STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES
February 6, 2014

MEMBERS PRESENT | MEMBERS PRESENT (cont.) | PUBLIC | COMM STAFF/CONSULTANTS
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Grissel Granados, MSW, Co-Chair | Mitchell Kushner, MD, MPH | None | Jane Nachazel
Fariba Younai, DDS, Co-Chair | Ricky Rosales | | Craig Vincent-Jones, MHA
Raquel Cataldo | | | 
Dahlia Ferlito, MPH (pending) | | | 
Suzette Flynn | MEMBERS ABSENT | | 
David Giugni | Patsy Lawson/Miguel Palacios | | Carlos Vega-Matos, MPA
Terry Goddard, MA | Angélica Palermos, MSW | | 
Kimler Gutierrez (pending) | | | 

CONTENTS OF COMMITTEE PACKET
1) Agenda: Standards and Best Practices (SBP) Committee Agenda, 2/6/2014
2) Minutes: Standards and Best Practices (SBP) Committee Minutes, 1/15/2014
3) Graphic: Los Angeles County Continuum of HIV Care and Services, 1/15/2014
4) Article: “Societal and Individual Determinants of Medical Care Utilization in the United States,” Anderson, Newman, 2005
8) Table: FY 2014 Service Categories, 1/15/2014
9) Table: Department of Public Health, Division of HIV and STD Programs, Proposed RFP Timeline, draft, October 2013
11) Table: Standards and Best Practices, Job Competencies, 1/15/2014
12) PowerPoint: Engagement Across the HIV Treatment Cascade, 1/13/2013

1. CALL TO ORDER: Ms. Granados called the meeting to order at 8:30 am.

2. APPROVAL OF AGENDA:
   MOTION #1: Approve the Agenda Order (Passed by Consensus).

3. APPROVAL OF MEETING MINUTES:
   MOTION #2: Approve the 1/15/2014 Standards and Best Practices (SBP) Committee meeting minutes with page 5, bullet 10, “mental health” corrected to “mortal health” (Passed by Consensus).

4. PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP: There were no comments.

5. COMMITTEE COMMENT, NON-AGENDIZED OR FOLLOW-UP: There were no comments.

6. CO-CHAIRS’ REPORT: This item was postponed.

7. ORGANIZATIONAL DEVELOPMENT:
A. “Societal/Individual Determinants...,” Anderson, Newman: This item was postponed.

B. “Revisiting the Behavioral Model...” Anderson: This item was postponed.

C. Adoption of a Social Determinants Framework:

- The Committee reviewed prior revisions to the framework. Mr. Goddard questioned whether changing the boxes changes the conceptual idea. Empirical data supports current boxes so changing them undermines measure accuracy without appropriate data unless that is sought or developed.

- Dr. Younai said the paper addresses relationships within the social network. It is important to maintain the basic relationships for the model to remain viable as well as to be comparable with efforts elsewhere. Some changes can be made in key areas while being careful not to disrupt the model overall. Footnotes and descriptors can be added to augment it, e.g., to bring out information especially pertinent to Los Angeles County.

- Dr. Kushner viewed questions as basic information a provider needs to know, e.g., whether someone has a partner. He expressed concern, however, that some providers may be unfamiliar with terms such as “sex at birth, gender identity and sexual orientation.” That is a problem in rolling out material to other health plans and providers.

- Ms. Granados said training and education can be added where needed. The goal is to ensure that, e.g., a transgender person entering health care receives appropriate evaluation and care. Mr. Vincent-Jones added this is a framework to guide the Commission’s work rather than something that will be distributed on its own.

- Ms. Granados said “race” is an outdated term because, e.g., Latino is not a race per se. Latinos may identify as “white.” Mr. Gutierrez added nation of origin and immigration status have been more useful categories.

- Ms. Flynn saw the main purpose of collecting data as assessing access to and engagement in HIV services as a percentage of total population, e.g., African-American males are more likely to be homeless.

- Mr. Vincent-Jones said social determinants seek to address why someone is not receiving services. It may be because of race, ethnicity or other factors such as institutional social stigma. Additional criteria can be added and detailed later.

- He added the framework is not a specific tool for a specific purpose, but a framework to guide future planning and will be accompanied by a written document that explores definitions. That can then be used to develop tools, e.g., a survey on “faith/religion” might have check boxes or use derivatives to explore that social determinant. Different social determinants will be relevant to different issues, e.g., work with HOPWA would focus on housing status and stability.

- Regarding prevention, Ms. Granados noted health insurance should now include HIV testing, but Dr. Kushner said he is battling with health plans to include all care. They often do not want to include HIV services as primary care so he felt it was important to maintain a specific focus on them as well as primary care.

- Mr. Vincent-Jones noted the Treatment Cascade uses three core care subject areas: access, retention in care and adherence. Ms. Granados felt retention in care and adherence outcomes were affected by social determinants.

- Mr. Vincent-Jones added community feedback indicates that access is affected by high co-payments or overall costs. He felt both community and healthcare infrastructure were important factors, e.g., proximity to a clinic.

