Community Planning Group Minutes

Holiday Inn Mercy Campus
Des Moines, IA
February 11, 2015

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS **in attendance*					
*	Travis Ayers	*	Meredith Heckmann		Michelle Sexton
*	Julie Baker	*	Tim Kelly	*	Cody Shafer
*	Sue Boley		Tim Kiss	*	Anthony Sivanthaphanith
*	Colleen Bornmueller	*	Betty Krones	*	Rachel Stolz
*	Megan Campbell	*	Jeffrey Moore	*	Roma Taylor
*	Tim Campbell	*	Darla Peterson	*	Pamela Terrill
	Michael Flaherty	*	Sara Peterson		Mark Turnage
*	Linnea Fletcher	*	Justin Reinfeld	*	Kathy Weiss
*	Greg Gross	*	Theresa Schall	*	Darren Whitfield
*	Holly Hanson	*	Shane Scharer	*	Patricia Young
*	Tami Haught	*	Jordan Selha		
Health Department Staff: Erica Carrick, Elizabeth McChesney, Katie Herting, Emily Clennon, & Nicole Kolm-Valdivia			*Guest(s):*		

CALL TO ORDER

Colleen Bornmueller called the meeting to order at 9:00 a.m.

ROLL CALL

Colleen Bornmueller facilitated roll call. Pat Young gave updates about absent members.

TEST AGENDA

Colleen asked if there were any additions to be made to the test agenda. No additions were made.

Ground Rules & Agenda Review

Pat reviewed the group agreements, the agenda, and goals of the meeting.

Goal 1: Discuss *Prevention with Persons Living with HIV* programming.
Goal 2: Discuss reengagement into care strategies.
Goal 3: Become updated on select goals and objectives in the Comprehensive HIV Plan.
Goal 4: Become updated on select goals and objectives in the Viral Hepatitis State Plan.
Goal 5: Participate in committee meetings.
Goal 6: Become updated on Health Care Reform in Iowa.

Approval of November 6, 2014 Minutes

Colleen facilitated the approval of the November 6, 2014, minutes. Theresa Schall motioned to approve the minutes. Betty Krones seconded the motion. Motion carried**.**

Review of November 6 Checkouts

Colleen facilitated the review of the November 6 meeting checkouts. Some highlights included:

- Positive comments regarding meeting overall;
- Great presentations on hepatitis treatment;
- Enjoyed discussion and interaction;
- Enjoyed interactive activities in afternoon and appreciated being able to contribute to discussion and have input;
- Appreciated updates about health care reform;
- Appreciated discussion by Nick and Donald about how changes to the criminalization law has changed their lives;
- Liked the balance between presentations and discussion;
- Would like to hear more about on several topics, including: PrEP, testing and prevention, impacts of ACA, updates about hepatitis treatment.

Colleen asked if there were any comments or questions. None was raised. Colleen thanked the group for the feedback.

CPG Reimbursement: Pat announced that non-employee CPG members will no longer need to submit meal receipts (for those meals not provided at the meeting) with their travel claims. Members need only to fill in the actual amount the meal cost. Members will be allowed to claim reimbursement up to the maximum allowed for non-employees. The current maximum rates for meals for non-employees are: Breakfast - $8.00; Lunch - $12.00; Dinner - $23.00.

Breakfast and lunch are usually provided at the meetings so members will not be able to claim those meals; to be eligible for dinner reimbursement members must have returned home after 7:00 P.M or have an overnight stay the evening before. Pat stated that members still need to complete the State of Iowa's Non-Employee Expenses form for your mileage, meals and lodging as they have in past.

UNFINISHED BUSINESS:

1. **Hepatitis C Surveillance** (VHSP SG, ST)

Patricia Young discussed that Hepatitis C (HCV) Surveillance relates to the goal in the Viral Hepatitis Plan regarding surveillance of hepatitis data. She stated that HCV antibody and viral load RNA testing results were being received by the Center for Acute Disease Epidemiology (CADE), but not being entered into the Iowa Disease Surveillance System. Shane Scharer, Adult Viral Hepatitis Coordinator, has been entering HCV lab results that were received over 10 years ago. Since January 2015, Shane has been entering newly received lab results, and CADE is hiring two staff to enter the backlog of data. The goal is to eventually get a better picture of hepatitis C prevalence in Iowa.

