MIAMI-DADE HIV/AIDS PARTNERSHIP

Integrated Plan Review Meeting
United Way Ansin Building, Ryder Conference Room,
3250 SW 3rd Avenue, Miami, FL 33129
April 10, 2017

Approved July 10, 2017

#	Members	Present	Absent
1	Bannister, Christina	x	
2	Bennett, Brady	x	
3	Branch, Rodney		x
4	Castellanos, Lina	x	
5	Carvajal, Maritza		x
6	Dedans, Mila		x
7	Duberli, Francesco	x	
8	Ferrer, Luigi		x
9	Forrest, David	x	
10	Gonzalez, Victor		x
11	Gutierrez-Zwick, Helen		x
12	Hilton, Karen	x	
13	Hess, Amaris	x	
14	Hill, Lileus	x	
15	Howard, Alexis		x
16	Hunter, Tabitha	x	
17	Ibanez, Gladys	x	
18	Jordahl, Lori	x	
19	Kenneally, Sarah	x	
20	Kubilus, Barbara		x
21	Lee, Aquilla	x	
22	Messick, Barbara	x	
23	Miller, Ashley		x
24	Moore, James		x
25	Moore-Ramos, Morneque		x
26	Munoz, Doralba	x	
27	Neff, Travis		x
28	O'Donnell, Brian		x
29	Orozco, Eddie		x
30	Pardo, Freddy	x	
31	Powell, James	x	
32	Puente, Miguel	x	
33	Quintero, Samuel	x	
34	Reynolds, Brandon	x	
35	Rohn, David		x
36	Siclari, Rick	x	
37	Troy, Robert	x	
38	Valle-Schwenk, Carla	x	
39	Villamizar, Kira		x
40	Williams, Stephen	x	
41	Wyatt-Sweeting, Michele		x
42	Zayas, Matilde		x
Quorum = 15			

Guests	
Acevedo, John	
Coello, Erika	
Iglesias, Karen	
Munoz, Virginia	
Murray, Rebecca	
Rigg, David	
Saxena, Praveena	
Wynn, Joey	

Staff	
Bobadilla, Vanessa	
Brock-Getz, Petra	
Ladner, Robert	
Sastre, Francisco	
Singh, Hardeep	

I. Call to Order/Introductions

The Chair, Sarah Kenneally called the meeting to order at 10:07 A.M. She welcomed everyone and asked for

introductions. Ms. Kenneally requested all FDOH guests to introduce themselves by name and title within FDOH, to clarify their roles within the Integrated Plan implementation efforts.

II. Resource Persons

Ms. Kenneally asked Behavioral Science Research (BSR) staff to identify themselves as resource individuals.

III. Floor Open to the Public

Ms. Kenneally opened the floor to the public with the following statement:

"During the 2013 session, the Florida Legislature passed Senate Bill 50 which requires states, county and municipal boards to provide members of the public a 'reasonable opportunity to be heard' on items and matters before the board.

On items that are on today's agenda, members of the public have an opportunity to be heard concerning each of the items. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns."

There were no comments, questions, or concerns posed, and the floor was subsequently closed.

IV. Review/Approve Agenda

Members reviewed the agenda.

Motion to approve the agenda.
Moved: Miguel Puente **Seconded: James Powell** **Motion: Passed**

V. Review/Approve November 21, 2016 Minutes

Members reviewed the meeting minutes from the November 21,2016 meeting.

Motion to approve the November 21, 2016 minutes as presented.
Moved: Miguel Puente **Seconded: James Powell** **Motion: Passed**

VI. Report

- *Part A/MAI Grantee Report* *Carla Valle-Schwenk*

Carla Valle-Schwenk reviewed the Ryan White Part A/MAI Expenditure Report for Fiscal Year (FY) 2016 printed on April 5, 2017 (copy on file). This expenditure report includes year-to-date paid reimbursements for FY 2016-2017 Part A/MAI services, as of April 5, 2017. Pending Part A reimbursement requests that have been received and are in process total $706,456.24. This report reflects reimbursement requests that were due by March 20, 2017.

