

**HIV Consortium Meeting
March 1, 2012
Summary Minutes**

Keith Callahan, Chair, called the meeting to order at the Northern Virginia Regional Commission (NVRC) offices.

ANNOUNCEMENTS

Ron Scheraga announced that the Bylaws Review Committee would meet immediately after the Consortium.

Bob Atkins passed out a report from Sue Rowland for the Public Affairs Committee.

Phillip Bailey reported that the Consumer Advocacy Project of the National Association of People with AIDS was dissolved as of end of February, 2012.

David Hoover with the AETC at Inova Juniper (IJP) reported that IJP was competing for Ryan White Part D funding (services for women, infants, youth and families). Their application is due very soon. He also passed out an announcement of the medical and sociological Women & HIV workshop March 8. The speaker is Dr. Victoria Cargill of NIH. The next FACTS training will be March 30. The training center is recruiting an Administrative Assistant/Registrar as Valerie Bampoe has been promoted to a Health Educator.

David Hoover with IJP and Jane Beddoe of NOVAM shared that the Rev. Todd Brown, a former staff member at NOVAM, is now on the advisory board to *The Body*, the national HIV/AIDS magazine, and publishes a column.

Michelle Simmons of NVRC announced that yesterday HAHSTA transferred just over \$600,000 to the Virginia ADAP program to be used to purchase medications for PLWH living in Suburban Virginia. The transfer of funds was accomplished through NVRC. The Consortium asked NVRC staff to send a letter of appreciation to DC HAHSTA and to the Planning Council, and to send out an email to members with contact information for personal letters of thanks.

Glynis LaBorde introduced Kym Manley, the new practice manager hired by ANHSI, the Alexandria Neighborhood Health Services. Kym will oversee their Ryan White services. Ashley Smithline, RN, has been hired as Ryan White Program Coordinator.

Marilyn Grady, Patient & Community Affairs Manager for Bristol-Myers Squibb, announced that her company sponsors a series of patient education programs for PLWH in Maryland and DC. They hope to expand these into Virginia. Workshops include HIV 101, understanding lab results, and depression.

Phillip Bailey reminded PLWH members of the consumer focus group at IJP on Tuesday, March 6 from 5 – 7 p.m. A presentation on PCIP will start the meeting. RSPVs required.

OPEN MIKE

Ron Scheraga asked David Hoover for an update on the AIDS 2012 conference. The Northern Virginia planning committee met after the Consortium last month and will meet again today. They are looking to coordinate spin-off activities around the region. Ron asked the No. VA. Committee to address the housing needs of conference attendees.

APPROVAL OF THE MINUTES

The minutes of February 2, 2011 Consortium were approved with two corrections.

CONSORTIUM INPUT FOR THE PART A COMPREHENSIVE PLAN

Emily Gantz McKay, Planning Council Technical Consultant, presented an overview of the process for compiling the plan, which is due May 21st. The plan will contrast the current system of care with the ideal one with 3 years to work toward the ideal system. Good points in the current Suburban Virginia system of care include: one-stop shop for care; geographic parity throughout the region in access to Infectious Disease physicians; high satisfaction with services and Case Managers; excellent success rate for non-infected babies born to positive mothers; good response to Mental Health services when used; regional response to the Virginia ADAP (AIDS Drug Assistance Program) funding shortfall; active involvement of consumers with providers in quality initiatives; the capable administrative

staff at NVRC; and the commitment to working together to solve problems among contractors and Consortium members.

Some of the shortfalls of the current Suburban Virginia system of care include: physicians dropping out of insurance plans; access to dental care in rural areas; in-hospital psychiatrists unfamiliar with HIV; difficulty in access to wrap-around services when the primary medical provider is not funded by Ryan White; difficulty in engaging private physicians in Standards of Care for HIV, especially screenings, that will grow with the spread of Preexisting Condition Insurance Plan (PCIP) coverage; the reduction in the number and types of medications in the ADAP formulary; a major local HMO health care organization that does not accept pharmacy company co-pay and discount cards; clients losing jobs and group insurance coverage lacking awareness of public assistance including Ryan White; a general lack of awareness of Ryan White services; language and cultural barriers to learning about services; arranging for specialty care with the increasing co-morbidities of the aging positive population; with health care reform, the lack of capacity and familiarity with HIV care in safety net clinics and the exposure to communicable disease in their waiting rooms; the huge reporting burden under Ryan White; hospitals slow to adopt routine testing of all seen in Emergency Rooms (opt out model); lack of options for medical care and services for rural populations; lack of trust among speakers of languages other than English; lack of system standards for care and reporting of care under PCIP; a few front line staff insensitive when interacting with consumers; huge unfunded needs for prevention.

