

**Combined Patient Care & Prevention Planning Group
Meeting Minutes Summary
November 16-17, 2015
USF Embassy Suites, Tampa**

Monday, November 16, 2015

Debbie Tucci called the meeting to order, conducted roll call and established a quorum for the Patient Care Planning Group members. Jim Roth conducted roll call and established a quorum for the Prevention Planning Group members. Introductions were made and a moment of silence was observed.

HIV/AIDS Section Update

Marlene LaLota, MPH, Program Administrator

Marlene LaLota provided the following HIV/AIDS Section update via PowerPoint presentation. A copy was provided to the members.

- 3rd largest state in the nation by population in 2014: 19.6 million, racial breakdown is 57% White, 15% Black, 24% Hispanic, & 4% other
- Newly diagnosed HIV infections in 2014—5,821 (1st in the nation in 2013), not good news
- Newly diagnosed AIDS cases in 2014—2,309 (1st in the nation in 2013)
- The Continuum of HIV Care-Florida
- Budget for Florida HIV/AIDS-\$228 million dollars, effective 4/1/15
- Center for AIDS Research at the University of Miami-local competition process to fund other local researchers throughout South Florida-\$1million, research for a cure—fighting to get that money back, not in the Governor’s budget, but hopeful we get the money back.
- Dade and Broward continually increase; the rest of the state goes down in the next five years. FLDOH has agreed to hold the areas harmless and make cuts at Headquarters. Since the epidemic is increasing in those areas, the funding does not match. We are very concerned about the funding for that.
- Would like to do an analysis of all of our statewide HIV Testing sites, maybe conduct a cap on testing sites in regards to those providing rapid testing.

Joey Wynn commented on the Treatment Cascade and how he is very proud of the success of Florida in regards to the Cascade.

A suggestion was made that we make it a requirement that the new Pharmacy Benefits Manager provider attend the statewide meetings.

Patient Care Update

Joe May, Program Manager

Joe May provided the following Patient Care update via PowerPoint presentation. A copy was provided to the members.

The following Patient Care Program updates were provided:

Staffing changes

- Quality Manager/Planner position-Lorraine Wells

- ADAP Director-Jimmy Llaque
- Reporting positions filled

HRSA

- New interim project officer
- Site visit planned-February 9-12, 2016-complete review of program
- 340B Mega Guidance released in June
- Part B Supplemental Grant awarded-\$4 million
- Part B Core Grant application due November 20th
- ADAP Emergency Relief Funds (ERF) application due December 15th
- National Quality Center's TA continues
- Great time for project and quality planning
- QM will touch all aspects of Patient Care and link with other HIV/AIDS Section programs
- Working with Surveillance, Reporting, Data Integration and existing DOH performance goals.
- Integrated Plan/Statewide Coordinated Statement of Need (SCSN)
- Needs Assessment planned-in discussion with University of Florida—PCPG to provide a great deal of input to process.
- Request for Application (RFA) for Lead Agencies Services-proposals under review-Contracts start 4/1/16
- Request for Proposal (RFP) for HOPWA Project Sponsor services in process-Contracts in place 7/1/16
- Tenant Based Rental Assistance (TBRA) will be a service option
- Updated HOPWA Policy Manual-final review underway-will be available prior to release of RFP.

A suggestion was made that we have clear expectations and standards written into the contracts with the lead agencies, especially those that are in county health departments (CHD's).

Joe May commented that the CHD's are held to the same standard as those within the lead agencies and we will definitely include that as we move forward.

ADAP and Insurance Update

Jimmy Llaque, Program Manager

Jimmy Llaque provide an overview of the ADAP and Insurance Premium Plus via PowerPoint presentation. A copy was provided to the members.

The following updates were provided:

- Only half of those diagnosed with HIV in Florida were in care in 2013 and only a third had a suppressed viral load.
- 22,988 clients total enrolled in ADAP program
- 21,578 clients served in the ADAP program
- 5,319 clients enrolled in ADAP Premium Plus (insured), 17,669 (un-insured)
- Identified 3,650 clients for the 2016 Marketplace
- ADAP will support the same plans as 2015

- Since 2004-2013, drug pricing negotiations have saved ADAPs nationwide \$2.3 billion
- Since 2012, Florida ADPA recouped \$69,791,248 through 340B rebates management process
- ADAP cost-avoidance of \$18,717,852 as a result of Medicare data exchange
- ADAP has recouped \$150,000 by billing Medicaid
- ADAP is acquiring a new program management application system, Provide Enterprise.

Prevention Update

Mara Michniewicz, MPH, Program Manager

Mara Michniewicz provided a brief Prevention program update via PowerPoint presentation that included high impact funding and other relevant prevention activities. A copy was provided to the members.

The following hot topics were discussed:

- Linkage, Retention, Re-engagement/Collaborations with STD/Peer Programs
- Test and Treat Model
- HIV Continuum of Care-Updated
- AETC-new structure
- Holistic Health Models
- HIP Townhall Meeting-feedback

Alelia Munroe made a recommendation to encourage collaboration and to make sure the collaborative efforts can request more than the ceiling of funding since they are working in collaboration.

