

Minnesota HIV Services Planning Council Meeting
December 9, 2014
9:00 am – 12:00 pm
Health Services Building, Room L15
525 Portland Ave S, Minneapolis
Minutes

Council Members Present:

Andy Ansell	Krissie Guerard
Michael Behl	Bielca Guevara
Scott Bilodeau	Keith Henry, M.D.
Sokun Bobson (phone)	Marvin Innes
Winston Cavert, M.D.	Hank Jensen (Council Co-Chair)
Jared Erdmann	Joe Larson
David Finwall	Valentine Momo
Al Fredrickson	Lesla Nelson
Debbie Gazett (Council Co-Chair)	Asneth Omare
Michael Graham	Craig Schmidt
Jonatan Gudiño	Monica Yugu

Council Members Absent:

Michele Boyer	Michael Hargrave
Loyal Brooks	Lucie Makena
Mary Gulley	Aaron Wittnebel

Community Members/Guests/Consultants:

Tadeo Escoto	Karin Sabey
Terral Ewing	David Tomlinson
Tom Legeros	Sandra Voorhees
Alisa Johnson	

Part A Representatives:

Jonathan Hanft, Hennepin County
Thuan Tran, Hennepin County

Part B Representatives:

Nick Metcalf, DHS
Dave Rompa, DHS

Planning Council Staff:

Sirry Alang, Coordinator	Carissa Weisdorf (minutes)
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Quorum Present? **Yes**

I. Call to Order

Hank called the meeting to order at 9 am.

II. Lighting of the Candle

Andy lit the candle in memory of Bob Hansen, a former planning council member who passed away recently. Bob served on the planning council as a way to give back. Jonathan said he had the privilege of working with Bob for 8 years and admired his dedication.

Dr. Henry lit a second candle for Edie Gunderson, a beloved former staff member at HCMC who worked in HIV research and touched many lives. Edie passed away last Saturday from ovarian cancer.

III. Welcome and Introductions

Introductions were made.

IV. Consideration and Approval of Proposed Agenda

The agenda was approved by unanimous consent.

V. Review and Approval of November 12, 2014 Minutes

The minutes were approved by unanimous consent.

VI. Co-Chair Update

None

VII. Part A Report with allocation proposal

Jonathan Hanft, Hennepin County

- Jonathan provided a Part A update in written form.
- We will need to submit an estimate of spending to HRSA in order to qualify for carryover money next year.
- Cromnibus bill, could not agree so may do short-term continuing resolution.
- Domestic funding across the board is flat, not sure what it will mean for Ryan White but funding will likely not increase.
- The quality management coordinator posting is open until Friday.
- Josh Wiechmann is the new contract manager and John Suhr is leaving Ryan White.
- Jonathan presented a new reallocation proposal and said it should be the last.
 - DISCUSSION: Craig asked about the decrease in admin funds and Jonathan said it is because we have been short staffed. Craig asked about Outpatient Ambulatory Medical Care (OAMC). We had already shifted some funding to OAMC but based on information we recently received from providers we are now taking money from OAMC.
 - Reallocation is moving funding from one prioritized service to another and requires planning council approval. Redistribution is moving funds within a service area by providers. Grantees communicate redistribution to the planning council but it does not require approval.
 - Hank asked how this reallocation proposal impacts the 75/25 split of services and Jonathan said it maintains the required split.
 - Mike B. motioned to approve the reallocation and Dr. Cavert seconded. No further discussion. The committee voted **18-1**; Andy abstained because he is a grantee representative. Motion passes.

VIII. Part B Report

Dave Rompa, DHS

- Dave announced that Loren Colman, Assistant Commissioner for DHS, will now head aging/board on aging. There is reorganization within DHS and disability services (which includes HIV Services) will be a part of a new, yet to be named, administration. The new Assistant Commissioner is Jennifer DeCubellis, who served as Assistant County Administrator for Health with Hennepin County.
- DHS' grant application is complete.
- A draft (soft) forecast is provided as a handout today. Andy said these numbers were provided at the last SCSN/rebate planning meeting. He said this may change. Contributing factors include: FY13 had double payback from legislator, previously held on to the payback money. This is a conservative forecast because they don't know how ACA will impact.
 - Dr. Cavert asked the amount of rebate money that will go into the operational budget. Dave doesn't know the exact amount, but it's substantial. Probably a couple of million a year.
 - Jonathan asked if \$12 million is need for sustainability; Dave said this amount is speculated for what they have, not what they need.
 - Andy said historically when they have done a hard forecast, the trend is that they are remaining solvent.
 - Hank asked why the end balance of 2013 does not match up with the beginning balance of 2014; Dave said he is unable to speak to this.
 - Matt Toburen said "nothing is safe" in legislation, last year was a democratic house and funding was cut and now it is a republican house so he encouraged everyone to stay involved. He feels like legislation does not understand HIV/AIDS, ADAP, etc. and we need to educate them. Send emails, meet with local legislature and he offered to work with anyone who is interested more.
- Still waiting to fill training position, reposted the management analyst position.
- SCSN rebate planning update, they are reviewing the Advanced Strategies report and will make recommendations to commissioner.
- Andy said transition with ACA is going well, this one is more challenging because they are working on establishing new coverage for undocumented individuals.
 - There has been a 40% return rate after the initial mailing to undocumented individuals. He said most of those returned are from the clients themselves; will send out another mailing soon.

