



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

October 9, 2018

Approved
11/1/2018

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Ace Robinson, MPH, <i>Co-Chair</i>	Joseph Cadden, MD, <i>Co-Chair</i>	Tobias Brown	Cheryl Barrit, MPIA
Erika Davies	Wendy Garland, MPH	Charity Chandler-Cole	Jane Nachazel
Bradley Land	Jazielle Newsome	Katja Nelson	Doris Reed
David Lee, MD	Kevin Stalter		
			DHSP STAFF
			Lisa Klein

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards and Best Practices (SBP) Committee Meeting Agenda, 10/9/2018
- 2) **Minutes:** Standards and Best Practices (SBP) Committee Meeting Minutes, 9/6/2018
- 3) **Table:** Los Angeles County Commission on HIV 2019 Work Plan (WP) Template, Draft/For Review, 10/9/2018
- 4) **List:** Standards & Best Practices Committee, Standards of Care, October 2018
- 5) **Standards:** Orlando EMA HIV/AIDS Services Standards of Care 2017, *Approved 4/26/2016*
- 6) **PowerPoint:** ID Week 2018, 10/9/2018
- 7) **Table:** Los Angeles County Commission on HIV, Standards and Best Practices Committee, Medical Care Coordination (MCC) Services Standards, Reviewer/Public Comments, 9/4/2018
- 8) **Standards:** Los Angeles County Commission on HIV, Medical Care Coordination Services Standards of Care, *Draft 10/3/2018*
- 9) **Standards:** Los Angeles County Commission on HIV, Medical Care Coordination Services Standards of Care, (with notes), *Draft 10/3/2018*
- 10) **Standards:** Los Angeles County Commission on HIV, Universal Service Standards for HIV Care, 4/13/2017

CALL TO ORDER: Mr. Robinson called the meeting to order at 10:00 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 9/6/2018 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:** There were no comments.

III. COMMITTEE COMMENT

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

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT:**

a. **Committee Work Plan 2019:**

- Ms. Barrit noted the template in the packet to identify 2019 priorities, e.g., SBP decided to review the Comprehensive HIV Plan (CHP) continuum in April to ensure it addresses Prevention for Positives and keeping those at risk HIV-. She has asked Michael Green, PhD, MHSA, DHSP, to provide an updated solicitations calendar to help align standards work.
- ➡ Ms. Barrit will email the template to SBP members to provide input and return by 10/15/2018.
- ➡ Add to Work Plan: Evaluation of prevention-care standards alignment to ensure linkage to care support.

b. **Standards of Care Purpose and Example:**

- Ms. Barrit provided a document distilled from the two-page Health Resources and Services Administration (HRSA) guidance on the definition of service standards as the minimum set of expectations for service delivery. The document will be included as a reference for standards conversations going forward.
- SBP does support robust conversation, but can slip into discussion of programmatic issues and/or operational procedures rather than standards of care. Such concerns are tracked and referred to DHSP.
- The Orlando Eligible Metropolitan Area (EMA) HIV/AIDS Services Standards of Care were provided as an example of how other jurisdictions approach standards, as requested by SBP. Los Angeles County (LAC) services standards are similar to other jurisdictions in showing measures, but tend to be significantly more detailed.
- ➡ Agreed to include in packets and display document on video screen as a reminder when discussing standards.

6. **CO-CHAIR REPORT:**

a. **Infectious Disease Week:**

- Mr. Robinson presented a PowerPoint on select ID Week 2018 topics. He and Dr. Cadden attended the international conference on 10/3-7/2018. It is sponsored by the Infectious Diseases Society of America (IDSA), Society for Healthcare Epidemiology of America (SHEA), HIV Medicine Association (HIVMA), the Pediatric Infectious Diseases Society (PIDS).
- An STI epidemic report addressed re-emergence of congenital syphilis nationally with one-third of cases in California, mainly LAC and San Diego County. The focus is on increased screening, ideally in the first and third trimesters.
- Topics covered in the PowerPoint include:
 - ▶ Gold Standards - test and treat on HIV+ diagnosis; and rapid start PrEP daily or, for those with more predictable anal sex activity, on demand with 2 pills 24 hours prior to sex and one each at 24 hours and 48 hours after;
 - ▶ Hepatitis C - intersection with opioid epidemic, improved treatment, and delivery of care;
 - ▶ PEP - decreased barriers to PEP via phone screening and prescription (New York City); and doxycycline PEP for Chlamydia and syphilis with discussion of accurate targeting models;
 - ▶ Additional medication options, including for highly treatment experienced, and therapy management linking clinics and pharmacies to support all in achieving U=U;
 - ▶ Emphasis on quarterly STI screening and acknowledgement that an HIV wave will follow the STI wave;
 - ▶ Sexual network disruption model using military cell infiltration, identification, and disruption of targets while protecting nearby areas, e.g., infections may center on one club in an area despite other clubs nearby.
- Regarding long-term survivors and co-morbidities, Mr. Robinson reported multiple discussions including interesting theories on cost control, e.g., early viral suppression for the newly diagnosed can be expected to help contain costs in 50 years. Access to care for co-morbidities such as cancer varies widely between the global north where insurance is common and the global south where access to care may be restricted to HIV.
- He added an interesting report on Social Determinants of Health (SDH) and viral suppression found one SDH had no impact on viral suppression, but two SDHs was highly impactful, and three or more SDHs was exponentially impactful.
- Mr. Land said that, even with insurance, the changing healthcare landscape may lead to denials of coverage for more expensive co-morbidities such as cancer. Currently, no guidance is provided for PLWH who are denied.