Joey Wynn suggested that the department allow for the flexibility of the new DEBI's that were modified to work.

Mallory Amrhein recommended using twitter, if POTUS is allowed to have social media, then DOH Prevention should be able to have it as well.

Janelle Taveras commented on the High Impact Town Hall meetings and how positive the response was for the community. She asked if they would be looking at any indicators in the quantitative information?

Mara responded that they would be looking at quantitative data as well.

Marlene commented that they are looking at ADAP at first. She explained that the focus of the new database is the Provide Enterprise system for data integration. It will include client prevention information, testing, PrEP information, medication/counseling to be able to measure prevention and impact effectiveness. In future years, they will have the ability to add things to the database.

Cynthia Albert recommended providing travel money to support regionalized trainings for capacity building or case managers or care providers.

Much discussion ensued in regards to additional training opportunities for local prevention and patient care staff, case managers, providers, etc. including regional and statewide focused trainings.

A suggestion was made to host a Florida Ryan White All Parts Meeting as well.

Committee and Workgroup Updates

PPG Coordination of Efforts Committee/PCPG Metrics Workgroup

Joey Wynn explained that he and Robert Bobo would provide a more thorough report of the committee and workgroup's efforts on Tuesday during the meeting.

PPG Membership, Nominations and Bylaws Committee/PCPG Membership, Nominations and Bylaws Workgroup

Ken Bargar discussed the purpose of the group is to keep the bylaws up to date and work on nominations and membership recruitment.

PPG Needs Assessment Committee/PCPG NA Workgroup

Janelle Taveras reported that Michelle Scavnicky would be providing a detailed report on the PPG needs assessment survey and the work of the committee on Tuesday during the meeting.

Karen Jaeger explained that the PCPG NA workgroup reviewed the previous PCPG needs assessment survey over the summer and Michelle would also be providing a more thorough report of the results on Tuesday.

PCPG Evaluation of the 2012-2015 Comprehensive Plan

Peggy Brown provided an update on the activities of the workgroup and thanked the members for their efforts. She outlined the two summary documents that were produced as a result and referenced the reports that were provided in the packets for the participants.

Approval of PCPG Meeting Minutes-May 14, 2015

Ken Bargar motioned to approve the PCPG meeting minute summary from May 14, 2015 as written. Steve Hoke seconded the motion. Motion approved unanimously.

PCPG Bylaws Review and Approval-Ken Bargar

The proposed changes to the PCPG Bylaws are as follows:

ARTICLE 4-Officers

Section 1-Community Co-chair

The Community Co-chair will be elected by ballot at ~~the initial meeting of the Ryan White Part B contract year~~ **the fall meeting**. Nominations shall be communicated to eligible voting members and elections shall be held no sooner than the next business day. The new community co-chair shall take office at the close of that meeting; ~~see Article 5, Section 1~~. DOH representatives are ineligible to serve as Community Co-chair. The Community Co-chair will serve a two (2) year

term, with a maximum of two (2) consecutive terms. Should the Community Co-chair resign during their term, a replacement will be selected at the next regularly scheduled meeting. In order to be elected Community Co-Chair, including re-election, that individual must hold one of the 16 representative seats (non-DOH, not alternate) at the time of election as described under Article 3 Section 1 of these bylaws. In the event the Community co-chair cannot make a meeting, s/he may select a sit in (alternate) for that meeting only, NON DOH.

The PCPG Membership, Nominations and Bylaws workgroup motions to accept the PCPG Bylaw changes as presented for Article 4, Section 1. Robert Bobo seconded the motion. Motion approved unanimously.

ARTICLE 5-Meetings

Section 1-Regular Meetings

There will be a minimum of two (2) meetings of the PCPG each calendar year. The first meeting of each Ryan White Part B contract year will be designated as the Annual Meeting, at which time election of Community Co chair shall take place. All representatives and/or their alternates are expected to attend.

The PCPG Membership, Nominations and Bylaws workgroup motions to accept the PCPG Bylaw changes as presented for Article 5, Section 1. Karen Jaeger seconded the motion. Motion approved unanimously.

Approval of PPG Meeting Minutes-May 12, 2015

Ken Bargar motioned to approve the PPG meeting minute summary as written. Kirsty Gutierrez seconded the motion.

The following changes were suggested:

- Page 2, Approval of minutes-Ken stated it would not have been him; it would have been one of the co-chairs, either Jim or Valerie requesting the approval of minutes during the meeting.
- Page 3, 2nd bullet, Area 10, Janelle Taveras-needs to be corrected.

Ken Bargar motioned to approve the PPG meeting minutes with the necessary corrections. Kirsty Gutierrez seconded the motion. Motion approved unanimously.

Approval of Combined PPG & PCPG Meeting Minutes-May 13, 2015

Ken Bargar motioned to accept the Combined PPG & PCPG meeting minute summary as written. Karen Jaeger seconded the motion. Motion approved unanimously.

