Community Planning Group Minutes

Holiday Inn Mercy Campus
Des Moines, IA
November 6, 2014

HIV & HEPATITIS COMMUNITY PLANNING GROUP MEMBERS

**in attendance*

*	Travis Ayers	*	Meredith Heckmann	*	Jordan Selha
*	Julie Baker (proxy)	*	Becky Johnson	*	Michelle Sexton
*	Sue Boley		Tim Kelly	*	Cody Shafer
*	Colleen Bornmueller		Tim Kiss	*	Anthony Sivanthaphanith
*	Megan Campbell	*	Betty Krones		Rachel Stolz
*	Tim Campbell		Jeffrey Moore	*	Roma Taylor
*	Michael Flaherty	*	Darla Peterson	*	Pamela Terrill
*	Linnea Fletcher	*	Sara Peterson	*	Mark Turnage
*	Greg Gross	*	Justin Reinfeld		Kathy Weiss
*	Holly Hanson	*	Theresa Schall	*	Patricia Young
*	Tami Haught	*	Shane Scharer		

Health Department Staff: Randy Mayer, Erica Carrick, Elizabeth McChesney, Emily Clennon, & Nicole Kolm-Valdivia	*Guest(s):* Jessica Baker and Tracy Staily, Gilead Maria Steele and Dr. Ravi Vemulapalli, Iowa Digestive Diseases Center

CALL TO ORDER

Jordan Selha called the meeting to order at 9:00 a.m.

PASSING THE GAVEL

Jordan Selha passed the gavel onto Colleen Bornmueller, the new CPG Co-Chair for the next three years. Patricia Young thanked Jordan for his three years of service as the Community CPG Co-Chair.

ROLL CALL

Colleen Bornmueller/Pat Young 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: Become updated on programmatic hepatitis activities and current treatment regimens.
Goal 2: Discuss the implementation of the *Contagious or Infectious Disease Transmission Act.*
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: Develop and discuss retention in care strategies.
Goal 6: Become updated on health care reform in Iowa.

Approval of July 10 and September 11 Minutes

Colleen facilitated the approval of the July 10, 2014, minutes. Linnea Fletcher motioned to approve the minutes. Sara Peterson seconded the motion. Motion carried**.**

Colleen facilitated the approval of the September 11, 2014, minutes. Jordan Selha motioned to approve the minutes. Pam Terrill seconded the motion. Motion carried**.**

Review of July 10 Checkouts

Colleen facilitated the review of the July 10 meeting checkouts. Some highlights included:

- Members enjoyed being able to discuss the issues presented;
- The presentations on partner services and linkage to care were helpful to members;
- Members thought the meeting was well-organized;
- The presentation on the ACA and how it affects HIV was useful;
- Members liked hearing about the update on the criminal transmission law;
- Members thought the hepatitis C presentation was informative;
- Members liked that CPG is moving toward a balance of presentation and discussion;
- Members requested more information on Hepatitis C.

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

HEPATITIS OVERVIEW AND DISCUSSION

Pat Young presented an overview of the viral hepatitis program. She discussed the background of the Viral Hepatitis Task Force and the merging with the HIV Community Planning Group. She stated that three out of four people living with HCV are undiagnosed. Iowa is one of few state health departments that provides funding for HCV testing. Nationwide, health departments only receive, on average, $1 per person living with HCV to put towards prevention and testing. Pat also discussed the HCV testing algorithm, which ideally includes RNA testing for people testing antibody-positive for HCV.

Pat introduced Maria Steele, ARNP, and Dr. Ravi Vemulapalli, MD, from the Iowa Digestive Diseases Center. Maria gave an overview of HCV. The number one risk factor is injecting drug use, followed by blood transfusions and hemodialysis that occurred prior to 1992. Per the CDC recommendation, all baby boomers (people born from 1945 to 1965) should be screened (tested regardless of risk factors) for HCV. Maria stated that the goal is to identify persons infected before they develop liver cirrhosis. Maria stated that the previous treatment was a weekly interferon injection and oral ribavirin for 48 weeks.

