



**RYAN WHITE CARE COUNCIL
HEALTH SERVICES ADVISORY COMMITTEE
HILLSBOROUGH COUNTY HEALTH DEPARTMENT
THURSDAY, FEBRUARY 21, 2008
2:00 P.M. – 3:30 P.M.**

MINUTES

- CALL TO ORDER** The meeting was called to order by Don Kurtyka, Chair at 2:05 p.m.
- ATTENDANCE** Members Present: Wanda Barker, Vicki Kenyon, Don Kurtyka, Brent Laartz, John Melartin, Steve Palermo, Priya Poulimas, Jim Roth, Tina Van Doren-Ruppell, Michael Wagner, Donette Waul-Santiago, Rita Winstead
Members Absent: Leslie Betts, Robbie Bouplon, Cindy Brown, Barbara Clark-Alexander, Bob Reynolds
Guests Present: William Perry
Grantee Staff Present: none
Health Councils Staff Present: Collette Tomberlin
- CHANGES TO AGENDA** Members agreed by consensus to add an update on case management.
- ADOPTION OF MINUTES** The minutes for December 20, 2007 were approved (M: Roth, S: Palermo) with 12 yes votes and 0 no votes.
- CARE COUNCIL REPORT** Jim Roth shared information from the February Care Council meeting. There were no action items for the Council, but each committee presented their reports. SIOC (standards, Issues and Operations Committee) met and discussed appropriate behavior in Care Council and committee meetings and reminded everyone to be respectful and discuss only Care Council business. The Minority Advocacy Committee held an ad hoc to coordinate efforts that help HIV positive prisoners access services upon release. The Grantee indicated the Ryan White Information System (RWIS) has passed a final source code review and should be operational soon. Refresher training is being offered in February.

**PRIMARY CARE
PROVIDER
SURVEY DRAFT**

Members reviewed the draft of the survey and decided to add additional questions on resistance testing and anal pap smears. Members requested that we reword one of the questions to align with the DHSS (Department of Health and Social Services) guidelines. The survey will be submitted to all Ryan White providers. The results will be shared at the April or May meeting.

**PRIMARY CARE
QUALITY
MANAGEMENT
CLUSTER
MEETING**

The Quality Management results for primary care were discussed at the last HSAC meeting with concerns presented that there were some inaccuracies being reported. It was discovered that the inaccurate results were presented in our Part A grant application. The following motion passed (M: Kenyon, S: Laartz) with 13 yes votes and 0 no votes:

MEMBERS OF THE HSAC WILL REVIEW THE QUALITY MANAGEMENT PORTION OF THE PART A GRANT APPLICATION AND NOTE ANY INACCURACIES. A LETTER OF EXPLANATION WILL BE SENT TO OUR HRSA PROJECT OFFICER WITH THE INACCURACIES CORRECTED.

Steve and Don met with the quality management provider in January to discuss changes to the measurement tool. The measurement tool was redesigned to be more objective and less subjective. HRSA core measures were incorporated into the tool and state measures that had changed were eliminated as unnecessary.

The redesigned tool was presented at the cluster meeting with an item by item discussion of how the responses should be recorded. Those completing the form should not be making any inferences. The group decided to create a separate section specifically for females and one for infants. The new tool will align with some of the HIVQual measures that will be useful for external monitoring.

The group agreed to three collection periods (April through June, August through October, and January through February). Some of the collected data elements will no longer be necessary once RWIS is operational.

Members of the committee were also present for the Dental, Nutritional Supplement and Case Management cluster meetings. Each of these tools were also redesigned to better meet the needs of the system and to simplify reporting. Only the BMI (Body Mass Index) measure remains for the Nutritional Supplements, two separate tools were combined into one for dental and four tools were condensed into one for case management.

Concerns still remain about the 100% reporting expectation. Most programs look at a sample and extrapolate data across the population. Since the program is based on a logic model, there does not seem to be any step in the program to use the gathered data to make improvements. Providers receive only data about a particular service

and how it relates to other services.

**CASE
MANAGEMENT
UPDATE**

Priya Poulimas shared an update on case management. All clients are required to have a completed eligibility screening or have an appointment to do so by February 29. Gulf Coast has completed the screening on all but about 10 clients who are unwilling to participate and their cases will most likely be closed.

Agencies still have waiting lists, but not as long as they were last year. Clients needing insurance services or medications are given priority so they have no interruption in care. Those needing some support services are being taught to access those services without the assistance of a case manager which fosters independence and decreases wait times.

**HIV RESISTANCE
SURVEILLANCE
PROJECT**

Don shared information about the CDC (Centers for Disease Control) sponsored Variant, Atypical and Resistant HIV Surveillance Program. Hillsborough, Pinellas and Polk Counties are all participating. Don has seen the results returned for 25 Hillsborough County clients and no mutations are being found.

**ANNOUNCEMENTS/
COMMUNITY
CONCERNS**

Committee members announced upcoming community events.

At this time, there are no pressing items to necessitate a meeting in the month of March. The committee will convene on April 17th.

ADJOURNMENT

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