2. **Hepatitis C RNA Testing**

IDPH has reallocated some funding to allow for IDPH-funded sites to provide confirmatory testing for people testing antibody positive for HCV. The Request for Proposal (RFP) was posted in February. It is anticipated that sites will begin utilizing confirmatory testing in late March/early April.

3. **Social Marketing Campaign** (HIV G1, O3 & 4 & G2, O1)

Pat provided an update about the social marketing campaign. The Public Relations (PR) committee has broadened to become an advisory committee about the Stop HIV Iowa campaign. The committee is meeting on Friday, February 13, to discuss the campaign. CDC has new campaigns coming out, as well. Holly Hanson, Ryan White Part B Program Manager, added that the Campaign has three audiences: 1) general public; 2) people living with HIV (PLWH); 3) people at high-risk of getting HIV. At the meeting the PR committee will be discussing the development of the Facebook page and the content calendar. They will also discuss the messaging for those three groups and the language that should be used for those efforts.

NEW BUSINESS:

1. **Prevention with Persons Living with HIV- the Past, Present, and Future** (HIV, G6,O1 & 2)

Pat introduced the session that relates to Goal 6 of the Comprehensive Plan (CP). She stated that the presentation and discussion will relate to the history of programming for prevention with persons living with HIV (PLWH), what is currently happening, and future strategies. See PowerPoint slides.

Past:

- In 2003, the prevention program award from the CDC was about $1.7 million. At that time, there were 13 agencies administering 29 interventions for numerous populations.
- In 2004-05, about 6% of total prevention program award went to prevention programming for people living with HIV. The majority of resources were for high-risk negative individuals.
- After Fiscal Year 2012, programming decreased substantially as funding decreased significantly. In 2015, the funding is $782,000. This has led to creativity in the integration of programming between the HIV Prevention program and the Ryan White Part B program.
- In 2012 and 2013, IDPH contracted with Dr. David Holtgrave to determine how to best allocate funding in Iowa to have the most impact on HIV transmission rates. The results indicated that the strategies for Iowa should include: testing and linkage to care, Partner Services, Prevention with PLWH, and condom distribution, with the strongest emphasis on behavioral interventions for PLWH that include risk reduction and treatment adherence.
- IDPH looked at how to best invest resources for prevention programming for PLWH. It was determined that it did not seem feasible for Ryan White Part B agencies who serve small numbers of clients to implement the interventions.

Present:

- IDPH is currently funding CLEAR to be administered at University of Iowa by Meredith Heckman. She stated that that CLEAR has five core sessions, and several mini-sessions, including adherence, safer sex, healthcare, stigma, and disclosure.

CLEAR focuses on helping people make changes in their life to work toward their ideal self. She stated that enrollment has been a challenge. Participants have expressed gratitude about the program. She also stated that pharmacist, Dena Dillon, engages clients in adherence counseling. Dena will call and remind clients to take their medications. She assesses tolerance, gives info on how to manage intolerance, uses motivational interviewing, identifies strategies to improve adherence, identifies other reasons why a patient's viral load isn't undetectable, discusses motivation to keep taking meds, receives reports of non-adherence and non-tolerance, gives adherence tools, and medication reconciliation. A member asked how long U of I has been implementing CLEAR. Meredith reported that she attended the training last March and started implementing last summer. Darla Peterson from Siouxland Community Health Center stated that they had two clients who they had used Skype for CLEAR sessions. This has worked well for SCHC. Pat asked Meredith about client feedback for Dena regarding adherence counseling. Meredith stated that clients have felt comfortable talking to Dena and have been willing to do so.

- Greg Gross, program director at The Project of Primary Health Care, shared about the Anti-Retroviral Therapy and Access to Services (ARTAS) linkage program. It's a packaged and standardized way to link clients into care. The first goal is to get people linked into medical care. They look at how to best partner with newly diagnosed clients using a strengths-based approach to link into care in a sustainable way. The intervention is for those who are newly diagnosed and who have never been linked to medical care. There are five sessions. The intervention ends when the client gets into care. It is very client-centered and individualized, and may also address housing concerns and substance use. The program also works to establish rapport with the client. The hardest challenge has been 'selling' ARTAS. Not many people are willing to officially participate. All staff members have been trained so they can use those skills whether they are officially administering the program or not. There are plans to use ARTAS for re-engagement as well.
- Elizabeth McChesney, IDPH, stated that the Request for Application (RFA) for Ryan White Part B contractors is posted, and within that the Ryan White program has provided additional funding that is available for select agencies to expand programming to work on more prevention with PLWH. Holly Hanson added that Prevention and Care have become more integrated. Many of these programs have been occurring, but not officially. She stated that IDPH seeks input from CPG on this integration.