Dr. Ravi continued the discussion of the newest HCV treatments. Newest treatments lead to a 92-95% cure rate. The average length of treatment ranges from 8-12 weeks. Dr. Ravi stated that the biggest challenge is access, as the treatments are very expensive. A discussion was held regarding insurance coverage for the treatment. Patient assistance programs exist through drug companies.

Maria said they see a lot of patients with only an HCV-positive antibody test. They need to have an RNA viral load to confirm their diagnosis (i.e., that they have chronic hepatitis C. Maria asked about surveillance of HCV. Randy answered that it falls to the Center for Acute Disease Epidemiology (CADE), but they don't have the staffing to keep up with HCV. He said IDPH is trying to determine whether surveillance efforts should be ramped up to ensure people testing HCV antibody positive receive RNA testing.

Pat and Shane Scharer discussed information provided by CPG member, Kathy Weiss, from the Iowa Department of Corrections. Pat stated that of the 8,000 offenders in the system, 10% have been diagnosed with HCV. All offenders get tested upon entry into DOC. They receive liver enzyme tests. Currently, to be eligible for treatment for HCV, an offender's duration of sentence must be greater than 15 months. Offenders also need to comply with substance abuse treatment.

Shane discussed the HCV antibody testing that occurs within the IDPH test sites. IDPH is working on selecting a lab to conduct confirmatory RNA testing. Shane has been entering HCV lab results into the Iowa Disease Surveillance data collection system to get a better picture of HCV in Iowa.

Shane discussed the crosswalk that he completed that compared the Viral Hepatitis Strategic Plan written by the Department of Health and Human Services to the Iowa Plan. An analysis of that crosswalk revealed several priorities that Iowa should focus on. These priority areas were discussed among the CPG. An activity was conducted in which CPG members provided feedback on some of the issues surrounded HCV.

The first priority area is educating providers and communities to reduce viral hepatitis-related health disparities. CPG responded that there are several things to help meet this priority:

- Ensure that providers have updated information on knowing what puts people at risk and that all baby boomers should be tested;
- Increase community awareness;
- Provide information at senior centers and community health fairs;
- Send notice of HCV testing in mail with Medicare card;
- Health disparities associated with HCV include: lack of insurance; lack of providers; education of providers; lack of funding; transient population; risk factor requirements for testing.

Priority area 2 is improving testing, care, and treatment to prevent liver disease and cancer. CPG responded with several things to address this priority area, including:

- Determining how to identify persons with chronic HCV;
- Educating providers;
- Public service announcements;
- Administering mobile testing;
- Screening in ER rooms and high-risk facilities,

- Implementing pharmacy screening days;
- Advocating for policy changes.

Shane wanted to know what new technologies and lab services would improve the ability to serve people living with or at risk of viral hepatitis. CPG responded that additional funding and RNA testing would assist with this.

Priority area 3 is strengthening surveillance to detect viral hepatitis transmission and disease. Barriers to this area include: lack of insurance; lack of providers; lack of funding; transient populations; lack of urgency; limited testing population. Responses to address this include:

- Implementing RNA testing;
- Advocate for additional funding.

Priority area 4 is reducing viral hepatitis caused by drug use. CPG responded that activities to address this priority area include:

- Increasing access to medication and drug alcohol treatment centers;
- Providing outreach to drug users;
- Providing school-based education;
- Advocacy around access to treatment;
- Increasing funding;
- Utilize treatment as prevention approach;
- Addressing staff turnover;
- Implementing opt-out testing at community health centers;
- Conducting a cost analysis.

Pat thanked everyone for their input and discussion around the issues.

