

# **Greater Hampton Roads HIV Health Services Planning Council**

## **Quality Improvement & Strategic Planning Committee Meeting**

Norfolk Department of Human Services, 741 Monticello Avenue

**Thursday, June 15, 2017: 4:00 p.m.**

**Call to Order:** The meeting was called to order at 4:10 p.m.

**Moment of Silent Reflection:** A moment of silent reflection was observed for those affected and infected by HIV and AIDS.

**Welcome/Introductions/Roll Call:** Attendance was called as follows:

**Present:**

Rachael Artise	Todd England
Gwendolyn Ellis Wilson	Doris McNeill
Robert Bailey	Ashley Veal
Tanya Kearney	Michael Singleton
Tony Boston	Jerome Cuffee

**Members Absent:**

Catherine Derber

**Staff:**

Jacquelyne Wiggins-Grantee Staff	Teresa – PC Support Staff
Thomas Schucker-P.C. Support	Michael Koran-P.C. Support

**Review of Minutes:**

The committee reviewed minutes from the last meeting. A motion was moved by Robert and properly seconded by Michael to approve the minutes as written. The motion passed.

**Old Business:**

The committee agenda for the meeting, was as follows:

- Review Implementation of Health Care Reform/National HIV/AIDS Strategy Impact to Ryan White
- Review the Comprehensive Plan
- Refine Standards of Care
- Compile Unresolved Issues in Parking Lot

*Review Implementation of Health Care Reform/National HIV/AIDS Strategy Impact to Ryan White:* In preparation for the upcoming Priority Setting and Resource Allocations Session in July, the committee was, at the last meeting, requested to read over the Needs Assessment Report and the Kaiser Family Foundation Report on “*What is at Stake in ACA Repeal and Replace for People with HIV?*” The Quality Improvement & Strategic Planning Committee’s responsibility was to direct and guide the Priorities, Allocations and Policies Committee on the most important components of the Needs Assessment and which way to direct the funding. The committee was, therefore, meeting to discuss the two reports.

The committee extensively discussed how to direct services/programs to clients in the rural areas, such as the Hampton area. The committee agreed to include a recommendation in the Directives for the Recipient to procure more sub-recipients on the Peninsula. Such a directive does not necessarily have to be directed from a data source. The Recipient can simply be asked to advertise for more potential providers on the Peninsula. In the Norfolk TGA, Directives take place before March 1 of each year. The committee agreed to work on the Directives once the Grantee's Office has the Grant Award application out. That will give time to the Recipient to re-RFP for services on the Peninsula for next year.

Support Staff noted that the new Guidance coming from HRSA for the upcoming PSRA Session will be different. All jurisdictions across the board, have been requested to ask for no more than 5% increase in funding from the current award.

In the Needs Assessment Report, per the 2015 data by the Virginia Department of Health regarding the Out of Care Persons, there are 621 out of care people, 86 (14%) of whom are from the Peninsula. Hampton City has 60 (10%) out of care persons. It was noted that there are services offered on the Peninsula, including services by M.A.S.S., and the Southeastern Virginia Health System. EVMS also has a clinic once a week at the Olde Town Point Medical in Williamsburg, including for Case Management Services.

The committee discussed the three components of the Priority Setting and Resource Allocations Process; that is,

- To take care of what we currently have in services
- Bring the out-of-care back into care; and
- The newly diagnosed.

For last year, the following were the demographics of Part A through the Early Intervention Services:

- 27 newly diagnosed for the whole year.
- 82 new to care
- 100 out of care-return to care
- 7 through case finding
- 11 unknown

That is a total of 227 people who were not in care, coming into the TGA's care.

For FY 2016 grant year, EIS numbers were as follows:

- 20 newly diagnosed
- 68 new to care
- 117 out of care back into care
- 7 case finding
- 42 unknown

That is, a total of 254 individuals who were not in care, coming into care. There was concern regarding the low number of EIS workers in the entire TGA. There was also concern regarding the number of unknowns, which after some discussion, the committee felt that part of the reason was erroneous data entry. It was noted, however, that the numbers only indicate the newly diagnosed who touched the Norfolk Ryan White Part A services. Part of the problem also is maybe because Parts do not really share data, including data from the Patient Navigators at the AIDS Resource Center. The committee, therefore, recommended establishing some form of constant line of communication between Part A and VDH and/or the AIDS Resource Center to get all the data.