Future:

- Emily Clennon, IDPH, discussed future strategies for prevention for PLWH. IDPH created an adherence toolkit that includes a presentation on definitions, goals, etc.; visual tools/flow charts for how to think about adherence and integration; explanation for CAREWare tool for tracking fill rates; drug chart for medications; and reminder system instructions. It was distributed to all agencies. An evaluation found that the toolkit is not being used regularly. The main reason was time constraints and priorities. Agencies stated they would like more training on adherence. Megan Campbell from NJL commented that NJL is also working on medication adherence. They look at who hasn't filled medications and they discuss doses missed and challenges to taking medications. They call clients who haven't filled. Meredith stated that Dena works with clients outside of those who are RW Part B case managed.
- Emily discussed the CDC interventions recently released about prevention for PLWH. She stated that IDPH seeks CPG input on adherence. One member stated that he

worked at a community health center in another state that had a specialized set of case managers who worked specifically with people newly diagnosed. All those clients went into intensive case management (CM) for three months that included medical case management and linkage to care. At their first medical appointment, they would meet with the case manager, doctor, peer counselor, and receive mental health services. He said the evaluation showed that this was successful. Holly stated that IDPH has looked at that, but most places aren't quite big enough. She stated that some of that is happening, just maybe not quite the same. The CM system was re-designed a couple years ago. Greg Gross commented that the peer counselor piece sounds great, but there have been challenges with confidentiality even in a city the size of Des Moines. One member asked about how to coordinate and communicate adherence counseling coming from another agency. Megan Campbell, NJL, commented that at the pharmacy she doesn't necessarily let the case manager know until it's something more serious or long-term. Theresa Schall, Primary Health Care, stated that by the time they find out clients aren't filling medications, it's already become a problem. Holly stated that the increased funding in the RFA should help with that increased communication and integration.

- Emily discussed the guidelines titled, *Recommendations for Prevention for People Living with HIV*, released by CDC and HRSA. She has summed up the document and it was provided in the folder to members. CPG members split into groups and discussed the recommendations that seemed reasonable for Iowa.

Group 1 Discussion: "Provide reminders for all visits, using the person's preferred method of contact." Comments from the group included:

- Language barriers need to be addressed
- Include notes about CM needs in documentation
- Permissions for a new data system needed?
- Tailor to age groups
- Talking to someone in person is best, if possible
- Should be able to cancel or change frequency if someone is refusing care
- What happens if providers do not have EMR?
- There are numerous barriers to the statewide system (i.e. Big Brother)
- Make sure the provider's number comes up when making calls to a patient

Group 2 Discussion: "Issue guidance for clinical and nonclinical providers on professional competencies that foster more welcoming, effective services for sexual minorities." Comments from the group included:

- Sexual risk assessment built into EMR as part of integrated assessment
- Integrate new patient forms
- Train healthcare students and providers on how to ask sexual health questions (offer CEUs)
- Commitment needed from the top of the organizations (i.e., buy-in)
- Medical association buy-in needed
- Create a more welcoming clinic environment (i.e., posters/pictures of people like me)
- A member commented that providers who are not competent with asking sexual health questions need to be trained. Otherwise, the provider will not respond appropriately and will turn off the client to being open and honest. Another member commented that the Institute of Medicine put out a blueprint for how to change assessments and medical charts to be friendlier, as well as

guidance on how providers can ask questions that are inclusive. https://www.iom.edu/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx and www.glma.org

Group 3 Discussion: "Remind persons to tell their healthcare providers about any current or planned use of prescription, nonprescription, or recreational drugs, alcohol, or dietary supplements because these may impair ART-effectiveness or cause toxicity that could impair adherence." Comments from the group included:

- Pharmacy is one of the best places to have this discussion IF on the phone or in a private setting.
- The physician and case manager are also good sources
- Non-judgmental HIV orientation at first appointment with a packet for newly diagnosed clients. Make this flexible to the client- some clients need/want to be led and others want more interaction
- Empower patients to feel comfortable disclosing without being judged
- Provide training for all assistants (pharmacy, medical, etc.)

