Care Strategies Committee Meeting of the HIV Planning Council Tuesday, January 5, 2021

Care Strategies Committee Meeting to be held 01/05/2021 with Social Distancing Modifications

Public comment will be allowed via Microsoft Teams; no in-person input will be allowed. **All speakers must register in advance** (01/03/2021 by Noon**).** All public comment will occur at the beginning of the meeting.

To speak remotely at the January 4, 2021 HIV Planning Council Meeting, residents must:

•Call or email the board liaison at **(512) 972-5806 and Jaseudia.Killion@austintexas.gov** no later than noon, (the day before the meeting). The information required is the speaker name, item number(s) they wish to speak on, whether they are for/against/neutral, and a telephone number or email address.

•Once a request to speak has been called in or emailed to the board liaison, residents will receive either an email or phone call providing the telephone number to call on the day of the scheduled meeting.

•Speakers must call in at least 15 minutes prior to meeting start in order to speak, late callers will not be accepted and will not be able to speak.

•Speakers will be placed in a queue until their time to speak.

•Handouts or other information may be emailed to **Jaseudia.Killion@austintexas.gov** by Noon the day before the scheduled meeting. This information will be provided to Board and Commission members in advance of the meeting.

•If this meeting is broadcast live, residents may watch the meeting here: **http://www.austintexas.gov/page/watch-atxn-live**

Versión en español a continuación.

Reunión del Care Strategies Committee Meeting of the HIV Planning Council

FECHA de la reunion (Tuesday, January 5, 2021)

La junta se llevará con modificaciones de distanciamiento social
Se permitirán comentarios públicos por teléfono; no se permitirá ninguna entrada en persona. Todos los oradores deben registrarse con anticipación (**01/03/2021** antes del mediodía). Todos los comentarios públicos se producirán al comienzo de la reunión.

Para hablar de forma remota en la reunión, los miembros del público deben:
• Llame o envíe un correo electrónico al enlace de la junta en **(512) 972-5806 and Jaseudia.Killion@austintexas.gov** a más tardar al mediodía (el día antes de la reunión). La información requerida es el nombre del orador, los números de artículo sobre los que desean hablar, si están a favor / en contra / neutrales, y un número de teléfono o dirección de correo electrónico.
• Una vez que se haya llamado o enviado por correo electrónico una solicitud para hablar al enlace de la junta, los residentes recibirán un correo electrónico o una llamada telefónica con el número de teléfono para llamar el día de la reunión programada.
• Los oradores deben llamar al menos 15 minutos antes del inicio de la reunión para poder hablar, no se aceptarán personas que llamen tarde y no podrán hablar.
• Los oradores se colocarán en una fila hasta que llegue el momento de hablar.
• Los folletos u otra información pueden enviarse por correo electrónico a **Jaseudia.Killion@austintexas.gov** antes del mediodía del día anterior a la reunión programada. Esta información se proporcionará a los miembros de la Junta y la Comisión antes de la reunión.
• Si esta reunión se transmite en vivo, los residentes pueden ver la reunión aquí: http://www.austintexas.gov/page/watch-atxn-live

HIV PLANNING COUNCIL
CARE STRATEGIES MEETING
Tuesday, January 5, 2021, 6:00 P.M.
City Hall/ Remote

CARE STRATEGIES COMMITTEE MEMBERS:

Bart Whittington, A. Daniel Ramos, Karson Jensen, and Michael Everett

AGENDA

CALL TO ORDER
Called to order at 6:01PM

CITIZEN COMMUNICATION

The first 10 speakers signed up prior to the meeting being called to order will each be allowed a three-minute allotment to address their concerns regarding items not posted on the agenda.