Specific populations facing barriers were identified as: young black gay men; children born with HIV transitioning into adult care; professionals newly diagnosed (stigma concerns); speakers of languages other than English.

Areas to track include Virginia Medicaid changes under Health Care Reform, especially non-categorical eligibility; Virginia Health Insurance Exchange plans; Virginia residents accessing services in DC.

Suggested steps to resolving issues suggested were: an AIDS-specific national 800 phone number; adding non-medical Case Managers and Community Health Workers to help navigate the system of care; insuring that Health Insurance Exchanges and Medicaid adopt automatic testing for HIV; actively encouraging Infectious Disease physicians to participate in PCIP; using embassies as a route to reach immigrant populations; technical assistance to community groups to prepare for general health care system changes; adopting routine testing for all points of entry into health care (and possibly with annual flu shots); recognizing the importance of trained consumer involvement in quality improvement by incorporating this in service definitions and Ryan White requests for applications (RFAs); building capacity in safety net clinics and among private physicians; those doing HIV testing must know care resources and how to link newly diagnosed persons to care.

PART B ALLOCATIONS PROCESS

Michelle Simmons, Northern Virginia Regional Commission, distributed preliminary allocation scenarios and announced that they would be considered at the March 19 Executive Committee.

REPORTS & UPDATES

- **PLANNING COUNCIL**
David Hoover reported that Part A planning like the Consortium has done today has been the focus of the last two Planning Council sessions.
- **PUBLIC AFFAIRS COMMITTEE**
Robert Atkins referred to the report from committee chair Sue Rowland that he had handed out. The proposed \$1 million in the Virginia Senate version of the budget will not completely eliminate the ADAP waiting list.
- **CLINICAL CARE**
Debbie Bowers, co-chair of the committee, reported that they were working on PCIP issues and will meet regularly on 3rd Mondays about 2:30 p.m. after the Executive Committee.
- **CASE MANAGEMENT AND SUPPORT SERVICES COMMITTEE**
Marshall Rountree, co-chair of the committee, announced that the committee will meet on the third Tuesdays of alternate month. The next meeting will be April 17.
- **PREVENTION AND EDUCATION**
Suzanne Dorick, member of the committee, highlighted two Black AIDS Awareness Day event sponsors in Alexandria: the Alleyne AME Zion Church hosted a successful symposium February 4 and the Oakland Baptist Church will feature different events on each day for a week of AIDS awareness.

VIRGINIA DEPARTMENT OF HEALTH REPORT

- Hunter Robertson, Planning representative from VHD reported that the proposals from potential Contractor/s to provide Medical and Pharmaceutical Benefits Management for Virginia's PCIP (Preexisting Conditions Insurance Program) is still being reviewed. The RFP for a contractor to manage the Peer Reviewer in Virginia is out with a deadline in mid-March.
- Safere Diawara has been promoted to Assistant Director for HIV Care Services.
- 37 people from Northern Virginia have come off the ADAP waitlist since November, almost entirely due to enrollment in PCIP. Anyone may go to www.pciplan.com for information and to enroll.

NVRC ADMINISTRATIVE AGENT REPORT

- Michelle Simmons announced that NVRC staff are preparing new letters of intent to contract for all Part A providers. This is the first day of the new contract year.
- DC HAHSTA and VDH have both advised to plan on level funding for Ryan White Part A and Part B for the new contract year. The Part A Local Pharmacy Assistance funds will be EMA-wide in this new grant year and there will be a new RFP to manage this program.

NEW BUSINESS

- Abby Charles announced that the CHW job description has been distributed for comment by OPHi under its new Early Intervention Services contract. After recruitment and hiring, training for these workers will be held on Thursdays and Fridays in May. The curriculum is under development.
- David Hoover announced the EMA-wide provider focus group being held March 7 from 1:00 – 4:00 p.m. in DC. It will solicit input into the new Part A Comprehensive Plan.
- Taylor Ferguson announced that KI Services will hold a *Power in Pink* reception at their office March 9 from 11:00 a.m. – 2:00 p.m. This commemorates National Women and Girls HIV Awareness Day.

UPCOMING MEETING DATES

- March 19, 2012 Executive Committee at 1:00 PM at NVRC
- April 5, 2012 Consortium 10 a.m. – 12 noon at NVRC

Minutes Approved as Written With Corrections


Tylee Smith

4/6/2012
Date