LOS ANGELES COUNTY COMMISSION ON HIV

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

March 1, 2018

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Ace Robinson, MPH, *Co-Chair*	Joseph Cadden, MD, *Co-Chair*	Jason Brown	Cheryl Barrit, MPIA
Wendy Garland, MPH		Kevin Donnelly	AJ King, MPH
Grissel Granados, MSW		Dahlia Ferlito	Jane Nachazel
Bradley Land	**DHSP/DPH STAFF**	Joseph Green	Doris Reed
Thomas Puckett, Jr.	Sona Aleswayam	Louis Guitron	Julie Tolentino, MPH
Kevin Stalter	Angela Boger	Noah Kaplan	
	Lisa Klein	Katja Nelson	
	Aizita Magaña		
	Franklin D. Pratt, MD, MPHTM, FACEP		

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *3/1/2018*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *2/1/2018*
3) **Letter**: "Vaccine Health Portfolio," Males Who Have Sex With Males, *2/28/2018*
4) **PowerPoint**: Medical Care Coordination: Integrated Support Services to Improve Health Outcomes in Los Angeles County, *5/14/2015*
5) **Table**: Los Angeles County Commission on HIV, Standards and Best Practices Committee, Medical Care Coordination Standards, Proposed Revision Timeline, March - October 2018, *3/1/2018*
6) **Definition**: Prevention Standards, Developing a Standard for Linkage to Care: Issues and Recommendations, *3/1/2018*
7) **Definition**: Service Standards, Ryan White HIV/AIDS Programs
8) **Questions**: Los Angeles County Commission on HIV, Standards and Best Practices Committee, Standards Review Guiding Questions, *1/2/2017*
9) **Table**: Los Angeles County Commission on HIV, Standards and Best Practices Committee, Legal Assistance Service Standards, Proposed Revision Timeline, February - May 2018, *3/1/2018*
10) **Standards**: Los Angeles County Commission on HIV, Legal Services Standards of Care, *3/1/2018*

CALL TO ORDER: Mr. Robinson called the meeting to order at 10:10 am.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**:
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. **APPROVAL OF MEETING MINUTES**:
MOTION #2: Approve the 2/1/2018 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented ***(Passed by Consensus)***.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: Mr. Donnelly is running for one of the three Executive Committee At-Large seats and would appreciate support at the 3/8/3018 Commission election. He has held the seat two years and welcomed questions about his service.

III. COMMITTEE COMMENT

4. **NON-AGENDIZED OR FOLLOW-UP**: There were no comments.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**:
   - Ms. Barrit thanked SBP for its hard work and acknowledged Ms. Garland, Pamela Ogata, MPH; Michael Green, PhD, MHSA; key service providers; and Housing Opportunities for People With AIDS (HOPWA) partners in updating Housing Standards. They were approved at the 2/8/2018 Commission meeting and should be uploaded to the website by the end of the week.
   - She is working with Mario Pérez, MPH, Director, DHSP; Rebecca Ronquillo, HOPWA Representative; and Lois Starr, housing subject matter expert to formalize and develop the full menu of what pathways to housing will look like for various PLWH, e.g., someone with a co-morbidity such as Substance Abuse. They will work on strategy after the 3/8/2018 Commission.
   - The Office of AIDS Report at the 2/8/2018 Commission Meeting may have resulted in some confusion about housing services funded by Ryan White. Ms. Barrit clarified that Ryan White funds rental assistance as referenced in the new Housing Standards, but does not fund security deposits. Mr. Robinson noted the US Department of Housing and Urban Development (HUD) issue is that security deposits place funds essentially in escrow rather than using them for services. While HRSA is under the US Department of Health and Human Services (HHS), concerns are the same.
   - Mr. Land suggested other funding sources, e.g., Measure H, for the security deposit funding gap. Ms. Nelson noted a public meeting on the Los Angeles County (LAC) Homeless Initiative, Draft Measure H Funding Recommendations, 3/14/2018, at the Kenneth Hahn Hall of Administration, Board Hearing Room, 1:30 to 4:30 pm. Competition for funds, however, is keen.
   - The Commission is starting to incorporate the Health District (HD) model in conversations, e.g., in priorities and allocations. HD profiles are posted in the conference room to ensure awareness of geographic and racial/ethnic disparities.
   - Ms. Barrit noted one opportunity available to the Commission is to provide Quality Improvement (QI) advice and feedback to DHSP. She will be working with Ms. Klein who heads DHSP's QI Unit to expand and formalize that conversation starting with a standing agenda item. The first topic will be familiarizing SBP with the distinction between Commission and DHSP Ryan White QI roles. Best practices from other Planning Councils may inform this complicated and challenging QI work.
   - She thanked Commission members who participated in the 2/14/2018 Health Resources and Administrative Services (HRSA) site visit. The HRSA team was especially impressed with the breadth of knowledge and commitment of consumers.
   - ➲ Consider revising language from "security deposit" to "move-in assistance." This appears to be the approach used in Columbus, OH. COH staff will conduct more research on the issue.