- Ms. Granados noted a health infrastructure may offer access, but services may be ineffective. Mr. Vincent-Jones said some points may need to be added to keep prevention at top of mind, e.g., risk/susceptibility.

- Mr. Vega-Matos added some clinics have structural and operational barriers to accessing care including some of the Federally Qualified Health Centers that are supposed to be embedded in the community.

- Several raised the issue of co-morbidities. Mr. Vincent-Jones noted the term is often used just for STDs, but Mr. Vega-Matos said its use at conferences is generally broader. Mr. Vincent-Jones noted the Commission routinely discusses substance abuse, mental health and housing as key co-morbidities, but they might become lost in other health plans.

- Mr. Vega-Matos said how people define “co-morbidities” often depends on the audience. The Medical Advisory Committee generally talks about clinical co-morbidities, e.g., diabetes. Some patient illness can be traced to the impact of living with HIV on overall health, but some cannot. It is important to be clear which co-morbidities are emphasized.

- Ms. Flynn said HUD now defines homelessness categories. Incidental homelessness pertains to one instance in a year, e.g., due to loss of a job. Chronic homelessness is defined as homeless for a year or three or four instances in a year. HUD funding has shifted to chronic homelessness which presents problems for providers. HUD is starting a regional eligibility list. It has not been initiated as yet, but will impact the flexibility of providers in offering services.

- Mr. Vega-Matos noted some homeless are very good at maintaining their HIV care. Ms. Flynn added some choose to be homeless because they do not want to be separated from a partner or pet. All agreed multiple issues are at play including possible substance use or mental health issues so it was too broad an issue for this discussion.

- In future, review the Vulnerability Index.
Agreed on the following framework revisions to boxes in the Anderson/Newman diagram, pg.14:

- **Demographic**: Change “sex” to “sex at birth” and “marital Status” to “marital/relationship status;” and add “gender identity” and “sexual orientation.”
- **Social Structure**: Change “race” to “race/ethnicity,” “religion” to “faith/religion,” “family size” to “family/household size,” and “residential mobility” to “current housing status/residential mobility;” and add “language,” “country of origin,” and “immigration status.”
- **Beliefs**: Change “knowledge about disease” to “knowledge about disease/health literacy,” and add “stigma.”
- **Family – change to - Household**: Change “type of regular source” to “type of regular source of care,” and “access to regular source” to “access to regular source of care;” and add “access to HIV/STD services,” and “proximity to source of care.”
- **Community – change to – Community/Healthcare Infrastructure**: Add “transportation,” “housing stability,” “cultural competency,” “literacy,” and “stigma.”
- **Perceived**: Change “diagnoses” to “HIV/STD serostatus;” and add “risk/susceptibility,” and “co-morbidities (substance abuse, mental health, housing).”
- **Evaluated**: Change “diagnoses” to “HIV/STD serostatus;” and add “risk/susceptibility,” and “co-morbidities (substance abuse, mental health, housing).”

**MOTION #3**: Adopt a study framework and quantification that enables the Commission – especially the SBP Committee – to prioritize areas of social determinant study, research and investigation; to guide the conduct of those activities; and to outline core questions and other information needed by the Commission and the Committee, as defined (Postponed).

**D. Colloquium Schedule/Topics:**

- Mr. Vincent-Jones reported the Colloquia Work Group recommended a two- or three-month schedule to allow time for other Commission work. He asked for input on the suggestion to use colloquia to explore key and priority populations.
- The Commission expects it will be able to schedule Dr. Ronald Andersen and is trying to schedule Dr. Rishi Manchanda, author, The Upstreamists; Dr. Michael Mugavero, national expert on linkage to care; and Dr. Edward Gardner, on the HIV treatment cascade. These speakers reflect overviews, but in-depth exploration of populations could also be helpful.
- Mr. Gutierrez noted “Asian” includes many subpopulations with significant social determinant differences, e.g., some have been in the United States a long time and are assimilated while others such as Bangladeshi are an emerging population. A recent demographic survey among agencies would make this an opportune time to explore the subject. He had speakers in mind from agencies that have done research. Social determinants provide a context for discussion.
- Mr. Vega-Matos supported the subject, but felt it important to prioritize in terms of the urgent tasks facing the Commission and its Committees as well as the lens of HIV/STD disease burden.
- Mr. Vincent-Jones noted one National HIV/AIDS Strategy (NHAS) goal is to reduce disparities. Social determinants offer a guidepost to prioritize disparities in special populations. Few people nationally are addressing disparities while there has been a focus on the other NHAS goals of incidence, outcomes and access.
- He noted defining disease burden by incidence or prevalence makes a difference. Incidence is likely highest among Latinos, but prevalence is likely highest among the transgender population. Based on Mr. Gutierrez’s comments, the disease burden in Asian subpopulations is not accurately reflected so that may be a reason to focus there. Mr. Gutierrez added the picture changes among Asian subpopulations when addressing HIV versus STDs.

- Mr. Vincent-Jones will draft a colloquia schedule with Dr. Andersen in March for Committee review.

**8. POPULATION-SPECIFIC GUIDELINES:**

- **A. Recommended Guidelines Format**: Mr. Vincent-Jones is developing the draft format for review.
  