UNFINISHED BUSINESS:

1. **Public Relations Committee- Criminal Transmission Law**

Tami Haught, Public Relations Committee Chair, discussed the criminal transmission law. Donald Bogardus and Nick Rhodes spoke about how the change in the law has affected their lives. Randy spoke about the summary that he wrote related to talking to patients about the law. IDPH is developing a brochure for people recently diagnosed with HIV. The ACLU is working on information for people diagnosed with any of the communicable diseases covered by the law. Randy also said that ACLU or CHAIN could work on getting the Attorney General training office to train county attorneys on the new statute. Randy stated that there has been one conviction under the new law, and there is another pending case (NOTE – charges in the second case were dropped since the CPG meeting). Both cases involved a person intentionally trying to infect someone with an infectious disease (i.e., not consensual activities). This indicates that the law is working as intended.

WORKING LUNCH – Committee Meetings

NEW BUSINESS:

1. **Retention in Care Strategies**

Elizabeth McChesney, IDPH Client Services Coordinator, and Darla Peterson, CasPre Committee Chair, discussed strategies used by agencies to retain patients in care. At a previous CPG meeting, the group identified factors that impact retention. The factors were categorized. The five categories included: individual; relationships; county/environment; health care system; policy. CPG then discussed what can be done to address the top factors in each category that impact retention in care.

CPG indicated that the top factors that impact retention on the Individual level included mental health, substance abuse, and potential enabling factors (primarily insurance coverage). Other factors included transportation, health literacy, and financial needs.

Question: What can be done to address mental health as a factor impacting retention in care for people living with HIV (PLWH)?

- Advocacy for more mental health facilities;
- Integration of behavioral health more fully in the clinics;
- Need for outreach workers to do home visits, etc.;
- Cultural competency training for mental health providers in working with LGBT or PLWH;
- Mental health first aid training;
- Anti-stigma campaign around mental health;
- Expanding the number of providers who will accept Medicaid (i.e., addressing reimbursement rates or red tape to becoming Medicaid provider);
- Resources for support groups;
- Enhance partnerships with mental health – better cross-collaboration in activities and plans;
- Medication adherence counseling with mental health patients (e.g., on side effects that may need to be managed);
- Trauma-informed approach for both direct care staff and providers.

Peggy Stecklein, proxy for Julie Baker, commented that she was just trained as a mental health first aid trainer and hopes to offer the training to the community health centers in Iowa.

Question: What can be done to address substance abuse that impacts retention in care?

- Providers being non-judgmental about substance abuse;
- More training for providers;
- Integrating behavioral health (including substance abuse) into the clinic setting;
- Harm reduction for clients who are not ready for treatment (i.e., SBIRT);
- Providers need training on counter indication of medications while patients are substance abusing;
- Inpatient facilities are full with too long of a wait;
- Better access to substance abuse evaluation;
- Cultural competency of substance abuse providers;
- Language barriers for patients who need treatment.

Question: What can be done to address potential enabling factors that impact retention in care?

- Health literacy related to insurance access issues;

- HIV 101 education (what happens in case management as far as education about HIV, medication, insurance, etc.,) which may relate to quality of linkage to care;
- Distribution of the resource guide more widely;
- Utilizing the CLEAR program to teach coping skills, resiliency, problem solving, etc.;
- Determining how to identify patients that are at risk of falling out of care;
- Peer-to-peer programs, which have some challenges but can be successful.

A question was asked about whether CLEAR should be opened up to lower acuity clients. One member answered that it should.

The top factors identified by CPG as impacting retention in care at the Relationship level were case manager, family/partner/friends, medical provider, and cultural competency.

Question: What can be done to address the role of the case manager in retention to care?

- Address the high turnover rate – foster support to ensure case managers feel supported and want to stay in the role;
- Advocacy for better funding to pay case managers better;
- More training (e.g., on substance abuse, mental health, etc.) so case managers are better able to serve clients;
- More training on health insurance;
- Cultural competency influences relationship with clients;
- Language barriers;
- Reduce caseloads and provide ability to do outreach case management (home visits, etc.)