6. **CO-CHAIR REPORT**:
   - As a new Co-Chair, Mr. Robinson will be speaking with SBP members to gather feedback on why members chose to join SBP, whether they feel their voices are being heard, and whether SBP is moving forward in the most effective manner. People are welcome to contact him with questions or suggestions anytime up to 9:30 pm.
   - He provided a brief overview of the 2/22/2018 Executive Committee including a discussion on prevention planning from both the Undetectable = Untransmittable (U=U) and PrEP perspectives. The candidacy of Erika Davies, City of Pasadena, was also approved to move to the Commission. The Public Policy Committee reported on funding and routine testing issues.

V. DISCUSSION ITEMS

7. **VACCINE PORTFOLIO**:
   - Dr. Pratt, Medical Director, Vaccine Preventable Disease Control (VPDC) Program, Department of Public Health (DPH), distributed a draft letter to clinicians as part of the continuing effort to make vaccines a routine part of health management. Vaccines and water management are the top two public health interventions of the past 150 years.

- The draft is focused on Males Who Have Sex With Males (MSM) because the original drivers for this effort were in the MSM community. The language was changed from Men Who Have Sex With Men in response to feedback that "men" has a social construct while "male" is biological and would include transgender women. Mr. Puckett added it also covers adolescents.
- Dr. Pratt added that data indicates most lesbians who have sex with men during their life most often do so with gay men.
- Eventually broader marketing will need to be targeted to address, e.g., racial/ethnic disparities, LGBTQ populations, and adolescents. This first draft is targeted to clinicians in order to define the need and detail requirements. The first two attachments of the electronic files open to detailed vaccine information and an immunization schedule.
- The last page is a draft of points for the client. Most people assume they received all needed vaccines as a child so VPDC is seeking input on making adult vaccination information user friendly. Multiple media will be used to reach different groups.
- Ms. Granados discouraged including transgender women under MSM, but encouraged including transgender men. Dr. Pratt replied the MSM heading may need to change. He is open to any approach that increases vaccine uptake for people at risk.
- Dr. Pratt added the last three outbreaks were independent of HIV status so it is time to consider the role of HIV negativity in the milieu. Recommendations should simply address behaviors. The many remaining questions about disease transmission raise warnings about premature consensus and false assumptions. What has transpired in LAC in the last year should raise questions regarding what the biology is, and what vaccines, PrEP, and ART are doing to change the ecology of HIV.
- Mr. Land noted long-term survivors often have difficulty responding to vaccines because they are doing so well in blocking HIV. They may need two or three doses to develop antibodies so he recommended serology follow-up. Dr. Pratt said, for many reasons, post vaccine serology is only the standard for babies 9-12 months old whose mothers had Hepatitis B.
- Dr. Pratt said the Centers of Disease Control and Prevention (CDC) published its new vaccine recommendations 2/6/2018. For the first time, the CDC recommends a third dose of Mumps vaccine during an epidemic and ART for pregnant women positive for Hepatitis B. VPDC has championed both for years and can lead in normalizing vaccines for health as well.
- Mr. Guitron asked about implementation recommendations, especially in a Federally Qualified Health Center (FQHC) clinic. The meningitis outbreak raised the issue for the Los Angeles LGBT Center. It has over 3,000 patients, not all covered by Ryan White. He felt the Center handled the issue strategically, but was interested in best practices of other clinics. Dr. Pratt felt, now that the epidemics are essentially over, VPDC needs to educate providers on using 317 vaccine to cover everyone.
- Regarding shingles, Dr. Pratt recommended vaccination for everyone over 50 with the new Recombinant Zoster Vaccine (RZV), Shingrex. Vaccination requires two doses administered two to six months apart.
- Ms. Magaña, VPDC staff, is excited to help in promoting a healthy immune system rather than focusing on disease.
- ➲ Ms. Granados will send language recommendations to Dr. Pratt.
- ➲ Dr. Pratt invited input on the clinician letter and, especially, on best communication approaches to end users so they have the comfort and confidence to ask questions. Email suggestions to Ms. Barrit by 3/5/2018 for compilation and forwarding.