Group 4: "Consider (expanding) innovative methods to locate and notify partners (e.g., Internet)." Comments from the group included:

- Expand STI screening for MSM, including rapid syphilis testing
- Explore eligibility related to funding
- Partner Notification- work with Grindr and other apps
- Relationship of clients with DPS- provide staff and volunteers who are MSM and cross training to solicit info and/or notify partners

Group 5: "Monitor the quality of referrals to specialty services to inform quality improvement strategies." Comments from the group included:

- The current referrals that are tracked vary by agency and funding source
- Important referrals for tracking may include: dental, eye, pregnancy status, substance use, mental health, housing, pain clinic. Some of these data are already collected. Others would be useful to track.
- Many of these referrals may be collected by self-report. Another method may include a follow up from the case managers. This makes it important for physicians to let case managers know when a referral to services is made.

WORKING LUNCH – Committee Meetings

2. **Reengagement into Care- the Past, Present, and Future** (HIV, G5, O1 & 2)
Pat Young introduced and discussed where this topic was covered in the Comprehensive Plan. See PowerPoint slides. Holly Hanson discussed the background of *unmet need for HIV primary medical care* (i.e., unmet need) Iowa. This primarily refers to people who have been diagnosed, but who are not in care. The outcome measure for unmet need was increased retention in care. There are four overarching reasons why people fall out of care: poor access to services; stigma and discrimination; poverty, food insecurity, homelessness; mental health and addiction. In 2005, it was estimated that about 1 million people in the US were living with HIV. It was thought that most new infections were coming from people who were unaware of their infection. With Dr. Holtgrave's mathematical model, IDPH found out that many infections are coming from people who are aware of their status, have a detectable viral load, and engage in high-risk behaviors. IDPH realized that there were several initiatives happening to keep people in care, but more was needed to re-engage people who were lost. Holly discussed measuring retention in care. Using new

definitions and measurements, only 3.5% of Ryan White Part B clients were lost to care. Statewide, 73% of PLWH who are diagnosed are considered to be retained in care. Moving forward, IDPH plans to develop and manage an out-of-care database and to conduct initial case investigations to determine whether persons who appear lost to care may have relocated to other surveillance jurisdictions.

Holly asked for CPG members' thoughts on re-engagement into care. One member asked about the ease of getting information on people moving into the state. Holly stated that we know it if they get labs drawn since those reports go to the Surveillance office. We do not know if they move out of state unless they tell us. One member asked how many clients are not in care and don't want to be in care. Holly stated we don't know that number, but a case manager stated that in her several years of working with clients, she's only had one client who made a conscious choice not to be in care. Typically, clients aren't in care because there are barriers. One member commented that it may be helpful for looking at 'retention' as a continuum, not a discrete in or out-of-care. Another member commented that in the last few months she's had three clients who came back to care after being out of care for years. They all had very different reasons for being out of care that were legitimate. Colleen Bornmueller, CPG Co-chair, wondered whether there are studies about retention in care for other chronic diseases, such as diabetes, hypertension, etc. Holly said that yes, the field has looked at this. She said a lot comes back to increasing health literacy. One member asked about work on a national level to integrate databases to keep better data records. Holly said that states do share data, but there is not an integrated database – and that maintaining confidentiality of data is the key obstacle.

3. Committee Reports

MOBE Committee

Roma Taylor, MOBE committee chair, stated that the committee reviewed some of the things they did over the year, including streamlining bylaws, modified the application, and modified the orientation PowerPoint.

TaPS Committee

Cody Shafer, TaPS committee chair, stated that the committee went through the work plan and discussed five specific objectives. The committee discussed increasing HIV testing among those testing positive for STDs, increasing effectiveness of Partner Services, the pilot project at FQHCs, and viral hepatitis surveillance.

