

PCHAP

PARTNERSHIP FOR
COMPREHENSIVE
HIV/AIDS PLANNING

January 21, 2016 Standards & Quality Committee / Needs & Resources

Members Present: Laverne Bell Pamela Bowen John Brush Jeremiah Thomas Cindy Maldonado		Jack Garcia Marvin Hall	Guests: Jeff King	Absent: Jeff Allen Nicholas Harris Omar Mayes Leighray Wilson	HPCNEF Staff: Flora Davis Dawn Pietrewicz
	Discussion				Action
Welcome	Welcome, Notice of Public Meeting and Roundtable introductions were made				
Review Code of Conduct	The group was advised to act according to the PCHAP Code of Conduct.				
Review of Minutes	Not separate November meeting, no minutes.				
Tasks Review CAREWare Retention in Care Report - Goal A:1, B, 1	<p>Dawn Pietrewicz reviewed the CAREWare (CW) Retention in Care report (HAB01) and answered questions as follows:</p> <ul style="list-style-type: none"> This report measures Retained in Care as percentage of clients with HIV infection who had two or more medical visits, at least 3 months apart, in an HIV care setting in the measurement year (365 days). The 2/28/15 baseline report showed 75% Retained in Care The 1/20/16 report showed 55.24%. 75% of not retained clients were male, not surprising as the majority of RW clients are male. There was an even split between black and white. The data was also reviewed by a sex, race and age stacked column chart. <p>Data Issues</p> <ul style="list-style-type: none"> Case Management (CM) has been working hard to make sure even non-Ryan White medical visits (e.g. Medicaid or insurance covered) are in CW due to new HRSA requirements. Once one visit is entered a client is part of the HAB01 count. If adequate visits cannot be verified and entered by CM a client would show as not retained in care. Even though they are likely receiving care via insurance. In a sample audit 57% of clients shown as not retained had some type of insurance and had enrolled in RW for non-medical services. These \$0 medical service in CW have also caused issues with RSR reporting. Additionally, the CW report does not drill down to specific medical service line items under Outpatient Medical and within the subservices does not differentiate the type of medical visit. For example a client may be receiving an outpatient procedure follow-up or and HIV follow under the same sub-service. <p>It was decided that due to the change in Lead Agencies taking place on 4/1/16 and potential transition issues the consortia would address metrics for issues described above and training on quality measures surrounding these metric revisions further with the new LEAD Agency during the May planning session.</p>				
Target Date Review - Goal A:1, B, 2 & 3					Goal A:1, B, 2 & 3 target dates were changed to 5/19/16

<p><u>Other Business</u></p>	<ul style="list-style-type: none"> • The members asked for more information on the Lead Agency transition. Jeff King advised that the transition was not done at the request of Ryan White consumers or providers. He also established that the Health Department, as the new Lead Agency, was committed to maintaining as much consistency as possible and that no sweeping changes were planned. • John Brush inquired about the adequacy of remaining Ryan White funding for pharmaceuticals due to the large co-pays he was seeing in his new position. Flora Davis assured him that it was historically normal to see higher RX expenses in January and funding was allocated with that in mind. However, should it be needed, a budget amendment was possible to move dollars between funding categories to address any issues. 	
<p>Adjournment</p>	<p>Meeting adjourned at 2:18pm</p>	