Question: What can be done to address the role of the Medical provider in retention in care?

- Ability to offer HIV and primary care at the same time (holistic care, one-stop shop);
- Cultural competency of providers (including non-judgmental and non-scolding);
- Basic education for providers on HIV transmission risk;
- Individualized client-centered care;
- Knowledge of latest treatments;
- Accessibility to specialty providers in rural areas;
- Turnover of providers makes it difficult to establish a relationship;
- Telemedicine;
- Medical students and other healthcare students receiving comprehensive HIV 101;
- Policy change – require HIV training for nursing certificate education.

Pam Terrill stated that AIDS Education Training Centers are targeting healthcare students to educate them on HIV.

Question: What can be done to address the role of the family/partner/friends in retention in care?

- Family counseling;
- Partner/couples counseling;
- Support groups;
- Anti-stigma campaign, including in other languages;
- Peer mentoring (e.g. partner of PLWH talk to partner of PLWH).

A comment was made by a member that PITCH is expanding to include more people.

The top factors identified by CPG that impact retention in care at the Community/environment level include rural and small community; stigma; resource availability; privacy concerns; poverty; social norms.

Question: What can be done to address retention in care in Rural/small communities?

- Address transportation;
- Telemedicine;
- Privacy concerns;
- Trained ARNP doing home visits;
- Living in rural/small communities is associated with resource availability, privacy, stigma.

Question: What can be done to address resources, privacy, and stigma as they relate to retention in care?

- Provide option to getting medications mailed or pick up at clinic;
- Education of public;
- School education;
- Iowa-specific website needed for people to be able to get information on HIV and resources in Iowa;
- Modernizing the law might help with stigma;
- Battles related to who infected whom with HIV in smaller communities;

The top factors identified by the CPG that impact retention at the Healthcare system level included quality providers; eligibility requirements; access to care; health literacy; navigating systems.

Question: What can be done to address the top three factors, which were navigating systems, access to care, and health literacy?

- Patient navigators who track patients through the entire system;
- Gather all contact information from a client during the first appointment in case they drop out of care down the road;

It was noted by a member that many of the factors are tied together.

The top factors identified by the CPG that impact retention in care at the Policy level include funding; the Affordable Care Act (ACA); reimbursement; quality measures; and treatment guidelines.

Question: What can be done to address the top three factors of funding, the ACA, and reimbursement?

- Peer navigator;
- Advocate for insurance;
- Advocate for funding;
- Quality measures (i.e., make sure what's being measured is what we're trying to impact).

2. Health Care Reform Update

Erica Carrick, IDPH AIDS Drug Assistance Program (ADAP) Coordinator, discussed updates to health care reform. She discussed the full implementation of the ACA and Iowa's version of Medicaid expansion.

- Over 350 clients from ADAP moved to Iowa Health and Wellness Plan (IHWP). ADAP has served approximately 100 clients on the Marketplace in 2014.
- Challenges have included churn during eligibility reviews, the Healthy Behaviors initiative, and some clients with employer-sponsored insurance being unable to fill at NuCara/NJL. Another challenge has been related to the Marketplace Choice; effective December 1, 2014, CoOportunity Health will no longer be involved in the IHWP. Clients coming off CoOportunity Health have the option to go on Coventry, otherwise they go on Iowa Wellness Plan. There is not currently a long-term solution.
- A third challenge is also related to the Marketplace, including website concerns, tax credit and life changes, and continuous reporting.
- Moving forward, case managers will help to improve the engagement of individuals in recertification, Healthy Behaviors, etc. The ADAP office will complete an insurance plan evaluation. They will also address barriers to filling at NuCara. Finally, the ADAP office is working on health literacy and teaching system navigation for Ryan White clients.
- A question was asked about whether there is an out-of-pocket maximum for clients with health insurance. Erica said that it is $6,600 for someone on the marketplace. It depends on income. Erica said the hope is that more employers will offer insurance.
- A question was asked about whether the ADAP program would go away since so many clients are getting off the program. Holly stated not at this time because not every state expanded Medicaid, and Ryan White stills helps fill the gaps for clients who are uninsured or underinsured. The program looks different, but is still necessary.

