



# LOS ANGELES COUNTY COMMISSION ON HIV

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*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 OF CARE COMMITTEE MEETING MINUTES March 5, 2009



MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Angelica Palmeros, <i>Co-Chair</i>	Anthony Bongiorno	Miki Jackson	Angela Boger	Jane Nachazel
Fariba Younai, <i>Co-Chair</i>	Sharon Chamberlain	Rich Mathias	Tia Mao	Doris Reed
Mark Davis	Maxine Franklin	Dean Page	Mary Orticke	Craig Vincent-Jones
Brad Land	David Giugni		Juhua Wu	
Jenny O'Malley	Terry Goddard			
Everardo Orozco				

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 3/05/2009
- 2) **Minutes:** Standards of Care Committee Meeting Minutes, 2/05/2009
- 3) **Memorandum:** Los Angeles County HIV/AIDS Continuum of Care, 1/07/2009
- 4) **PowerPoint:** Los Angeles County HIV/AIDS Continuum of Care, 1/12/2009
- 5) **Standards Publication Proposed Graphics:** Benefits Specialty Services, 3/05/2009
- 6) **Spreadsheet:** Evaluating Service Effectiveness, 5/12/2008

1. **CALL TO ORDER:** Ms. Palmeros called the meeting to order at 10:15 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**MOTION #2:** Approve the February 5, 2009 Standards of Care Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** Ms. Palmeros reported that the Committee Co-Chairs participated in the Joint Priorities and Planning and SOC Committees' meeting to select open this year's Priorities- and Allocation-Setting Process.
  - A. **Continuum of Care:**
    - Mr. Vincent-Jones presented the Continuum of Care. It will be refined on an ongoing basis with Commission, PPC and OAPP input. Feedback indicates that its complexity warrants repeated presentations so that the audience can grasp the complexity of it.
    - The first Continuum of Care was adopted in 2002. It categorized and organized services into five key areas with supportive services coordinated around a primary health care core.
    - The current system was redeveloped and refined in 2008 to better represent integration of services and to make it more effective as a tool to improve services. It also reflects a consensus on terminology developed in conjunction with OAPP. While providers are not bound to adopt the terminology, they are encouraged to do so to facilitate discussions on services.

## Standards of Care Committee Meeting Minutes

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- The key difference between the earlier and new approaches to the Continuum of Care is the new system is interactive rather than a static representation. It represents how services (interventions) move patients through the system of care measured by indicators with results reflected in outcomes.
- The model encompasses the entire population from “No/Low HIV Risk” on the far left to “PWH/A Following Care Plan” on the far right. The goal is to move those who are HIV- to the far left and PWH/A to the far right. All PWH/A go through four stages or “stocks” from “HIV+ but unaware”, through “aware but not receiving services,” to “accessing services,” and finally “following care plan.” Some PWH/A will move through the system more quickly than others and some will regress at some point(s), e.g., from “accessing services” to “aware but not receiving services.”
- Indicators effect patient movement with discreet indicators impacting the two major indicators of “Effective Clinical Management” and “Effective Self-Management.” Indicators have been mapped for each service cluster and the Commission has offered to provide a consultant to assist the PPC in prevention mapping.
- Current indicators were developed from service maps derived from categories with standards. Indicators are neutral so the same indicator, e.g., CD4s, may be used in different ways for different purposes. Indicators will be added as they are deemed of value. Ms. Orticke said the County is already measuring about half the 28 measures recommended by HRSA.
- Best Practices work identifies indicators, evaluates what maximizes an indicator’s effects through research studies and experiential information like needs assessments, quantifies outcomes, and evaluates cost effectiveness
- Regarding the presentation, the following suggestions were made by the Committee: add an asterisk/disclaimer noting that size of circles and colors used have no innate meaning; add an asterisk/disclaimer noting that, as the Wenn diagram is two-dimensional, it is not a perfect representation of how services intersect, e.g., some prevention services may be incorporated in medical services; change “Service Clusters” to “Service Category Clusters”; change Systems Dynamics Modeling outflow from “Deaths” to another terminology; change “No Risk” stock designation to “No/Low HIV Risk” and “High Risk for HIV” to “At Risk for HIV”; and change “Population Flow” to “Patient Flow”.
- It was also suggested that the Commission should consider the prospect of a National Institute of Health (NIH) proposal as this model is cutting edge. The NIH Stimulus Act RFP deadline for two-year, \$500,000 per year proposals is 4/27/09.

### 8. STANDARDS PUBLICATION:

- Mr. Vincent-Jones presented samples of the standards format. Each standard will include an executive summary.
- Eventually executive summaries will be prepared for all prioritized service categories including those without standards. That will be done after the standards are published.
- Publishing is expected by mid-April with consumer materials to follow in June.
- Dr. Younai recommended that each standard list the names of all SOC Committee members active at the time the standard was adopted.

9. **SERVICE EFFECTIVENESS:** This item was postponed.

10. **GRIEVANCE POLICIES AND PROCEDURES:** This item was postponed.

11. **STANDARDS DISSEMINATION:** This item was postponed.

12. **COMMITTEE WORKPLAN:** This item was postponed.

14. **MEDICAL OUTPATIENT RATE STUDY:** This item was postponed.

15. **AETC REPORT:** This item was postponed.

16. **NEXT STEPS:** There was no report.

17. **ANNOUNCEMENTS:** Dr. Younai reported that she submitted an abstract to the 6<sup>th</sup> International Oral AIDS meeting on the Commission’s behalf. The abstract addresses the role of oral health in the continuum of care for PWH/A.

18. **ADJOURNMENT:** The meeting was adjourned at 12:15 am.