

**HIV Consortium Meeting
April 5, 2012
Summary Minutes**

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

ANNOUNCEMENTS

David Hoover with the AETC at Inova Juniper (IJP) encouraged everyone to help educate their members of Congress on HIV/AIDS issues by taking part in AIDS Watch 2012 (<http://www.napwa.org/content/aidswatch-2012>). Valerie Bampoe at IJP is taking registrations.

Ashley Smithline introduced herself as ANHSI's new Ryan White RN Coordinator.

Ron Scheraga announced that the Bylaws Review Committee had been postponed until after the Executive Committee meeting April 16.

OPEN MIKE

Tom Decker asked for a moment of silence in memory of Elizabeth Coughlin from the Inova Support Group.

APPROVAL OF THE MINUTES

The minutes of March 1, 2011 Consortium were approved with two corrections.

RESULTS OF NEEDS ASSESSMENT FOCUS GROUPS

Michelle Simmons, Northern Virginia Regional Commission, introduced the methodology behind the five focus groups of people living with HIV held throughout the region in March. Issue areas of study were: experience with/access to medications (in the post ADAP-waitlist era); health insurance experience and understanding; and PLWH access to care experience and curricula suggestions for the new Community Health Workers under EIS (Early Intervention Services). Tim Agar, Amelia Khalil and Michelle presented on these three focus group topical areas.

Tim thanked the 78 PLWH participating in the five groups. He indicated they represented a good cross-section of ages, races and time since diagnosis.

On the medications issues raised in the focus groups, Tim reported:

- One-third of participants reported receiving medications through ADAP.
- More than one-half (57%) must travel to more than one pharmacy to receive their medications, but for most PLWH this did not represent a hardship.
- Just over one-third (35%) had been transitioned off of ADAP with the cut-backs.

Zach Hatcher of FAHASS noted that 62% of their clients used their own funds to obtain medications available as low-cost generics at retail pharmacies, often \$4 per prescription. (PLWH responsibility for the \$4 co-pay on generic drug formularies at local pharmacies has become the norm around our region. Focus group participants reported few problems with being able to afford this type of payment.)

Michelle presented the results on the insurance information derived from the focus groups.

- About one-half of participants currently had health insurance; four out of every five participants (67 of 78) reported having had insurance at one time.
- The "largest" insurers among focus group participants were public – one-half had Medicare and one-quarter had Medicaid.
- Very few participants actively researched their doctor before signing up; more than one-half received referrals to doctors from CBOs, Health Depts., friends or other service providers.
- Insurance tended to increase access to medications.
- Suggestions for improvement to the way health care is provided via insurance included:
 - more comprehensive coverage;
 - streamlining the process of referral to specialists;
 - reducing tension between doctors and insurance companies; and
 - improving the accuracy of plan descriptions.

- Participants said education programs to prepare people for insurance-based care should include: understanding benefits; differences between HMOs & PPOs; and definition of deductible and other terms.

The good news about public education on PCIP that has occurred so far in the region was that about two-thirds of focus group participants recognized what PCIP is, and when asked how it worked were able to describe many of its key features accurately.

Amelia presented results on focus group participants' patterns of accessing care and guidance these participants believe would help engage and keep fellow PLWH in care. (This information was also gathered to contribute to the Community Health Worker curriculum about getting and keeping clients in care.)

Most focus group participants:

- Had been HIV+ for 10 years or less (59%)
- Most were "early adapters" of HIV care – i.e. about one-half received their first HIV medical care within one month of first diagnosis.
- About two-thirds of focus group participants relied on CBOs, clinics and Health Depts. to find and access care.
- When asked what had caused participants to fall out of care, primary reasons given included:
 - Substance abuse
 - Medication issues (access and side effects)
- Reasons for returning to care included:
 - Got sick/needed to get better
 - Became sober
 - Had a desire to live
- Participants gave the following advice to other PLWH about getting back or linking into care:
 - Find a case manager you can work with
 - Talk with other PLWHs
 - Remember, there's hope
 - Educate yourself
 - Medications are different now and better
 - You won't get deported if you seek care

Comments and reactions from Consortium members about this portion of the focus group results identified stigma of HIV, denial, and substance abuse as reasons contributing to a delay in getting medical treatment. Not knowing where to go to get treatment was discussed as a factor that slows linkage into care. The amount of time consumed in getting medications was also mentioned.

Ron Scheraga suggested that the Health Insurance Exchanges to be implemented in 2014 were already resulting in better coordination between pharmaceutical companies and distributors.

CONSUMER INVOLVEMENT IN QUALITY MANAGEMENT (QM)

Martha Cameron, the presenter, is a Consumer Involvement Team Lead from Loudoun County for the DC Cross-Part Collaborative and now a member of the National Quality Center's (NQC's) Consumer Advisory Committee. She described the need for consumers to learn the language of Quality Management in order to add value to their participation in providers' QM programs. She further stated that providers needed to educate themselves on the benefits of having an educated consumer perspective included as part of agency QM efforts. The Consumer Involvement Team served as the pilot group of consumers for NQC's national consumer training program. They are now part of the QPAC, a group available to providers and other consumers for providing the consumer viewpoint and participation in QM activities. QPAC welcomes new consumer members from throughout the metropolitan area.