PPG Bylaws Review and Approval-Ken Bargar

The proposed changes to the PPG Bylaws are as follows:

Article 4 – Officers

Section One

COMMUNITY CO-CHAIR: The Community Co-Chair election will occur at 2-year intervals **at the fall meeting**. In order to be elected Community Co-Chair, including re-election, that individual must hold one of the 19 representative seats (non-DOH, not alternates) at the time of election as described under Article 3, Section 1 of these bylaws. When elected as Community Co-Chair, you retain your vote from your elected area/at-large seat. The DOH members will not be eligible to become the Community Co-Chair. **In the event the Community co-chair cannot make a meeting, s/he may select a sit in (alternate) for that meeting only, NON DOH.**

The PPG Membership, Nominations and Bylaws committee recommends accepting the PPG Bylaw changes as written. Kirsty Gutierrez seconded the motion. Motion approved unanimously.

SCSN Update

Lorraine Wells/Joe May

Joe May provided an overview of the Statewide Coordinated Statement of Need (SCSN) and the process. Lorraine Wells reviewed the SCSN timeline and a visual was provided.

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Tuesday, November 17, 2015

Kim Saiswick called the meeting to order, conducted roll call and established a quorum for the Patient Care Planning Group members. Valerie Mincey conducted roll call and established a quorum for the Prevention Planning Group members. Introductions were made and a moment of silence was observed.

Overview of Guidance and Plan Including Breakouts for Integrated Planning Activities

Marlene Lalota provided an overview and vision for the Florida Integrated HIV Prevention and Care Plan for 2017-2021. She explained that there is one expectation for Florida and that is for one integrated patient care and prevention plan. Every Part A will send their entire state plan for the state of Florida. Each of the Part A's will submit the entire state plan not just a chapter. To keep the integrity of each Eligible Metropolitan Area (EMA), it was agreed that they would be included in one integrated statewide plan.

Much discussion ensued in regards to the Integrated Patient Care and Prevention Plan and how it will include each of the part A's and other chapters. HRSA and CDC require an integrated plan.

Much discussion ensued in regards to integrated planning and preparing the development of one integrated plan.

Marlene reported that The AIDS Institute is working with us to compile the final integrated plan.

The guidance provided from HRSA and CDC is a valuable template to follow.

The goal is to wrap the activities around the continuum of care.

Mara discussed the statewide objectives template and explained the process. She explained that the final plan is to be organized in the following manner: coordinated statement of need, epidemiological profile, resource inventory, data access and systems, goals and objectives, and monitoring and improvement.

A suggestion was made to look at the areas by program. Also, include Housing or HOPWA.

Much discussion ensued around NHAS Goal #4 on collaborations and stakeholder involvement. Marlene explained that it would be included in the overarching objectives throughout.

Concurrent Breakout Sessions

The members were separated into three groups for each of the NHAS goals to begin development of statewide objectives. Each group was provided a copy of the objectives that were submitted prior to the meeting and asked to review and provide feedback.

Stefanie Marhefka with USF research provided a brief overview of their program and the efforts to recruit persons living with HIV for their research studies.

Review/Synthesize Feedback from Breakout Sessions

The overall group summaries were compiled and the feedback from the session will be included as a separate attachment.

Verbal summaries were provided by the following:

Mallory Amrhein provided the brief summary for NHAS Goal #1.

Klirsty Gutierrez provided the brief summary for NHAS Goal #2.

Shirley Lanier provided the brief summary for NHAS Goal #3.

Needs Assessment Presentation

Michelle Scavnicky, MS, The AIDS Institute

Michelle Scavnicky provided an update on the Needs Assessment Analysis that they prepared for the Integrated Plan via PowerPoint presentation. A copy was provided to the members.

Resource Inventory

Joey Wynn and Robert Bobo

Joey Wynn and Robert Bobo provided an overview of the Florida HIV Continuum of Care Dashboard Combined Tool and how it will be used to support the Resource Inventory section of the Integrated Plan. They are requesting that each area of the state submit information for the tool for Prevention and Patient Care and since it is a working document, they will continue to add new data as it becomes available.

Next Steps, Future Meeting Topics and Proposed Dates

The co-chairs thanked everyone for participating in the meeting and asked for feedback for the spring meeting.

Much discussion ensued in regards to the timeline for the Integrated Plan and the spring meeting contingent upon the work of the Integrated Plan Writing Team.

Tamara McElroy acknowledged and announced the selected Integrated Plan Writing Team members and explained that they are having a face-to-face meeting/orientation on Wednesday, November 18, 2015. The goal of the meeting is to discuss the timeline and assign responsibilities to the members of the writing team.

It was suggested to look at April 2016 for potential dates. It was also suggested to have the writing team meet on the first day and the second day use to conduct presentations, provide regular updates or planning activities. Another suggestion included having a

webinar prior to the meeting to include regular business update for DOH staff that was not approved for travel.

Bobby Davis motioned to spend four hours of the spring meeting reviewing and providing relevant feedback and substantial comments on the Integrated Plan draft. Ken Bargar seconded the motion. Motion approved unanimously.

No further business to discuss, the meeting ended at 3:30PM.