- Coverage could go into effect Feb 1, not Jan 1. Craig asked about lack of insurance for the month, Andy said they will have drug coverage but no other health coverage.
- Dave asked anyone who is a provider or member of a support group to speak to individuals about returning their forms.
- Craig asked the amount, Andy said 217 undocumented individuals and 200 others qualify.
- David asked if there is a sample of the mailing and Dave replied providers have received samples. Dave encouraged MCMs to help fill these out and send them in.
 - Andy will provide the samples of the mailings to the planning council. There are 5 or 6 versions, base content is the same.
- Asneth asked about exceptions to open enrollment; it is only when a life circumstance takes place, i.e. a qualifying event. He hopes as years progress MNSURE will improve. Clients are spread out among carriers. Karin said new HIV diagnosis (or any health diagnosis) is not a qualifying event.
- Hank asked about the January retreat and how it will impact recommendation to commissioner and Dave said this is the purpose of the retreat.

IX. Rebate Planning

- The facilitators report was emailed to everyone last Friday and we viewed it on the projector. This is the summary of the process from Advanced Strategies. DHS is working on their report to be sent to commissioner.
 - Hank asked if planning council will see this and Andy replied that it will be up to the commissioner. The report will be available as public record but he is unsure if planning council will be able to provide feedback.
- Hank said 15 of the 45 people voting on the process were planning council members and he felt like there was great representation.
- Dr. Henry is disappointed in the document, there is a complete lack of data and the cascade is not mentioned. Cascade is the “marching orders” for how HIV is dealt with around the country. David Finwall said the cascade was discussed during the meeting.
- Dave said Advanced Strategies will take feedback and can amend the report today or tomorrow. Methodology for the 3 meetings will be posted on the website.
 - Al asked when it will close, Dave said it is currently closed but they are open to amending.
 - Jonathan asked the council if they want an opportunity to respond to the report going to the legislature. By a show of hands, 20 people said yes they would like to see the report.
 - Debbie and Hank plan on weighing in and will discuss with the council.
 - Craig said we may not be able to weigh in as a council, we had the opportunity to attend the meetings to give our input.
- Dr. Cavert said he doesn't see a recommendation to the legislature in this report. He would like to see an opportunity to weigh in.
- Jared asked what it means to have the planning council weigh in. Hank said it is unknown at this time.
- Dave said this report is not the recommendation; we are not at the point to make responsible recommendations. There is not a lot of data in the report and there is homework that still needs to be done. The report is what planning has been done.
- Krissie asked when the money will roll out; Dave said he hopes to make a recommendation for this in the report. It is DHS' hope that the money will move out of DHS in the first 6 months of 2015.
- The \$12 million in reserve funds came from looking at what others around the country do, in case ADAP becomes unavailable. It keeps contracts alive for x amount of time and ADAP for 6 months, 30 days for contractors. The rest is up for distribution.
- Hank asked about data moving up the qualifying rate from 300% to 400%, Dave said they only have a guesstimate of the number of people who will qualify; it is based on the number of people between 200% and 300%. He doesn't expect it to be a huge number.

X. Prevention Update

Krissie Guerard, MDH

- MDH is still waiting for grant awards for 2015 and Krissie will provide an update at the January meeting. Expecting decrease in HIV prevention funding; last year it was a dramatic decrease.
- MDH will have some restructuring but doesn't expect it to affect the HIV division. Assistant commissioner is retiring so will hire for this position. An interim assistant commissioner will serve in the meantime.

- Julie Hanson-Perez is now the assistant section manager.
- Still waiting for data to update treatment cascade; it is close and hoping for the end of the year.