1. **CERTIFICATION OF QUORUM**
    a. Quorum established and certified

2. **INTRODUCTION/ANNOUNCEMENTS**
    a. Daniel Ramos was announced as the new chair of the Care Strategies Committee

3. **APPROVAL OF MINUTES**
    a. Minutes approved as is, unanimously

4. **SERVICE STANDARDS AND DIRECTIVES TRAINING REVIEW**
    a. Technical Assistance Training review in preparation for full Planning Council training presented by EGMC Consulting
        i. Emily Gantz-McKay and Hila Berl presented on using directives and services standards focus on peer navigation
            a. Current focus is to maintain, assess, and improve the HIV system of care to reflect changes in the broader health care system
                1. Desired characteristics of Comprehensive system of care: availability, accessibility, appropriateness, effectiveness, and connected services
                2. Planning Council Responsibilities: Assessing service needs/gaps, establish service priorities and allocates accordingly, provide guidance for meeting service standards
                3. Recipient Responsibilities: Contract with providers, monitors subrecipients, manage clinical quality management programs, coordinates with other RWHAP Parts and funders/services
                    i. Daniel Ramos: Do any PC allocate for Part A and Part B?

ii. Emily McKay: Yes, there are some TGAs/EMAs that deal with both. Some areas in Florida work with both parts

4. Tasks to Strengthen the System of Care: Needs Assessment, PSRA (including directives), and service standards
    i. Needs assessment: must be comprehensive because results will be used in all PC decision making including PSRA, preparation of service standards, developing/updating HRSA/CDC integrated HIV Prevention and Care Plan
    ii. PSRA: determine what categories are most important for PWH and specifying how funds are allocated
    iii. Service standards: description of the minimum requirements of each service category to provide guidelines
5. Daniel Ramos: Asked for clarification on directives, care strategies and service standards
6. Directives are guidance to the recipient on how to meet identified priorities
    i. Should address a documented need using data from CQM, Needs assessment, care continuum, service utilization
    ii. Cannot limit open procurement by making only 1-2 providers eligible
    iii. Jaseudia Killion: Directives are the last step in the PSRA process, so they are usually done around August
    iv. Best developed after priority setting but before resource allocations
    v. Bart Whittington: If services standards are minimum level of care, what motivates them to provide more than that minimum?
        1. Emily McKay: Service standards are the very minimum to get funded. Making service standards too high will end in failure as some providers may not be able to meet them. High standards prevent modifications because they are so inflexible.
        2. Daniel Ramos: There has to be a way to encourage recipient to put teeth behind the standards. So that providers aren't doing the bare minimum and no more.
        3. Emily McKay: It depends on the service standard category and the PC must help to provide high quality care while still being flexible
        4. Bart Whittington: the term minimum can provide a sense of laziness that encourages provider to do only the minimum to be funded and no more.

5. Hila Berl: the service standards are just one tool that the PC has and must work with QCM and monitoring.
6. Emily McKay: “minimum” in the HRSA guidelines are meant to say “providers must provide at least this:” the requirements can still be demanding, but must be inclusive

7. Directives have 4 main purposes:
    i. Ensuring availability in all parts of the service area
    ii. Ensuring services appropriate for specific target populations
    iii. Overcoming barriers that reduce access to care
    iv. Calling for the testing or broader use of a particular service model
8. A Directive example was presented and the committee was asked what they might do
    i. Daniel Ramos: I would like to add professional who have some area of expertise regarding pediatric care, black women. Professionals who are representative of the community that they are providing services to.
    ii. LJ Smith: You might have to think about geographical location as well.
    iii. Emily McKay: What service category might you use for a pilot test
    iv. Bart Whittington: People of color tend to be in late diagnosis when they are diagnosed. Non Medical case management
    v. LJ Smith: we need to look at what is being funded and not being funded in order to be able to best serve them
    vi. Emily McKay: You are able to move funds around to support it
    vii. Daniel Ramos: We must look at what categories are best fit to serve this community in the future as well.
    viii. Barry Waller: This happened in the past with peer navigation when there was no program yet
    ix. Bart Whittington: It is essential to know the data on diagnosed and those expected to be diagnosed
    x. Daniel Ramos: All the allocations must be taken into account, including the percentage distributed
    xi. Emily McKay: You would want to include an evaluation component.
9. PC should work with the recipient to develop a directive
10. Once approved, a recipient must follow directives in contracting but cannot always guarantee full success
    i. Recipients should provide updates on implementations
        1. Bart Whittington: you would want to compare intervention with no intervention groups to measure success