8. MEDICAL CARE COORDINATION (MCC) SERVICES DATA PRESENTATION:

- Ms. Garland presented on a PowerPoint in the packet, focusing on the MCC components and evaluation results. MCC service guidelines and the full report are available on DHSP's website. 2017 data should be available in April.
- Addition of Retention Specialists to the MCC team and expansion to non-Ryan White clinic MCC sites are too new for data.
- Training has been reduced from four to two days now that MCC is fully implemented. In particular, training includes role play with a special emphasis on the nurse and social worker working together to understand each other's perspectives.
- Ms. Garland noted this is a draft and has some data errors, e.g., it identifies 1 transgender rather than the correct 135.
- The evaluation report MCC performance slides summarize 2013-2016 data, but graphs are also being constructed for each agency so they can track their performance and use graphs as a QI activity. The summary reflects similar patient numbers year-over-year consistent with the original intent for patients to graduate after approximately 12 months. Using HIV Surveillance data, DHSP will track durability of prior MCC services in maintaining retention in care and viral suppression.
- Using 2012 to 2014 HIV Surveillance data, patients reflected a 62% improvement in retention in care from 12 months prior to MCC services to 12 months post MCC, and a 97% improvement in viral suppression over that time. Improvement is notable as patients served are affected by multiple Social Determinants of Health (SDH), e.g., at or below Federal Poverty Level (FPL), 76.5%; homeless in past six months, 12.6%; ever incarcerated, 37%; likely addiction disorder, 20.6%.
- DHSP staff will present a poster on MCC at the Conference on Retroviruses and Opportunistic Infections (CROI), 3/4-7/2018, in Boston, MA. Ms. Garland suggested a Commission presentation on the CROI poster and on the analysis by DHSP's partners in the work. Continuing QI will address refining the protocol, streamlining data collection, and improving training.
- Analysis of MCC has been a priority due to the size of the investment, but analysis of other service categories is planned.

- Mr. Puckett said typically MCC team members do not identify themselves as such so patients are unaware the resource is available. For example, a patient in his Community Advisory Board (CAB) was struggling with a $1,500 ambulance bill and he was able to refer her to the MCC team, but she had been unaware of it. Ms. Garland replied the focus has been on seamless incorporation, but acknowledged that a down side of that is lack of patient awareness.
- Mr. Stalter felt every gay PLWH knows five others and likely two of them are not in care. Greater MCC awareness would help bring people into care. He also suggested finding a way to refer PLWH with private insurance, but on ADAP, to MCC.
- He urged attention to the high number of team openings and the importance of trying to fill openings with staff reflective of the patient population in the area served by a clinic to help break through some patients' reluctance to engage in care.
- He also suggested an MCC Summit for staff to exchange ideas, challenges, and best practices.
- Ms. Barrit noted working intentionally with Ms. Garland to curate data so the MCC Standards are grounded on data. SBP feedback and comments will also inform the Expert Review Panels. She reminded SBP there is a difference between developing service standards, the purview of the Commission, and operationalizing standards, the purview of DHSP.

➲ Ms. Garland will email the CROI abstract to staff for distribution. She will present to SBP on MCC cost evaluation in April.

➲ Staff will forward the full MCC Report to SBP.