- ➡ Mr. Robinson will forward an updated ID Week 2018 PowerPoint to staff for distribution to SBP.
- ➡ Add to Work Plan: Ensuring continuity of services for PLWH with co-morbidities as addressed in the context of services by SBP; funding by the Planning, Priorities and Allocations Committee; and policy by the Public Policy Committee.

V. DISCUSSION ITEMS

7. MEDICAL CARE COORDINATION (MCC) STANDARDS OF CARE (SOC):

- Ms. Barrit noted the updated matrix of reviewer comments. She and Ms. Tolentino reviewed comments in light of feedback from DHSP and indicated whether they pertain to SOC or to program guidance. In addition to the matrix in the packet, there were copies of the MCC SOC with and without comments, and a copy of the Universal Service SOC.
- Some issues are relatively easy to address, e.g., the question of whether to use "behavioral health" versus "mental health" can be addressed by defining both and ensuring the conversation around mental health is destigmatized.
- The single most contentious issue is whether or not both the social worker and medical provider must be physically present to do the initial assessment. Some reviewers prefer to eliminate that requirement to enable available staff to do the assessment promptly with the other piece added later. They express concern about assessment delays if staff are otherwise engaged, out sick, or there is a staffing vacancy. Other reviewers feel not assessing the client fully right away defeats the purpose of an MCC team to ensure gaps in needed services are identified and addressed. Depending on the population, clients may not return after an initial assessment for perhaps three months which will potentially leave needs unaddressed.
- Ms. Reed thought Ms. Garland had said Casewatch required both the social worker and medical assessment to open a case.
- Ms. Barrit has reviewed literature to identify options. The spirit and intent of MCC is similar to the American Medical Association medical home model, i.e., client-centered, client-driven care. Some medical home language may help address maintaining the MCC multidisciplinary approach throughout assessment, ongoing care, transition, and re-engagement into care. Though not stressed in comments, she felt consumers wanted the full continuum of the multidisciplinary approach.
- Regarding staffing, some agencies take longer to hire than others, e.g., due to contractual issues. That is not the Commission's purview, but SBP can uphold cultural competency and education recommendations for high quality care.
- Ms. Barrit deferred additional revisions until SBP could review the analysis of which current comments pertain to the SOC versus program guidance. She felt review should also precede any additional round of public comment. Terina Keresoma has suggested an Expert Review Panel but, if SBP chooses to hold one, it should focus on new voices.
- ➡ Propose for public comment: Revise requirement for joint social worker and medical MCC assessments to allow separate assessments within a limited time frame in order not to lose the intent of the MCC team coming together very quickly.
- ➡ Ms. Barrit will draft an updated MCC iteration with input from the SBP Co-Chairs and a DHSP representative for SBP review at its November meeting preparatory to release at the Commission for public comment.

VI. NEXT STEPS

8. TASK/ASSIGNMENTS RECAP: There were no additional items.

9. AGENDA DEVELOPMENT FOR NEXT MEETING: There were no additional items.

VII. ANNOUNCEMENTS

10. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

- Ms. Davies announced the City of Pasadena Department of Public Health has identified 20 cases of flea-born typhus fever. People are advised to feed pets indoors to discourage feral cats and possums which are primary carriers of infected fleas.
- The City of Pasadena is presenting its third annual celebration of National Coming Out Day on 10/11/2018, 6:30 to 8:30 pm, at the Pasadena Central Library. Speakers include Ongina and a representative from the San Gabriel Valley LGBTQ Center.

VIII. ADJOURNMENT

11. ADJOURNMENT: The meeting adjourned at 11:45 am.