XI. Integrated Planning Update

Jonathan, Dave, Krissie

- All three departments met last week and they are determining who will serve as the consultant to manage the process.
- Working with integrated planning/analysis to identify the planner who will manage the project.
- Jonathan recapped this project and the timeline. There is widespread support in creating one planning body in MN.
- Craig asked if it was a mandate, Jonathan said there is a mandate for a joint plan but how we go about it is up to us.
- Dave said it is better economically than to have several bodies that take staff time and resources.
- Dr. Henry asked about representation from Hennepin Health System, Part C, etc. and Jonathan said it will come by way of the planning council. Dr. Henry was talking more about the development of the comprehensive plan. The new body convening in January 2016 will oversee the comp plan. The comp plan is due to HRSA in fall 2016. Marvin asked about consumer involvement, Jonathan said it will be a new council that will need to involve consumers.
- Monica asked about the outlook/projection for the services. Will there be integration between prevention and care services? Jonathan suggested we address this in the new comprehensive plan. Our current intergovernmental agreement asks how will you do your planning, how will you plan, how will admin look.
- Hank asked when CCCHAP and PC will get involved in process. Jonathan said there are 4 major parts of the process. Grantees will work with a planner and bring it back to both planning bodies for feedback. In every step/major part feedback will be sought by CCCHAP and PC.
- Krissie is optimistic about the process and thinks it will go well. Merging the two bodies means merging the two bylaws together and the bylaws from both bodies will be included.
- Monica is firm that we don't lose prevention in the process and Krissie said we won't.
- The planning council has good representation in prevention.
- Sirry added we are integrating the two bodies and we won't be looking out for any specific interests. We should be looking out for the consumers and focusing on the work, not on whether Planning Council's interests or CCCHAP's interests are held.

BREAK

Debbie is now facilitating; Sokun stepped off the call.

XII. Staff Update

- Sirry welcomed David Finwall and Marvin Innes who are attending their first meeting as new planning council members.
- We have a holiday gift for each member today.
- We will have facilitator training during the January meeting.
- Notecards are available at each meeting. Can be anonymous and handed to staff. Hank recommended also putting a solution down if there is a negative comment.
- CVC co-chair nominations are occurring now.

XIII. Committee Reports

Community Voice Committee

Executive

- Facilitator training
- CVC co-chair resignation

Needs Assessment & Evaluation

- No November meeting
- Next meeting Tuesday, December 16

Operations

Minnesota HIV Services Planning Council
 Planning Council Meeting Minutes for December 9, 2014
www.mnhivplanningcouncil.org

- **Action item:** Membership Recommendation. The Operations Committee recommends David Tomlinson for planning council membership. DISCUSSION: David aka Midnight said he is a community advocate for the extraordinary community of color. He thinks the community voice is very important and would like to be a part of the committee. Hank asked the name he prefers to be called; he prefers Midnight. The council voted by ballot and members of the Operations Committee tallied the ballots. Midnight was elected for membership.

Planning & Priorities

- **Action Item:** Outpatient Ambulatory Care Standards. DISCUSSION:
- David said on page 5 the issue of health literacy is discussed and he asked if this should be woven into initial and reassessment visits as well.
 - Thuan asked what his recommendation is. David said it talks about health literacy in a general way. Thuan said it was adapted from the LA standard and said it will be up to the committee to make any changes.
 - David motioned to weave health literacy into the checklist and description paragraph. It should be something that medical providers do but his experience is it is not done.
 - Jared said it makes sense to add it to the paragraph but not the checklist. David's experience is patients that don't have high health literacy are not having a good experience.
 - Al said what is here is using language that is understandable to the patient. David expounded that it should include 'can a patient read or understand the directions'.
 - Bielca said as a health educator she thinks David makes a good point. Her experience is some people want to receive more information or receive it individually rather than in a group (like in her Making Sure trainings). The Latino community will answer they understand when they may not.
 - Michael G. said he agrees that health literacy is important but can be interpreted in many ways. He thinks this is captured on page 9 in follow-up visits.
- Debbie asked Dr. Henry to weigh in. Dr. Henry said LA is not well known for the quality of their HIV care. As a primary care clinic there are other criteria being applied and there isn't enough time in the day to complete this checklist. He thinks this is excessive micromanagement. He is ordering unnecessary tests as it is to meet quality standards and said there unnecessary tests are wasteful for resources and patient's time. There will be a large burden on the primary care provider. Feels like this is a standard that will be impossible to meet.
- David asked if health literacy will fall on MCM, Dr. Henry said it is a team approach. He doesn't think these standards will accomplish a lot.
- Hank asked if Dr. Henry was consulted and he replied no.
- Jonathan said the standards were developed by requesting input from clinicians and HCMC specifically. We spoke to 5 clinicians and 3 were already doing this and they said these are very basic standards. These standards will be met in the initial and follow-up visits. There may be new providers funded for OAMC and these will provide them with basic standards.
- Thuan added one respondent said the list is long but others said it was being done and not laborious.
- Technical assistance will be given. This is a condensed version of what HRSA gives as a guideline.
- Sirry said if we are paying for services we want them to be as good as possible. The consumer is at the forefront with these standards and we need to remember who we are serving. It is not about how provider' feel but what is best for consumers.
- Jared asked about the penalties if a provider does not meet the standards. Jonathan said the standards will be monitored through the grantee sight site visits and there is a process for implementation of standards. If any gaps are determined during these site visits then corrective action would be addressed and technical assistance given.
- Jared asked do we want to see all boxes checked and Jonathan said yes, all of these should be assessed.
- Andy said we should be declaring COI if anyone is a provider and would be affected by these standards. It is not up to the planning council to monitor the standards and he asked that the co-chair facilitating bring us back to the process.
- David motioned that the second bullet on page 9 be duplicated on page 5. Asneth seconded. DISUCSSION:
 - Jonatan asked if there are standards for other clinicians. Andy said these are specifically for the service area of OAMC and for Ryan White funded patients. It is his understanding that HIV MDs already have standards from HRSA and asked if this was referenced in the development of these standards. Jonathan said yes and that is discussed in the first paragraph of the standard.
 - Bielca said HIV care is part of integral care and being provided.