9. PREVENTION STANDARDS:

- Mr. King noted, while Prevention Standards are close to a final draft, there was significant discussion on the definition and time frame for Linkage to Care. More research was requested so there was a literature review; a conversation with Paulina Zamudio, who oversees HIV testing contracts for DHSP; and outreach to MCC teams including conversations with several.
- Nationally, Linkage to Care is defined either as the first time a patient sees any kind of medical provider or the first time the patient receives labs. Time frames also vary: within 30 days, within 14 days, or appointment within 14 days and seeing a medical provider within 30 days. There appears to be no standardized universal definition.
- The proposed standard attempts to both push the envelope and be reasonable in light of provider variation. On one end of the spectrum are providers with a full, co-located continuum of services. At the other end of the spectrum are mobile vans not connected to a clinic with staff conducting testing in the middle of the night. Staff can call medical providers the next day, but providers may be booked. The onus to link is on testers, but they may not reasonably be able to do so quickly.
- Mr. Kaplan agreed and reported feedback to mitigate responsibility for the tester who may lack control over outcomes due to a lack of HIV specialists and because the patient may not be ready. Instead, he urged an appointment offer and support.
- Mr. King presented a proposed definition: the first time a newly-diagnosed HIV+ person attends an appointment with a HIV medical provider following diagnosis. For time frames, the gold standard is receipt of ART within 72 hours of diagnosis. Some providers meet that standard, but most do not. With the gold standard as the ideal, proposed minimums are: Tier 1, link to HIV medical care within 14 days of diagnosis for agencies that both conduct HIV testing and provide HIV medical care; and, Tier 2, link to HIV medical care within 30 days of diagnosis for agencies that only conduct HIV testing.
- Mr. Land urged feathering in a personal MCC team connection to help patients manage and control their disease. The personal connection is why self-help organizations have such a following. Dr. Pratt added every system that manages psychosocial aspects up front - breast cancer, congestive heart failure, chronic kidney disease - can show dollars saved.
- Mr. Guitron noted newly diagnosed patients at the Center see one of six MCC teams first. Patients receive a psychosocial and medical assessment, and may receive substance abuse, mental health, psychiatry, and possibly housing before seeing a medical provider for the first time. One challenge for the FQHC is that some providers offer PrEP and HIV care so transition is seamless for patients testing HIV+, but some providers offering PrEP may need to link patients testing HIV+ to other care.
- Mr. Stalter felt when a walk-in can get PEP or PrEP in 72 hours, someone who is contagious should be able to get ART in 72 hours. Someone testing HIV+ at a bath house Friday night should be able to receive an appointment with an MCC team the next Monday. Dr. Pratt added a provider who receives a needle stick, even at 3:00 am, receives PEP within four hours.
- Ms. Granados liked the tiers approach. She agreed connection was important and suggested a minimum expectation for a connection to social support services within 72 hours even if the medical connection is not until 30 days. The biggest fall-off in the HIV Treatment Cascade is not between Testing and Linkage, but between Linkage and Retention. Retention is key.
- Mr. Guitron said a barrier to medical appointments within 72 hours is the need for providers to have 45 CMEs or be AAHIVM certified to see a patient, especially for Ryan White, for reimbursement. The Center added providers and is doing training, but the next AAHIVM testing cycle is not until August so providers must now be supervised by certified providers.
- Mr. King reported the shortage of HIV medical specialists was a key issue raised in feedback. Often providers felt they could offer social service or medical providers, but not HIV specialists. That raises the question of defining HIV specialist need.

- Mr. Robinson said test and treat data presented at CROI shows higher pharmacy adherence for the first six months and then a return to normal. In this model, the first month of prescriptions are ordered within 12 hours. Mr. Guitron reported he has patients from a test and treat model who missed their first appointment. While he has renewed prescriptions, he is concerned to ensure patients are engaged in care and being monitored.
- Mr. King noted this piece is holding up the Prevention Standards from being opened for public comment. He found the conversation valuable, but did not hear consensus and asked if the existing 30 day standard should be retained pending additional research and return to the issue in six months.
- ➲ Agreed to forward Prevention Standards to the Commission to open for public comment, with the change to Linkage to Care highlighted, and with the understanding that SBP will continue to explore refinement of the Linkage to Care section.

MOTION #1: ***(Land/Stalter)***: Extend the meeting by ten minutes ***(Passed by Consensus)***.

10. **LEGAL ASSISTANCE SERVICE STANDARDS**: This item was postponed.

VI. NEXT STEPS

11. **TASK/ASSIGNMENTS RECAP**: There was no additional information.

12. **AGENDA DEVELOPMENT FOR NEXT MEETING**: There was no additional information.

VII. ANNOUNCEMENTS

13. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**:
    - Mr. Green reported the Consumer Caucus was redefining its leadership. One of its three Co-Chairs will be HIV+, one will be HIV-, and one will be a Community Co-Chair, not necessarily a Commission member.
    - The second CAB Meet and Greet will be in April 2018. Contact him or Ms. Tolentino to invite your CAB leadership.
    - There are several HIV+ Unaffiliated Consumer Commission seats open. The Commission is also recruiting HIV- Unaffiliated Consumers. Referrals are encouraged.
    - Mr. Robinson noted CROI is a scientific conference with a focus on new treatments and best practices. Most sessions will be available by webcast.

VIII. ADJOURNMENT

14. **ADJOURNMENT**: The meeting adjourned at 12:18 pm.