## **New Business:**

Discuss information to give to the Priorities, Allocations and Policies Committee for PSRA Session based on the Needs Assessment Report: The committee was tasked to come up with recommendations, based on the Needs Assessment Report, to submit to the Priorities, Allocations and Policies Committee for the upcoming Priority Setting and Resource Allocations Session in July. The following recommendations were identified by the committee:

- Strengthening Patient Support Navigation Services in the EIS category. This is an issue that came up in both the consumer and provider categories. This, therefore, can be directed at Early Intervention Specialists – Care Navigators, and it can also be directed at medical providers. VDH does focus a lot on patient navigation when it comes to out of care. However, Patient Navigation is not part of Part A service category. The committee, therefore, recommended that it should be added as a component under EIS. Patient Navigation is a requirement for the sub-recipient/s because there are a lot of people that are lost to care. After the upcoming PSRA Session, the committee agreed to review the EIS model in order to revamp it. In this regard, the committee agreed to create a task force, which should also include outside agencies. The individuals who have a stake in the Statewide Integrated Prevention and Care Plan should assist Part A take the lead on finding and preventing new transmissions.

After extensive discussion, the committee recommended the following:

- Hiring more Patient Navigators; and
- Reviewing the EIS models because there is, currently, no set model. The committee will, therefore, need to create a standard for sub-recipients to follow. The committee could model the Norfolk TGA's after San Antonio's EIS program.

With regard to funding, the committee agreed not to ask for more funds for the program. The committee will need to restructure the program before more money is put into it. Therefore, the committee's focus going forward should be to revamp EIS processes and suggest a standard model for the TGA.

Effective July, 1<sup>st</sup>, the Virginia Department of Health is moving to 500% of Federal Poverty Level (FPL). A committee member wanted to know whether Part A was considering doing the same. It was noted that this move will allow more people into the program. The Norfolk Part A Program Manager, who will be at the Planning Council meeting to talk about this issue, indicated that the Grantee will do a test run to see what it will look like to increase the FPL to 500%. According to the current estimate, about 20-25 more people might access the Program. However, the scenario might change if the Affordable Care Act is repealed.

It was noted that the enrolment period for the Care Act was cut by 45 days. Enrolment will start November 1<sup>st</sup> and will end December 15<sup>th</sup>. Some Insurance companies will not be on the Plan, including Etna, and United. Some insurance companies are changing their service areas, changing how prescription coverage will work, and how the primary and preventive care will also work.

The committee was also informed that this year clients must be enrolled in ADAP in order to be enrolled in ACA. There was a suggestion that maybe Part A should talk to Part B (ADAP) to create a joint application, where if you apply for ADAP you are automatically enrolled in Part A. There was discussion about the E2-VA, and the

Grantee's Office was requested to re-visit the issue of using the E2-VA system which the committee felt was a user-friendly system. The committee requested that Lorraine from VDH be invited to come to one of the committee meetings to make a presentation on the E2-VA system.

With regard to the July 27<sup>th</sup> PSRA Session data request, it was noted that a response is still being awaited from Mr. Leonard Recupero from VDH. Once received, Support Staff will go ahead and include the demographics from CAREWare from the VDH side, including how much they are spending in VDH grants and how much they are spending in Part B grants in this area. A response on data request from Part C is also still being awaited. Data on the CAPUS grant was received from the AIDS Resource Center. Gwendolyn stated that she was also working with the Veteran Affairs to see if the Council can get some data from them.

Support Staff briefly discussed the Priority Setting and Resource Allocations Process. The Quality Improvement & Strategic Planning Committee Chair will write a report (recommendations) to the Priorities, Allocations and Policies Committee for inclusion in the upcoming Priority Setting and Resource Allocations Session.

**Any Other Business:**

Gwendolyn announced that on July 6<sup>th</sup>, Bridges 757 Collaborative is having a game night from 6:00 p.m. to 10:00 p.m. The main focus will be PrEP as a topic. The event will be held at 2415 Lafayette Blvd. This is the new M.A.S.S. Office in Norfolk. There are a lot of games that are planned for the game night, education is part of it, dental, testing, and some giveaways. The event is called the *Bridges 757 Collaborative PrEP Education Event for the Community*. Everyone is invited and everyone is welcome. Everyone will be asked to bring their clients. Flyers will be distributed via the Planning Council Support Office. The information will also be posted on the Norfolk TGA's website.

**Date of Next Meeting/Adjournment:** With no further business to discuss, a motion was moved by Jerome and properly seconded by Robert to adjourn the meeting. The motion passed. The next meeting will be on Thursday, August 17<sup>th</sup>, at 4:00 p.m.

Respectfully submitted:

Doris McNeill-Committee Chair