3. Revenue Generation Collaborative

Pat Young discussed the IDPH Revenue Generation Collaborative. In some states that receive CDC HIV Prevention Funds for Category B, a portion of funding is being diverted to incorporate having HIV test sites bill health insurance and Medicaid when a client is covered by those payers. Iowa does not get Category B funding, but IDPH is being proactive about building capacity of local health departments to be able to bill commercial insurance, Medicare, or Medicaid for some of the services they provide. IDPH has partnered with Medical Billing Services to do an assessment of local health departments on their capacity to bill for HIV, STD, and hepatitis services. After the assessment is completed, IDPH will look at how assistance can be provided to local health departments.

4. Committee Reports

Public Relations Committee

Tami Haught, Public Relations Committee Chair, stated there will be a CHAIN meeting after CPG and they will discuss what to advocate for during Day on the Hill on February. She said they are looking at hepatitis advocacy. She said they will be "bird dogging" at local town halls and forums when presidential candidates appear. She asked about whether any members had heard about the effects of modernization of the criminalization law. One member commented that there are still some questions about what diseases are included, specifically whether STDs are included. Another member stated that CHAIN might want to consider advocating for changes to Medicaid policy related to only treating those who are sickest with HCV.

Pat Young discussed the Social Marketing Campaign that is moving into the second phase, which involves creating a Facebook page, developing a content calendar, and developing a more robust website. She said most of these tasks will fall with the public relations committee. They are looking for two or three more members for this committee to help inform the campaign. Holly Hanson stated that there are several foci, including anti-stigma. The next focus is for people living with HIV called HIV Treatment Works, and the third is for high-risk groups. Cody Shafer, Anthony Sivanthaphanith, and Justin Reinfeld volunteered to serve on the committee.

Gay Men's Health Committee (GMHC)
Greg Gross, GMHC's Chair, discussed the resource guide website that was released in September. The committee is trying to figure out a process on requests to be added to the website. They also discussed promotion of the resource guide. He suggested that agencies add a link to the resource guide on their websites. Johnson County Public Health created a QR code that leads directly to the resource guide. The next initiative as a committee will be to discuss pre-exposure prophylaxis (PrEP) – which is taking HIV medicine to stay HIV negative. They plan to expand the resource guide to put PrEP resources in one place to promote awareness and access.

OTHER BUSINESS
No other business.

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 announced that the regional STD conference in 2015 will be held June 11 and 12 in Kansas City. It will include all prevention education.

Greg announced that the Live Out Loud event will be Sunday, November 9 at Wooly's. Tami Haught will be a guest of honor. The main World AIDS Day event will be at the Des Moines Social Club on December 4. It will feature poetry by Run DSM.

Darla Peterson said that Siouxland Community Health Center will have a World AIDS Day event on December 1 at Morningside College. They will also honor patients that they've lost this year to HIV/AIDS.

Mark Turnage announced that the 10th Annual Iowa Governor's Conference on LGBTQ Youth be in April. The exhibitor application is open. Last year attendance hit 1,000.

Becky Johnson announced that Mark Hillebrand is working on monologues for living with HIV. She will share more information on that when it becomes available.

Randy Mayer said that CDC's Division of HIV/AIDS Prevention has chosen Iowa as a prevention program to learn more about. They are working on a two-year project to interview programs around the country and how they reacted to high-impact prevention and the Affordable Care Act.

Next Meeting: Thursday, February 12, 2015

ADJOURN

Colleen facilitated the motion to adjourn the meeting. Sara Peterson motioned to adjourn. Linnea seconded the motion. Meeting adjourned at 4:00 p.m.

Respectfully submitted,

Nicole Kolm-Valdivia