- Monica amended moving the bullet (health education) to page 7 not 5. Craig said social-cultural assessment could be expanded on to include intellectual assessment/language.
- Craig asked the grantees if this assessment is supposed to be in the medical file. Jonathan replied it will not look like this and Thuan added it will be a checklist. The format will be up to grantee.
- Motion as amended: **14-3**, one abstained.
- Motion as is: **14-4** no one abstained.

XIV. Outcomes Report

- Handout provided.
- Need to report outcomes to HRSA.
- Jonatan asked if we will look at more thorough cost effectiveness. Jonathan said the purpose of the outcomes is to give the planning council information to determine if services should continue to be funded.
- HRSA's guidelines are that we have two outcomes for each service area that is funded.
- Mike Behl asked if outcomes on first page are relevant. Jonathan said if they are not good then we need to change them. Jonathan said 'we' is the Part A grantee. These outcomes are only for Part A services. This data comes from CAREWare.
- Regarding early intervention services, linkage to care is defined as 90 days.
- Asneth asked about comparing Part A and B; Jonathan said it is possible for some services if they are in CAREWare. DHS has the same requirement that two outcomes must be shown for each service area. Nick said they don't have the staff support (i.e. someone in Kip's position) to compile all of the data; they are looking at hiring for this position.
- Connection between medical nutritional therapy (MNT) because clients are low income and may need assistance in obtaining healthy and nutritional food.
 - Joe Larson said Aliveness does food shelf/ meal program and thinks the lower percentage seems small. Most clients who see a nutritionist also utilize their food bank.
 - Hank said his experience with nutritional therapy clients are not malnourished, could be overweight so he believes this speaks to the utilization rate of food bank/home delivered meals.
 - Asneth asked if that means that clients are not referred to the service. There was not enough time for an answer.
- David asked if this correlates to the reallocation plan we just approved. Jonathan said this only pertains to the 352 people who saw a dietician for nutritional counseling.
- Thuan said food standards are not just about food insecurities but nutrition and overweight clients should continue to be referred for these services.
- Monica asked if it is possible to see the viral loads of these clients and Jonathan said yes if they are funded by Ryan White. Outpatient/Ambulatory care had 1448 clients and CD4 and viral loads are only reported for these services.

XV. Open Forum

None

XVI. Announcements

- Monica announced a new medication adherence program for young people or pregnant women. It is a joint collaboration between HCMC, Children's and YAP. It is a 6-month program taking place between January and June. Clients are provided with a phone and in return will receive 3 phone calls a week regarding medication adherence. They are recruiting for members and will send the flyer out to the council.
- Jonathan announced the US Dept. of Health and Human Services' Advancing LGBT Health & Well-Being report. It is the first time there is a LGBT health related goal.
- JG said YAP has a cascade and the individual who created YAP's cascade will create one for the U of M's Delaware Clinic. If another agency wants this cascade done they need a data set point and it can be created.
- Bielca said Tadeo Escoto is in attendance today and is interested in joining CVC. Tadeo spoke and said the work of the council is amazing and he wants to be a part of it.

XVII. Adjourn

Al moved to adjourn and Mike B seconded. The meeting was adjourned at 12 pm.

Meeting Summary

- The council approved the Part A reallocation proposal.
- The council approved the Operations Action Item for new membership.
- The council approved the Planning & Priorities Action Item for Outpatient Ambulatory Medical Care services standards.

Documents Distributed before the Meeting

- Planning Council meeting agenda
- Minutes from November 12 meeting
- Committee Reports Summary
- **Action Item:** Membership Recommendations
- **Action Item:** Standards of Care: Outpatient Ambulatory Medical Care
- Outpatient Ambulatory Medical Care Services Standard
- Reallocation Redistribution Proposal_No 2_FY2014

Documents Distributed/Available at the Meeting

- Part A update
- Part B update
- Draft forecast from Part B

cw/sa