CaSPre Committee

Darla Peterson, CaSPre committee chair, stated that the client services manual really drives the work of the committee. The committee discussed the manual and how it's used by case managers. They plan to ask the consumers how they feel about the manual.

HIHO Committee

Theresa Schall, HIHO committee chair, discussed the activities of the committee, which included gathering and evaluating information and data. She said that the Quality Management team at IDPH will be working on defining measures for HIV care. They plan to look at the viral load measure to better serve the needs of Iowa. By the next meetin,g they will have more information.

Public Relations Committee

Tami Haught, Public Relations committee chair, discussed Day on the Hill. They thanked the legislators for last year's support and asked that they didn't reduce funding for Ryan White. They also discussed hepatitis funding. One legislator said that he would check into increasing funding for hepatitis prevention. She said the main objective for Day on the Hill was to make legislators aware of Hepatitis C. She said that CHAIN is working on doing trainings around the state to try to get advocates to talk to presidential candidates when they are in Iowa. They will also be working with New Hampshire and South Carolina so that the candidates are getting the same questions in different states. The AIDS Healthcare Foundation is providing funding for expenses for trainings. She will go to Florida for two months to provide trainings.

Gay Men's Health Committee (GMHC)

Greg Gross, GMHC's chair, discussed that the GMHC met February 11. The first task of the GMHC was to create the statewide MSM resource directory website. This has been completed. The second step was to add specific PrEP resources by region. The committee did some homework and made phone calls about places where PrEP can be provided. They will be adding those places to the directory. Next steps include enhancing the directory for community input. They also discussed the upcoming conference and provided ideas for topics.

Cody Shafer stated that he went to the NASTAD Gay Men's Health meeting in January. He said there were issues raised there that Iowa may need to consider. Education needs to be precise and focused. There's not a lot of information about PrEP and extragenital gonorrhea and chlamydial infections. Greg also pointed out that Cody created a personalized letter and information packet for provider education. Pat stated that IDPH hopes to send a letter to all providers.

4. Health Care Reform Update (HIV G1, O6)

Erica Carrick, IDPH AIDS Drug Assistance Program (ADAP) Coordinator, discussed updates to health care reform. She discussed the liquidation of CoOportunity Health. The ADAP program has 16 people left on CoOportunity Health, and those people will be moved to other insurance companies. She said that IDPH had already made the decision to move ADAP clients out of the marketplace and onto Wellmark Blue Cross & Blue Shield plans. Issues were churn of clients (off and on insurance) and completing Health Behaviors (Iowa Health and Wellness Plan clients). Another challenge was that anyone who received ADAP had their premiums paid and they received tax credits, but it's a possibility that people may owe money to the IRS. The ADAP office is trying to work through this. Since clients are being moved to a private insurance company, it won't be an issue next year. Another challenge includes clients being offered insurance plans that don't meet the minimum essential coverage requirements of the Affordable Care Act. Moving forward, IDPH is training field benefits specialists to have contact with every client and to help increase their health literacy.

Holly discussed how the client services program has been modified to a tiered system based on acuity. She said that some clients are no longer receiving Ryan White services if they no longer need them. Previously, all clients receiving ADAP had to be case managed. This is no longer the case if they are receiving insurance assistance. A member commented that this can be a problem, and sometimes a client loses insurance but doesn't realize it.

OTHER BUSINESS

Pat reported that conference planning is in full swing. The committee has been meeting and is working on getting speakers. There will be 4-5 plenaries and over 20 concurrent sessions.

CHECKOUT COMPLETION

Colleen reminded everyone to complete their checkout forms.

CALL TO THE PUBLIC

Colleen asked if the public had any comments or questions. None was raised.

ANNOUNCEMENTS

Sara Peterson stated that the conference in Kansas City - *Risky Behaviors in Teens - Prevention is the Key* will be held in Kansas City, June 11-12, 2015.

Tami Haught passed out a *Save the Date* card for the Wellness summit. This year, people who are negative will be welcome to attend. She also announced that PITCH is having a fundraiser on February 15.

Next Meeting: Thursday, April 9, 2015

ADJOURN

Colleen facilitated the motion to adjourn the meeting. Meredith Heckman motioned to adjourn. Kathy Weiss seconded the motion. Meeting adjourned at 4:00 p.m.

Respectfully submitted,

Nicole Kolm-Valdivia