

Prevention and Care Strategy Committee

Salus Center
3545 Lafayette Ave.
Room #1412D

Meeting Date: Tuesday, January 8, 2019

Time: 10:00 a.m.

Minutes are recorded

Members Attending: T. Hampton (co-chair), L. Mayhew (co-chair), K. Hill, J. Jones, L. Lewis, N. Myers, D. Sherrod, J. Allen, S. Donovan

Guests Attending: J. Martin, M. Goudy, I. Sharif, E. Hooper, J. Ferguson, R. Smith, K. Jupka, R. Rafter, C. Saurberry, L. Wilson, N. Torres, F. Echols, J. Beshears

Staff Attending: R. November, D. Stepney

All members are referred by first initial and last name.

Topic/Discussion
Welcome, Introductions & Announcements <ul style="list-style-type: none">• Roll Call• Introductions<ul style="list-style-type: none">○ Committee members introduced themselves.
<ul style="list-style-type: none">• Approval of Minutes<ul style="list-style-type: none">○ 12/04/2018<ul style="list-style-type: none">▪ Minutes approved by consensus.
Co-Chair Nomination <ul style="list-style-type: none">• R. Rafter nominated J. Beshears. J. Beshears accepted the nomination.• The Committee closed co-chair nominations.• Nominees L. Lewis & J. Beshears spoke on their experience and positions<ul style="list-style-type: none">➤ Committee Members Voted:<ul style="list-style-type: none">○ L. Lewis was elected as the new Prevention and Care Strategy Co-chair.
Ryan White Part Update <ul style="list-style-type: none">• The Ryan White Part C Provider submitted an update. The Part C Provider is Washington University Infectious Diseases (WU ID) Clinic.<ul style="list-style-type: none">○ A handout is available upon request• New Sliding Fee Scale Implementation Summary:<ul style="list-style-type: none">○ The Ryan White Part C provider will begin using a sliding-fee scale for services. This is a HRSA mandate for all Part C programs.

- Anyone under 100% FPL (*federal poverty level*) will not be charged. However, anyone over 100% must be charged something. For example, SIHF is a Part C program that utilizes a sliding fee scale and uses the following fee schedule:
 - 100-200% FPL - \$5 fee
 - 201%-300% - \$7 fee
 - 301% and up - \$10 fee
- This includes office visits and lab visits.
- The Part C provider that no one will be turned away if they are unable to pay. Payment is not collected at the time of the visit. An invoice will be mailed to patients every 6 months and payments made will count towards the client cap on out-of-pocket costs. Unpaid invoices will not be sent to collections.
- Letter will be mailed or handed to Ryan White Washington University patients. Flyers will be placed in clinic rooms and brochures will be available in the waiting rooms.
- **Change in IL Medicaid Managed Care Plan Summary:**
 - Eligible clients who live in IL are required to enroll in IL Medicaid Managed Care Plans. Harmony Health Plan is ending and merging with Meridian Health Plan. Washington University is not a contracted provider with Meridian at this time but negotiations are ongoing.
 - IL Medicaid Managed Care Plan patients can still be seen at Washington University through March 31, 2019. If a contract is secured with Meridian on or before April 1, 2019, patients can continue to receive care at Washington University. If a contract cannot be secured, IL Medicaid Managed Care Plan patients may have to transfer their care to another provider.
 - The Part C provider has identified this change as a possible service gap.
 - Washington University accepts the following MO HealthNet Managed care plans:
 - Home State Health Plan
 - Missouri Care
 - United Health Care
- If you have any questions regarding the Ryan White Part C update, please contact T. Markovich at tmarkovich@wustl.edu.

Minority AIDS Initiative (MAI) Follow-Up

- L. Mayhew provided an overview of the purpose of the Minority AIDS Initiative.
- The purpose of the RWHAP MAI is to “improve HIV-related health outcomes to reduce existing racial and ethnic health disparities”
- Tasks of MAI:

- Describe how the services included in the MAI Service Category Plan Table are specific and population-tailored, with special emphasis on the three subpopulations identified in the Demonstrated Need/HIV Care Continuum section.
- Explain how you target activities to improve HIV-related health outcomes, reduce existing racial and ethnic health disparities, and increase the bars/percentages on the HIV care continuum.
- Also, describe how these activities address the unique needs of the targeted MAI populations.
- The Committee needs to gather data to identify needs and analyze how those services are delivered. The Committee needs to look at health disparities and see how they are addressed.
- Services need to be tailored to special needs and targeted to reach identified populations.
- In the short-term, the MAI workgroup is going to look at data that is already available. Grants Administration is working with providers to ensure funded services are being targeted to the populations who need them.
- The Committee reviewed the current client survey and chose the following questions to be analyzed by racial and ethnic populations and subpopulations.
- Client Survey Questions
 - Individuals were to go through the survey and pick which questions they want us to view through the MAI lenses.
 - Prevention & Care Strategy suggested the following questions: (handout available upon request):
 - Questions: 1, 2, 3, 11, 15, 21, 27, 28, 29, 30, 31, 51, 52, 53, 54, 55.
 - Client satisfaction questions will not be included in the analysis as it is a Quality Management responsibility to assess satisfaction.
- MAI Workgroup Sign-Up
 - A sign-up sheet was distributed.

Draft 2019 Prevention and Care Strategy Workplan

- The workplan outlines the work that the Committee duties outlined in the bylaws. Each section in the handout has key action steps, a timeline, expected outcome, data source and evaluation methodology, person/area responsible, Planning Council responsibility and the progress made.
 - Task 1: Oversee the tasks of the Prevention and Care Strategy's Assigned Workgroups

- Task 2: Monitor Goals and Objectives of the Regional Integrated HIV Prevention and Care Plan; including the Early Identification of Individuals with HIV/AIDS and Minority AIDS Initiative Plans.
- Task 3: Develop and Update the TGA's Annual Service Standards
- Task 4: Assist the Recipient in using Service Standards in including outcome measures as part of the Recipient's quality management program
- Task 5: Developing protocols for Prevention to Care Cross-Referrals
- Task 6: Taking the lead role in developing and assessing strategies to improve the continuum of care for the TGA and reduce unmet need.
- Other Tasks: Case Management Capacity Report Review- Monthly.
- N. Torres will bring forward any Prevention program concerns.
- A handout of this workplan is available upon request.

Subcommittee Reports

● Case Management Liaison Update

- St. Louis Effort for AIDS (EFA) has moved to 2653 Locust.
 - Lost to Care, Linkage to Care, and Transitional case management funded by Part B will have more supervision to help manage the flow of clients from specialty case management into general case management.
 - With the merger, Co-located sites will continue at Dr. Parks, Dr. Scheperle, and Dr. Summers' offices.
- The official Missouri State-wide Linkage to Care Manual is now available.
- The 2018 Linkage to Care Report will be available next month.
- The MO Case Management Restructure process will start soon. GA will be receiving input on how to manage the process.

● Case Management Capacity Report

- MO & IL Capacity reports were distributed and are available upon request.

New Business

- No new business.

Adjourn

- T. Hampton adjourned the meeting.

Next Meeting: Tuesday, February 5, 2019 at 10:00 a.m. at the Salus Center- Room #1412D.