Ryan White Grant Award	Allocation	Total Expenditures as of Date	% of Total Expenditures for direct services
Part A	$24,723,321	$20,473,055.40	95.27%
MAI	$2,736,895	$2,181,575.58	92.98%

The Office of Management and Budget is reviewing 2017 continuation contracts presently and are working with a partial award of $11M. Ms. Valle-Schwenk referenced the revised Medical Case Management Standards of Service guidance that was emailed to providers on April 7, 2017.

- *FDOH- MDC Report* *Sarah Kenneally*

Ms. Kenneally referenced the first slide of the FDOH-MDC presentation (copy on file), reviewing the State's plan to eliminate HIV transmission and reduce HIV-related deaths utilizing four key components:

1. FDOH-MDC is looking to expand the test and treat model.
2. The new PrEP clinic is now operational. Presently, there are ten PrEP-specific providers and one urgent care center that provides PEP on weekends. Ms. Kenneally referenced the www.preplocator.org website for additional content.
3. Routine testing is now available and marketing is ongoing.
4. Community outreach efforts need more attention and effort.

Ms. Kenneally then referenced the second slide and reviewed the following efforts:

- Getting to Zero HIV/AIDS Task Force: the final report will be presented to the Board of County Commissioners on May 16, 2017. FDOH-MDC has been identified as the key stakeholder leading the implementation efforts.

- Town Halls- DOH and HIP: this is in the pre-planning stage; no dates have been identified.

- Partnering with nontraditional partner: FDOH-MDC had a meeting with non-traditional providers to discuss future collaboration.

- Bridging MDC communities: this filters into the Town Halls and collaboration with faith-based institutions.

  Wellness focus: FDOH-MDC is looking at all-encompassing services, addressing health needs outside of HIV testing specifically (e.g. nutrition, diabetes screenings).

- New marketing company & campaign: FDOH-MDC has identified a new marketing company that can also cover social media requirements.

- Needle Exchange program: The program is operational as of 12/1/17. Due to language in the legislation detailing "partnership", FDOH cannot partner with the Program. Stakeholders are looking to revise the legislation to remedy this.

- Collaborating with Part A to expand rapid response: Ms. Valle-Schwenk shared that a meeting was held with FDOH and Jackson Health system (currently piloting a test/treat program) to discuss results to date, sharing that retention in care rates are over 90% and the Part A program is looking replicate this model with other funded providers offering comprehensive services (outpatient medical care, case management services, pharmacy), as that makes the test/treat model work the most efficiently. A pilot program with Borinquen is under development.

  Dr. David Forrest asked whether other local community based organizations have implemented rapid response models and if so, what the turnaround time from "test" to "in care" is at these organizations outside of the FDOH-MDC program. It would be helpful to learn what the best practices are for implementing this model.

VII. Standing Business

- ***Evaluation feedback from November 21, 2016 meeting*** *Robert Ladner*

Dr. Robert Ladner referenced the November 21, 2016 evaluation feedback form (copy on file) and asked for any questions or concerns members may have. No questions or comments were raised.

- ***New CDC indicators (transgender community, PrEP & stigma)*** *Sarah Kenneally*

Ms. Kenneally referenced the last slide on the FDOH presentation detailing the National HIV/AIDS Strategy. At the last meeting, Ms. Kenneally shared that NHAS would be releasing three new indicators (transgender women, PrEP, stigma). The Office of National AIDS Policy's Directorship position has not been presently filled. As it relates to the local response, FDOH-MDC has opted to wait until the position is filled to move forward, as the methodology to calculate the indicators or strategy may change with a new Director.

VIII. New Business

A. IP activities to be implemented in year 2017

- *Prevention and Diagnosis* *Sarah Kenneally*

Ms. Kenneally referenced the FDOH presentation (copy on file) and referenced specific strategies/activities in the Integrated Plan document (copy on file).