SERVICE PROVIDER SPOTLIGHT

Jane Beddoe described NOVAM's beginnings in 1987 as the Northern Virginia AIDS Ministry, the volunteer efforts of two Alexandria congregations to alleviate the isolation of those living with AIDS. Their best-known program these days brings those living with the disease to area high schools by invitation in order to spread knowledge of HIV and prevention strategies. Client services include transportation to medical and social services, and social services to children in families affected by HIV/AIDS. Their newest program is HEARTS, Health Education and Risk Reduction Services, which uses social media to find and connect to young people, then counsel them on risk reduction strategies.

REPORTS & UPDATES

- **PLANNING COUNCIL**

David Hoover reported that Part A planning, like the Consortium has done in April and today, has been the focus of recent Planning Council sessions. The Mayor's Office has still not confirmed membership on the Council for either new or returning members.

- **VIRGINIA PLANNING GROUP FOR AIDS 2012**

David Purdy of the World AIDS Institute reported that the AIDS2012 Reunion website is now up and invited organizations to post notices of conference-related events. See www.aids2012reunion.org. The committee will meet at lunch, immediately after the Consortium.

- **CLINICAL CARE COMMITTEE**

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.

EARLY INTERVENTION SERVICES REPORT

Michael Rhein of IPHi reported that 17 people applied for the Community Health Worker positions available through their new Northern Virginia project. Interviews have begun as has the identification of service network hub agencies. Fredericksburg, Herndon, and Winchester may be the hubs. Training will be held on Thursdays and Fridays in May and will be open to 7 – 12 consumers in addition to those who will be employed by IPHi.

VIRGINIA DEPARTMENT OF HEALTH REPORT

- Lenore Lombardi introduced Marlene Clarke who was attending the Consortium and is the new VDH Services Coordinator for the 3 VDH SPNS grants. Arcenia Lampkins was introduced as another new VDH Services Coordinator in attendance. Both are receiving orientation to consortia statewide.
- ADAP, Virginia's AIDS Drug Assistance Program, has expanded its eligibility criteria so that those on the wait list, or those newly presenting to Virginia ADAP, with a CD4 count of 500 or less may now enroll directly into ADAP. Funds to sustain the expanded eligible population have come from savings through use of PCIP as well as the ADAP emergency funds from the Virginia General Assembly and from the contributions from DC and the Northern Virginia Regional Commission.
- Between November 7, 2011 when enrollment criteria for ADAP was opened up, and April 3, 436 clients have been enrolled into ADAP. The active client enrollment for ADAP as of 3/31/2012 was 2,574. Clients whose CD4 counts are above 500 will be maintained on the wait list.
- Part B contracts between VDH and its Lead Agents (like NVRC) are being issued for 50% of the total expected awards. Within 3-4 months, contract amendments will convey the remainder of awards. VHD has just received their Notice of Grant Award (NGA) and will be analyzing it this week for service impacts.
- KI Services did not receive a contract extension for 2012-13 contract year.
- The Request for Proposals (RFP) for a third party administrator to manage VDH's PCIP (Preexisting Condition Insurance Plan) will be reissued, The original RFP did not result in any satisfactory proposals to operate the PCIP program for Virginia.
- The Peer Review contract proposals are under review.
- David Hoover added that Inova Juniper has been asked to provide some of the training for VDH partner tracing and case finding for the 4 new Patient Navigators to be used in a new linkages to care project that VDH will begin in Richmond and Roanoke. Funding comes from a 4-year SPNS (Special Projects of National Significance) grant awarded by HRSA, the US Health Resources and Services Administration.

NVRC ADMINISTRATIVE AGENT REPORT

- Amelia Khalil announced that NVRC staff expects to finalize grant awards for all Part A continuation contracts next week.
- NVRC's budget to administer Part B has not been completely approved. VDH has concerns about the proposed PCIP pilot. That portion will be reworked.
- NVRC expects to transfer about \$160,000 in unspent Part A funds to VDH for the ADAP program.
- The new *2012-13 Quick Guide to Human Services* in suburban Virginia has been published in preparation for the EIS program. Copies are available without charge to contractor agencies and to members of the PLWH committee. This year some crucial categories have been expanded to include services in Fredericksburg and the Counties of Clarke, Culpeper, Fauquier, King George, Spotsylvania, and Stafford in addition to the traditional Northern Virginia region.
- The new guidelines from the US Public Health Service for HIV care for older adults are now available at www.aidsinfo.gov.

NEW BUSINESS

- **VOLUNTEER OPPORTUNITIES AT AIDS 2012**
Billie Tyler of the DC Community Coalition, DCC, introduced herself and spoke of the opportunities to volunteer at the international AIDS 2012 conference coming in July to DC. DCC is the official partner of AIDS 2012 for the Washington, DC, metro area. See the website www.aids2012.org. To contact Ms. Tyler, email Billie.Tyler@DCCAIDS2012.org or call her cell phone: 202-507-4744.
- **ARLINGTON COUNTY HOUSING CHOICE VOUCHERS**
The wait list was open for one day. While applicants did not have to live in Arlington, Arlington residents will receive priority for new vouchers. This is different from the Arlington Housing Grant which requires Arlington residency.

UPCOMING MEETING DATES

- April 16, 2012 Executive Committee at 1:00 PM at NVRC
- May 3, 2012 Consortium 10 a.m. – 12 noon at NVRC

Minutes ___ Approved as Written ___ With Corrections

Tylee Smith

Date