



**RYAN WHITE CARE COUNCIL
HEALTH SERVICES ADVISORY COMMITTEE
HILLSBOROUGH COUNTY HEALTH DEPARTMENT
THURSDAY, DECEMBER 20, 2007
1:30 P.M. – 3:30 P.M.**

MINUTES

- CALL TO ORDER** The meeting was called to order by Don Kurtyka, Chair at 1:35 p.m.
- ATTENDANCE** Members Present: Wanda Barker, Robbie Bouplon, Vicki Kenyon, Don Kurtyka, Brent Laartz, John Melartin, Steve Palermo, Priya Poulimas, Bob Reynolds, Jim Roth, Tina Van Doren-Ruppell, Donette Waul-Santiago, Rita Winstead
Members Absent: Leslie Betts, Cindy Brown, Barbara Clark-Alexander, Michael Wagner
Guests Present: Marty Clemmons, Lois Hall, Jim McGarvey
Grantee Staff Present: Aubrey Arnold
Health Councils Staff Present: Collette Tomberlin
- CHANGES TO AGENDA** Members agreed by consensus to add an update on the Ryan White Information System and information from the State ADAP (AIDS Drug Assistance Program) workgroup.
- ADOPTION OF MINUTES** The minutes for September 20, 2007 were approved (M: Kenyon, S: Laartz) with 13 yes votes and 0 no votes.
- CARE COUNCIL REPORT** Jim Roth shared the action items from the December Care Council meeting. The council elected Robbie Bouplon as parliamentarian and received a brief training on parliamentary procedure. The Care Council approved final FY 07-08 Part A and B reallocations, gave the Grantee authority over any last minute reallocations, approved a by-law revision to align wording with current legislation, approved the report on the Assessment of the Administrative Mechanism (AAM), and approved a new voting member.
- ELIGIBILITY ALIGNMENT** The Grantee's office issued a memo in November that all clients should have been through the eligibility process or have an appointment scheduled by the end of February 2008. At the end of the screening process, clients receive a notice of eligibility or a notice of ineligibility for Part B services. Clients who are found ineligible may still receive Part

A services. There are some checks built into the system to help alleviate fraud.

The Planning and Evaluation Committee has been asked to look at aligning the requirements for Part A with Part B. The P&E committee is seeking input from other committees before making a decision. The Grantee presented a table showing the dollar amount by service category to assist those over 300% of federal poverty level. Members noted that this is not a significant cost savings. Committee members representing the perinatal program stated that HIV positive pregnant women need care regardless of income to prevent vertical transmission of HIV.

Some members feel that EMAs (Eligible Metropolitan Areas) were created in the legislation and given latitude to meet the needs of their specific populations. Limiting the EMAs ability to respond to these needs by setting arbitrary caps is not the intent of the legislation.

There are other EMAs in the state that have aligned Part A with B and others have established their own Part A eligibility requirements that are more lenient than Part B. The Grantee stated that some reasons for considering aligning the eligibility requirements would be standardization of the system, assisting the neediest first, cost savings, easier to monitor and track those who are eligible and simplifying the requirements for clients.

Jim McGarvey and Marty Clemmons thanked the committee for their input and will take this input along with that received from other committees back to the P&E committee.

QUALITY MANAGEMENT INFORMATION

Steve Palermo attended the provider meeting in November where documents were distributed with the tabulated quality management data collected in June and July. Steve noted an obvious error in one data set being reversed and was concerned about the accuracy of several other pieces of data. Once he compared the data submitted for his agency, he brought the errors to the attention of the quality management provider and has scheduled a meeting to discuss the specifics. Since this is not a pilot and the data actually reflects the performance of each agency, Steve strongly encourages every provider to compare the data presented with what is submitted. He would like to see the data brought back to the agencies for an accuracy check before it is distributed. The cluster meetings will also work on refining the questions on the data collection tool so that they are completely objective and leave no room for interpretation.

Those working within the quality management system are getting frustrated that they cannot use data for actual quality improvement because it is not accurate and usable data. They are spending too much time dealing with the tool, analysis and reporting.

FORMULARY

The committee reviewed a timeline of events regarding our local formulary. Since the Ryan White information System is not yet operational, there is no way to centralize and accurately analyze the data. The committee decided to leave our formulary open until we have RWIS operational to collect accurate data to base decisions.

**RYAN WHITE
INFORMATION
SYSTEM UPDATE**

The Ryan White Information System (RWIS) is going through a source code review. Once that is completed, actual client data will be loaded and compared to provider level data to ensure they match. Then providers will be trained on they system and it will be implemented.

**ADAP (AIDS Drug
Assistance
Program)
WORKGROUP**

The State ADAP (AIDS Drug Assistance Program) workgroup met recently and is now headed by Lorraine Wells since Dr. Aarons retired. Joe May presented the group with an update on patient care. Ms. Wells discussed the reformation of the workgroup. Two new drugs and tropism testing were approved at the meeting.

**HIV RESISTANCE
SURVEILLANCE
PROJECT**

Don shared information about the CDC (Centers for Disease Control) sponsored Variant, Atypical and Resistant HIV Surveillance Program. The CDC has already involved Duval, Orange and Broward counties and recently asked Hillsborough County to join. Pinellas County was recently added to the program. The program performs genotypic testing on all individuals initially testing positive through the selected Health Departments to estimate the prevalence of HIV drug resistance among persons recently infected. The program will also evaluate trends and transmission of HIV drug resistance and evaluate risk factors for HIV drug resistance. All patients receiving HIV testing from the participating county health departments are automatically enrolled in this program. Patients seeking care from providers outside the heath departments can request copies of their baseline resistance test results.

**ANNOUNCEMENTS/
COMMUNITY
CONCERNS**

Donnette Waul-Santiago stated that Medicaid has a new fiscal agent starting in March. The system and forms will change so please attend the training when offered.

It was reported that Positive Healthcare was given one more year to continue with their program. A request for proposals will be developed during 2008 for ongoing services.

Don reported that a recent upgrade to the LabTracker software used at the Hillsborough County Health Department now permits VircoType resistance tests reports to be directly imported into the data base resulting in improved graphical display of resistance results. LabTracker also creates a chronological graphical display of CD4 counts and HIV viral load results; resistance associated mutations will now be added to the display.

At this time, there are no pressing items to necessitate a meeting in the month of January. The committee will convene in February.

ADJOURNMENT

There being no further business to come before the Health Services Advisory Committee, the meeting was adjourned at 3:05 p.m.