2. Emily McKay: You cannot really have a control group, but it is helpful to evaluate before and after the directive

11. Service standards are guidelines that outline for subrecipients the elements and expectations for implementing a service category in the service area
    i. Service standards are tools for consumers, subrecipients, PCs, recipients, quality managers
    ii. Hila Berl: If you follow your Service Standards but are not getting good results, consider revising your Service Standards.
    iii. 3 types of service standards: universal standards, medical care standards, non-clinical/support services
        1. Emily McKay: what's the advantage of Universal Standards?
        2. Jaseudia Killion: they apply to every category, so they don't have to update them all the time
        3. Bart Whittington: They are important because they create a standard across all categories
    iv. Performance measure or health outcomes should not be included in service standards by the PC. They are added by the recipients
        1. Bart Whittington: What is frustrating is that a standard has no objective or specific definition to a term
        2. Emily McKay: Yes, all terms must be defined or there is no way to measure it and it is pointless
        3. Bart Whittington: Asked about how to set requirements for education
        4. Emily McKay: Texas standards have educational requirements that are very limited because of rural areas having limited resources. You must not limit yourself by excluding those when making a service standard.
    v. Emily McKay presented current service standards and asked if they would permit testing of a peer navigation model
        1. Bart Whittington: It would not work in Medical Case Management because it says "do not involve…follow up of medical treatments"
        2. Bart Whittington: EIS could work as cases must be closed but can sometimes be too abrupt before a solid connection to care.
        3. Emily McKay: which service standard would you chose?
        4. Daniel Ramos: We would have to change wording in each of the standards in order to make it work in either one.
        5. Glenn Crawford: Can the time be ambiguous?

6. Emily McKay: It is whatever you set within reason. What other service category might make sense?
7. Daniel Ramos: Medical case management because it is a core service and it services people with high acuity.
8. Emily McKay: there are other clinics who have done it through OAHS though they might not be part of Part A.

12. Standards should be short, concise, and clear.
    i. Focus on requirements, not best practices.
    ii. Link universal and category specific standards
    iii. Consider available outcome data when reviewing service standards
13. Review and updated service standards to improve outcomes, reflect new guidelines for treatment, or new requirements
    i. Agree on format to be used for all service standards
    ii. Review standards every 2-3 years
    iii. Hailey de Anda: What is the appropriate place to put a recommendation for a best practice
    iv. Emily McKay: they can be in plans, CQM, or a separate section – just not with the service standards
14. Peer Navigation
    i. Helps patients overcome barriers to timely and appropriate care through community health workers who have life experiences similar to their clients
    ii. Bart Whittington: Can you please connect me with those who do trainings and certifications for community health care workers
    iii. Daniel Ramos: I have had experiences in El Paso and the Valley with trainings for community health care workers and can connect you, Bart
    iv. Emily McKay presented issues to consider in developing a directive on peer navigators
    v. Emily McKay: a centralized version of peer navigation program can be beneficial to have a standardized training and supervision. It is less complex to use a decentralized model, however
    vi. Jaseudia Killion: we have to consider our provider capability in our TGA
    vii. Daniel Ramos: a contracted company of peer navigators working the recipient could be a potential solution
    viii. Hila Berl: there have been examples of that in the past and they are very complicated and require a lot of input from the recipient

ii. Committee Feedback and Recommendations
    a. Daniel Ramos: Poll number 2 was not necessary
    b. LJ Smith: The last poll was not necessary either
    c. This will be presented at a special called meeting next week
    d. Hila Berl will send out the chat notes

e. The current plan is to get a peer navigation directive out in 2021

5. HIV PLANNING COUNCIL STAFF REPORT

a. Review committee budget
b. The special called business meeting is next week

ADJOURNMENT
Meeting adjourned at 8:07PM

- *Indicative of action items*

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. Meeting locations are planned with wheelchair access. If requiring Sign Language Interpreters or alternative formats, please give notice at least 2 days (48 hours) before the meeting date. TTY users' route through Relay Texas at 711.

For More Information on the HIV Planning Council, please contact Hailey de Anda at (512) 972-5862.