- *Linkage, Retention, Viral Load Suppression* *Robert Ladner*

Dr. Ladner referenced multiple data documents in addition to the Integrated Plan document (copies of all on file). Dr. Ladner referenced the "Comparison of Demographic Characteristics on RWP Clients in Various Retention in Care Categories" data set sharing that there is no singular demographic factor that itself, predicts viral load suppression and retention in care rates but that these demographic factors are highly correlated to comorbidities associated with outcomes.

Group discussion occurred on the topics of viral load suppression as well as definition/measurement of "retention in care." Dr. Ladner encouraged members to review in detail, the data presentation titled "Comparison of Demographic Characteristics on RWP Clients in Various Retention in Care Categories" as this details various levels of retention in care.

Dr. Francisco Sastre provided an overview of the new Viral Load reporting protocol that went into effect March 1, 2017. This new protocol requires case managers to document viral load labs every six months in order to receive reimbursement for services rendered.

B. Facilitated discussion on R.1.3a (retention in care: monitoring lag/wait/hold time) *All*

Dr. Ladner introduced the topic of how providers measure lagtime to appointments, wait time in offices and, hold-time for telephone contacts. It was determined that all FQHCs are able to and do track/monitor wait and hold times. Many providers utilize their electronic health records (EHR) systems to track certain metrics (points of check-in/out, etc).

John Acevedo of Community AIDS Network (CAN) shared that they utilize similar tracking measurements but also shared their internal policy that if clients are waiting more than ten minutes, clients are instructed to notify staff and it is then their responsibility to follow up on the delay and ensure the client is seen promptly. CAN

optimizes clients' time at the clinic waiting to see a provider by using peer navigators in the interim to discuss additional needs of the client.

Lina Castellanos inquired whether Miami-Dade County was using a national benchmark as a basis for evaluating lagtime to appointments or wait time in waiting rooms. Ms. Valle-Schwenk shared that there is a local standard to measure lagtime in making an appointment (two weeks), but that there was not a standard for wait time once in a clinic's system.

Brady Bennett requested clarification on using a standard definition for "wait time," with respect to a patient being checked-in to being taken to an exam room versus check-in to seeing a provider. Additionally, he inquired whether there is any data on actual wait time versus perceived wait time as this can vary tremendously based on a patient's experience.

Rick Siclari emphasized complicated nature of capturing said data, as there are multiple factors to be considered such as "no-shows", double/triple booking. He shared that Care Resource has implemented "wave-scheduling" whereby 4-5 patients are booked for an identical appointment time and are seen as they arrive, and shared that this has helped with no-show rates.

Care Resource is also tracking data on wait time to see individual providers as well as "third next available appointment" – the best measure of how long the wait is realistically. Their centralized call centers are also tracking multiple data points.

Ms. Valle-Schwenk requested clarification on what EHR systems FQHCs are using. Five of the nine providers are FHQCs, capable of collecting data that can assist in monitoring hold/wait time. Mr. Siclari shared that Care Resource is transitioning to NextGen her, an integrated system capable of capturing medical, dental, mental health services.

C. Meeting Evaluation — *Sarah Kenneally*

Ms. Kenneally asked attendees to complete the meeting evaluation form (copy on file) in the meeting packet. Attendees' comments are important for designing future meetings that are productive and effective for monitoring, implementing and evaluating the Integrated Plan. Attendees were instructed to submit their evaluations to Ms. Hardeep Singh or any BSR staff.

IX. Announcements — *Robert Ladner*

Dr. Ladner reviewed pertinent meeting dates with the committees:

- April 17th: Partnership meeting
- April 25th: RWP Linkage to Care outreach focused meeting
- April 26th: Provider Forum
- May 10: New Member Orientation

X. Next Meeting

The next meeting is Monday, July 10, 2017, at United Way Ansin Building in the Ryder Conference Room.

XI. Adjournment

Motion to adjourn the meeting.
Moved: Miguel Puente **Seconded: Samuel Quintero** **Motion: Passed**
The meeting was adjourned at 1:47 P.M.