-

The Quality Work Plan would be presented by L. Silverman and G. Krull-Aquila from DHH. L. Silverman was the Quality Advisor and G. Krull-Aquila was the Quality Management Coordinator. They would present the Work Plan to receive feedback from the CPC members. They had previously presented the plan to the CPC in March 2023 and October 2023.

The Work Plan was a requirement as part of HRSA's PCN 15-02. DHH used the Work Plan to ensure that all components required by HRSA were covered such as goals, objectives and action steps. DHH would align the Work Plan Objectives with specific aspects of the National HIV/AIDS Strategy (NHAS), Philadelphia Integrated Plan, and the Philadelphia EHE Plan.

L. Silverman listed the four strategies they had planned for 2024. The first strategy focused on conducting and evaluating activities that enhance recipient and subrecipient clinical quality management (CQM) programs, including infrastructure, performance measurement, and quality improvement, in order to help meet EHE goals. Goal 2 centered on developing and evaluating processes for outpatient ambulatory health services (O/AHS), medical care management, and testing providers to communicate more efficiently with each other in order to improve client engagement along the care continuum using a whole-person approach. Goal 3 aimed to ensure regional services reflected the needs of people living with HIV (PLWH) by increasing systematic and recurrent collection dissemination, and use of consumer input in the recipient and subrecipient s' CQM programs. Goal 4 aimed to improve capacity of the recipient and subrecipients to promote health equity by incorporating regional health disparity data and capacity building resources into clinical quality management activities.

L. Silverman reviewed the objectives and action steps of each goal. The first objective for goal 1 was to monitor and evaluate improvements in access to and initiation of status neutral HIV treatment and care. Objective 2 of the first goal was to apply a quality improvement (QI) perspective to review and provide feedback on Corrective Action Plans (CAPs) submitted from providers with identified issues during bi-annual DHH appointment availability calls and periodic Pre-Exposure Prophylaxis (PrEP) availability calls. The third objective was to re-evaluate barriers reported by patients who were reengaged in care through field services and incorporate results into CQM programs, including provider QI projects. The fourth objective was to quality improvement projects (QIP) with DHH funded prevention, MCM, and O/AHS programs using a coaching model to improve performance across identified areas. Objective 5 focused on continuing collaboration between DHH Information Services Unit (ISU) and EHE team around aligning CQM activities. Objective 6 aimed to create and offer training for providers to enhance their quality management skills.

C. Steib asked if DHH had collaborated with the PA state department on the Work Plan regarding sharing surveillance data. J. Browne said they did not incorporate surveillance data sharing in the Work Plan. She said that G. Krull-Aquila does attend the state quality management meetings. J. Browne said they would take the feedback into consideration.

Then L. Silverman reviewed the objectives and action steps of goal 2. Objective 1 of this goal was to create a process to share O/AHS. Program contact information with testing providers biannually to expedite linkage of newly diagnosed individuals and those lost to care. Objective 2 was to update and share O/AHS program contact information with MCM providers biannually to support monitoring treatment adherence and improve health outcomes. Objective 3 was to share MCM provider contact information with O/AHS programs biannually to support linkage and retention. Objective 4 was to develop an evaluation process to measure referral of unsuppressed O/AHS clients to MCM services. Objective 5 of this goal was to integrate O/AHS and MCM QIPs where possible to foster collaboration. Objective 6 aimed to improve coordination between testing, O/AHS and MCM services. Objective 7 was to organize a peer sharing network for programs where they can learn from each other's QI work with their network participants.

For goal 3, the first objective was to assess the recipient's capacity to obtain and incorporate consumer feedback into CQM program activities. Objective 2 was to assess the subrecipients' capacity to obtain and incorporate consumer feedback into QIPs. Objective 3 was to refine the process and incorporate consumer feedback into the DHH QM Plan. Objective 4 was to share and review the QM Plan, including Work Plan, with key stakeholders and incorporate feedback into the documents.

L. Silverman reviewed goal 4. The first objective was to analyze and disseminate data to key stakeholders including subrecipients. Objective 2 of this goal was to evaluate recipient and subrecipient health equity activities. Objective 4 was to increase capacity for CQM staff to incorporate health equity activities into QI projects with subrecipients.

After completing the presentation, L. Silverman asked for questions and comments. S. Moletteri asked for more information about their work group that was mentioned in the presentation. J. Browne said the work group had convened in February. She said the goal of the group was to evaluate the MCM model and learn about what was working and what needed to be refined. She promised that she would be providing more regular updates on the group.

Discussion Item:

-CPC Involvement in EHE-

J. Williams thanked the committee for inviting him back to present on this topic. He previously said they were preparing for the Notice of Funding Opportunity (NOFO) for the CDC. As part of the response to the NOFO, they were to have an EHE advisory group. J. Williams said that DHH proposed having the Prevention Committee and the CPC come together to work as the EHE advisory group as they have done so in the past. He said the meeting between the two committees would be open to the public and they would be inviting their funded providers and other stakeholders.

Since the meeting would not be a committee meeting, J. Williams said they would not need a co-chair. He said the EHE coordinator from DHH and the HRSA coordinator would be present to help organize the meeting.

G. Grannan asked if they considered direct community outreach to receive feedback about the work that was being done. J. Williams said it was difficult to implement and DHH has considered that idea. C. Steib asked if DHH would be the organization to set the agenda for the advisory group and guide the meeting. J. Williams said that was their intention. He said the committees would work with OHP staff to provide some probable meeting dates. From there, DHH would provide a structured presentation and receive feedback from the advisory group. M. Ross-Russell said they knew many members in HIPC had many priorities other than HIPC and the subcommittees. J. Williams agreed and said they knew that this could add an additional meeting to members like C. Steib who was on both the CPC and the Prevention Committee. M. Ross-Russell said that when the CPC and Prevention Committee would have a combined meeting during the year, it was because one committee had a scheduling conflict such as a holiday on the day of its meeting. She said they could look through the calendar and find a date that would be convenient for both committees.

Other Business:

None.

Announcements:

J. Williams reminded the committee about the Sex Med Conference on May 3rd and asked for volunteers. He invited the committee to join as either a volunteer or guest.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion:** C. Steib motioned, L. Diaz seconded to adjourn the Comprehensive Planning Committee meeting. **Motion passed:** Meeting adjourned at 3:01 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- April 2024 CPC Meeting Agenda
- March 2024 CPC Committee Meeting Minutes