

**RYAN WHITE CARE COUNCIL
HEALTH SERVICES ADVISORY COMMITTEE
HILLSBOROUGH COUNTY HEALTH DEPARTMENT
THURSDAY, OCTOBER 19, 2006
2:00 P.M. – 3:30 P.M.**

MINUTES

- CALL TO ORDER** The meeting was called to order by Don Kurtyka, Chair at 2:00p.m.
- ATTENDANCE**
- Members Present: Wanda Barker, Cindy Brown, Vicki Kenyon, Don Kurtyka, John Melartin, Priya Poulimas, Jim Roth, Michael Wagner, Donette Waul-Santiago, Rita Winstead
- Members Absent: Jimmy Baumgartner, Leslie Betts, Robbie Bouplon, Tish Carlton, Barbara Clark-Alexander, Rob Loy
- Guests Present: Steve Palermo, Gilda Roman-Nay-Torres, Elizabeth Rugg, Tina Van Doren-Ruppell
- Grantee Staff Present: Dorinda Seth
- Health Councils Staff Present: Collette Tomberlin
- CHANGES TO AGENDA** There were no changes made to the agenda.
- ADOPTION OF MINUTES** The minutes for September 21, 2006 were approved (M: Poulimas, S: Wagner) unanimously.
- CARE COUNCIL REPORT** Staff reported that the Care Council passed three motions from RPARC at the business meeting: the reallocation of current year funds, the allocation of funds for next year, and a clarification of allocated funds for 2007-08 that had previously passed the Care Council. The Care Council also elected Wendell Martin as Vice Chair.
- AICP AND INSURANCE SERVICES UPDATE** Elizabeth Rugg shared the process flow of enrollment and service delivery. She also shared that clients currently receive up to \$175 for co-pays and up to \$400 for insurance premiums. AICP has recently lifted their enrollment cap, so the provider agency attempts to get all premium clients in the AICP so that the bulk of Ryan White funding can be put toward co-pays. All wait-listed clients are being served through cash reserves from the prior month and clients needing antiretrovirals are enrolled before clients needing other medications. Elizabeth shared monthly expenditures by funding source for the past two years in addition to the number of clients served. She stated that all

expressed need is being met. Priya stated that the system operates smoothly from a case management perspective.

REVIEW OF PRIMARY CARE OUTCOMES MEASURES

Gilda Roman-Nay- Torres shared the results of the Quality Management Pilot for Primary Care. Committee members received copies of the logic model, measurement tools, results from the web based system and the narrative included as part of the Title I application. Gilda explained that various items from the combined measurement tools were pulled out to present to this group. Now that the pilot is complete, provider input is being sought to make any necessary changes to the manner of data collection and the questions that are being asked.

Some members shared concerns regarding the amount of time it takes to collect the requested data and the potential time it will take to enter into the proposed web-based system. Other members felt these questions closely mirror a monitoring visit and very few address the quality of service provided. Much of the requested data centers on the process or administrative tasks deemed to be standards of care not clinical patient outcomes. Lack of longitudinal data on clients was shared as another concern.

Gilda stated that the cluster meetings would be the appropriate venue to discuss these concerns and revisit the measurement tool so that the input comes through the network of providers and is system driven. The QM database system is proposed to become operational in December. Providers will be able to pull agency specific and system level reports for the services they provide. The provider can also track the number of services a particular client has received from their agency during a specific time period. Gilda stated that the QM database will align with RWIS once that system is operational.

ANNOUNCEMENTS/ COMMUNITY CONCERNS

John Melartin asked that members look for information regarding Florida's Medicaid reform.

Don attended the recent ADAP meeting and shared that ADAP plans to continue Hepatitis C treatments and plans to add Hepatitis B treatments as well as adding two treatments for peripheral neuropathy. Don queried the ADAP program regarding the frequency of laboratory testing as brought up by a concerned client at the September meeting and learned that there is some degree of flexibility in the ADAP program which will permit lab testing (CD4 count and viral load) less frequently than the perceived three month requirement.

ADJOURNMENT

There being no further business to come before the Health Services Advisory Committee, the meeting was adjourned at 3:15 p.m.