

Community Planning Group – February 15, 2012

NAME	COMMENT
	Absent: R. Harrington, D. Green, and F. Triplett
Amber	Introduction and Welcome
Richard - EIP Steering Committee Task	<p>EIP Steering Committee revised its by-laws in response to dissolution of AIDSNET structure. The membership section of the old by-laws had two representatives from the AIDSNET. The EIP Steering Committee decided to open these two positions to two members of the CPPG, with one member from the east side of the Cascades and one member from the west side. Richard asked CPPG to recommend two candidates for these positions.</p> <p>CPPG considered two options:</p> <ol style="list-style-type: none"> 1. Recommend two persons who were interested in participating in CPPG, who the selection committee did not choose. These are Brandi at SAN and Stella at PCAF. 2. Recommend Irene, a medical case manager from Yakima Valley Farm Workers Clinic (New Hope Clinic) from the east side and Jimmy from the west side. <p>CPPG decided to recommend Jimmy and Irene. Since Jimmy will be vacating the member at large position that he currently holds on the EIP steering committee, Amber will contact Brandi to see if she is interested in that position. Lara Strick is also interested in being a member at large on the EIP Steering Committee.</p>
Amber	Review CPPG notebook
Jason - Epi data	<p>Jason presented the following information:</p> <ol style="list-style-type: none"> 1. Definition terminology used in epi presentations 2. Tips for Evaluating Data <ol style="list-style-type: none"> a. Data are only useful if they support or influence public health actions b. Try to separate "nice to know" from "need to know"; concentrate on the latter <p>Jason stated WA State did not design its surveillance to track an individual across the course of the disease, i.e. does not do monitoring. DOH's Assessment Unit (AU) collects lab results, but may not be able to get reports back from labs. 70% of documents about new case are from laboratories.</p> <p>While PHSKC does active surveillance and chart review to monitor 'out of care', AU does not conduct patient chart audits to verify if a person is in care. AU has considered doing random sampling.</p> <p>Jason provided a review of HIV demographics:</p> <ol style="list-style-type: none"> 1. Foreign born PLWH representing 50 countries make up about 20% of all WA PLWH. 2. 84% of new cases get CD4 within 3 months of diagnosis; much lower data completeness for reporting of CD4 after this initial three months 3. 56% of new cases get VL within 3 months of diagnosis; 78% of these are suppressed

4. For CD4 and VL there is little difference between demographic groups - once a person is 'in care', they do well

Discussion following Jason's presentation:

Topic: What is our charge as this committee?

Amber stated CPPG would look at allocation of funds, services, SCSN, comprehensive assessment.

Question: In allocating funds, is CPPG concerned with parity of access or finding new providers? Answer: DOH is looking at new models in allocating funds.

Lara asked if perhaps we should look at increasing access to care by increasing capacity via telemedicine. Does AETC need to know where the gaps are in care? Richard stated that DOH tells AETC where the gaps in services are. Currently, gaps are in medical transportation and other support services. Sarah said that AETC asks case managers where clients are going for medical care.

Lara stated that providing HIV medical care is very complex. The question is how do we find underserved areas and increase capacity? Jason asked if MDs feared liability or were they unable to keep up on continuing education? Lara answered that MDs only want to provide the best possible services for their patients.

Dot Density Maps

Could we use dot (GIS) maps to identify where providers are located and where there are service gaps?

Amber suggested a dot density map that locates medical providers and case managers.

Are persons out of care because they do not have access to care?

Erick suggested we do an overlay of PLWH who do not have CD4 and VL with a map of medical providers and medical case managers. Richard said we could also look at AIDSvu.org to look at poverty rates in each of Washington's counties.

Spatial Statistics

Jason pointed out that AU is hindered by quality of data. He suggested that we develop a statistic or symbols to show travel time to nearest provider. This may show more need.

Amber stated that MMP knows who actual provider is. CPPG can get distance information for persons in care.

Case Management

Debra stated that insurance is difficult to maneuver without a case manager.

Sarah described EAF's attempt to use an innovative system to provide case management to underserved areas such as group case management in Island County. EAF has group sessions for completing insurance (EIP, EHIP, WSHIP) applications.

Data Requests

Jason suggested that CPPG builds in 5 minutes at the end of each presentation to find out what data requests might have been generated as a result of the presentation.

	CPPG could also use this time to prioritize data requests.
Amber - Needs Assessment	<p>Needs Assessment: Needs assessment data will be available at the April meeting. Amber will send analysis to CPPG prior to April meeting. This year DOH and PHSKC collaborated on a joint needs assessment for RW Parts A, B, and D. The same process was used to recruit participants. This year the needs assessment did random sampling via the Medical Monitoring Project (MMP). We will be doing on-going data collection rather than only collecting data once every two years.</p>
Karen - Upcoming Projects	Statewide Coordinated Statement of Need (SCSN) Comprehensive Assessment (CA)
Richard - Budget Issues	<p>The State budget is not decided as of today. The legislature has until March 9th to release the new budget. Tomorrow the budget forecast is released - it will probably not be different from last November.</p> <p>Richard handed out a history of cuts taken by the Early Intervention Program (EIP) since 2008.</p> <p>Discussion following Richard's presentation</p> <p>Insurance Question: Why are clients kicked off of WSHIP for 12-months for failure to get a prescription filled? Richard: EIP is following WSHIP's rule.</p> <p>Question from several in group: If a person is kicked off of EIP, are we having a negative impact on public health (these patients are the ones most likely to spread HIV)?</p> <p>Richard's Response: If clients are not having the necessary number of fills to maintain eligibility in Group 1, it also means they are not taking their medications enough to suppress viral load and potentially putting themselves at risk for developing resistance. In addition, the PAP is available.</p> <p>Group's Response: Some people feel that 12-months is too long and that EIP should reconsider its policy especially since PCIP-WA would allow people back on after 6-months.</p>
Amber CPPG ByLaws	<p>Attendance</p> <ol style="list-style-type: none"> 1. CPPG meets 4 times per year 2. Members can attend by phone, but should try to attend in person if possible 3. Members can only miss one meeting per year 4. Group coordinator will check in with members who have 'unexcused' absence, and reaffirm the member's intention to serve on CPPG <p>Quorum</p> <ol style="list-style-type: none"> 1. Consists of formal members only, i.e. Planning Coordinator is only voting member from DOH

	<p>Chairing Structure</p> <ol style="list-style-type: none"> 1. Amber is first chair for one year 2. Replaced by co-chair the next year 3. New co-chair is voted on annually <p>Membership</p> <ol style="list-style-type: none"> 1. Term is for two years with a two year extension <p>Agenda</p> <ol style="list-style-type: none"> 1. Amber's position will make agenda and help with facilitation if chair and co-chair cannot attend the meeting <p>Facilitator For the first year, chair will facilitate meetings. This will change to a facilitation team after the first year.</p> <p>Mission, purpose, clarify ByLaw language</p> <ol style="list-style-type: none"> 1. Committee members: Amber, Michael, John 2. Committee will send a draft to CPPG members prior to April meeting 3. At April meeting, CPPG will vote on final draft <p>Vacancies</p> <ol style="list-style-type: none"> 1. Vacancies will be replaced within set categories 2. Brenda will help work on an application to recruit consumers to the committee
Amber	Minutes from last meeting (remember they will be posted to the web)
Amber – Next Meeting	<p>April's meeting is from 10:30 to 4:30 in Kent at DSHS</p> <ol style="list-style-type: none"> 1. voting on co-chair 2. voting on by-laws 3. needs assessment 4. SCSN progress 5. Part B contracts 6. Budget 7. Allocation of funds