  **MOTION #4**: Approve the proposed format for Population-Specific Guidelines, as defined (Postponed).

- **B. Guidelines Implementation Plan**: This item was postponed.
  
  **MOTION #5**: Adopt a schedule and timeline to develop, revise and update the Population-Specific Guidelines in the forthcoming year(s), as detailed (Postponed).

**9. STANDARDS OF CARE:**

- **A. Summary Template of Minimum Expectations**: Mr. Vincent-Jones reported the Work Group asked for a minimum expectations list. He will bring it to the next meeting.
MOTION #6: Approve the proposed template for a summary of the minimum expectations of the Commission’s core medical services as a primer for use by external organizations, health plans, providers and other entities with purposes and activities that intersect with those of the Commission and the SBP Committee (Postponed).

B. Draft Solicitation Schedule (DHSP):

- Mr. Vincent-Jones felt the first step in determining a standards revision schedule was to determine how prevention and STDs will be incorporated. Category consolidation and updates also need to be addressed.
- Mr. Vega-Matos said the added cost of providing services under the standards will also become more important as resources become more limited. The impact of standards on service costs has been raised at the Planning, Priorities and Allocations (PP&A) Committee. He felt the issue had been building for some time.
- Mr. Vincent-Jones said the PP&A discussion arose from its discussion about the increased Fee-For-Service (FFS) rate versus the prior cost reimbursement rate. The idea surfaced that standards are driving cost, but County standards are not noticeably higher than Department of Public Health standards which the County is required to meet. A cost benefit analysis for each standard would be an intensive process and require data collection. He questioned the time and cost.
- Mr. Vega-Matos said the issue comes up repeatedly in community settings and at the Commission every time the Commission adopts a standard since costs are attached to minimum expectation, e.g., Ryan White substance abuse minimum expectations are different than those for Substance Abuse Prevention and Control. There are multiple payer sources for today’s preventive, primary care and behavioral services continuum so standards will need to be defended.
- Dr. Younai said the decision was made at the start of standards work to develop minimum expectations based on scientific knowledge and community practice that ensures good outcomes for HIV management regardless of cost. She felt that was a good principle. The bottom line is that the goal is good medical outcomes.
- Mr. Vega-Matos agreed, but Ryan White going forward will be responsible for a smaller pool of PLWH and will have a smaller pool of funding to do so. Cost effectiveness is necessary to sustain providers.
- Mr. Vincent-Jones said he has long advocated that PP&A would benefit by the ability to allocate funding by the rate Ryan White pays per service unit multiplied by the projected number of people served. Rates and accurate utilization data were not available in the past to allocate in that manner, but availability of both sets of data is increasing. The Commission is on record supporting FFS for every service category where practical. It is not practical for some.
- FFS cannot, however, be decoupled from the larger rate conversation. The community will question the basis of a rate and whether it is too high or too low as soon as analysis is done for a standard. In light of that, the Commission and DHSP might address rate studies together by doing them based on the standards as a step in the cost.
- Mr. Vega-Matos said it is necessary to have a basic understanding of what it costs to deliver the desired service. People will use the information as they like, but the decision should be an informed one.

C. Integrating the Prevention Perspective:

- Mr. Vincent-Jones suggested a joint meeting with PP&A since it also must develop a prevention overview. Dr. Younai suggested breaking prevention into areas for further exploration, but Mr. Vincent-Jones was concerned about re-siloing services. He preferred identifying overarching prevention issues and identifying where care and prevention overlap.
- Mr. Rosales suggested a transitional presentation that reflects where prevention has been and where it is going.
- Drs. Kushner and Younai cannot attend PP&A, but will review tapes from PP&A meetings addressing prevention.

1. Review of PPC Core Competencies/Protocols: This item was postponed.

D. Linkage to Care Standard Development:

- Mr. Vincent-Jones said work must move forward because DHSP needs to do an RFP. Two Expert Review Panels were held, the Prevention Planning Committee discussed the subject for a year and some components are embedded in other standards, but questions remain. Multiple Expert Review Panels are needed to reflect expertise from a broad variety of disciplines. Some ideas have not even been explored as yet, e.g., whether substance abuse should be considered a linkage to care activity. In short, opinions are wildly diverse and must be sorted through.
- Mr. Vincent-Jones asked if there were standards for partner notification. Mr. Vega-Matos replied there were some protocols that address, e.g., legal considerations. DHSP is currently revising the protocols.

E. Standards Revision/Update Schedule:

- Dr. Younai felt the first priority should be to expand the Outpatient Medical Services Standard of Care to include STDs. Mr. Vega-Matos replied that is already included, e.g., screening performance measures and allocations for laboratory and pharmacy, but Dr. Younai said standards have changed so should be updated.
Dr. Younai reported the Oral Health Advisory Group (OHAG) was revising its guidelines. OHAG is a collection of dental providers developed by the AIDS Education and Training Centers in specific regions of the country with a charge to develop regional guidelines. The groups were formed in the early 1990’s and have produced three prior guidelines.

This OHAG includes Arizona, California, Hawaii, Nevada and Washington. OHAG guidelines formed the basis of the Oral Health Standard of Care so she suggested waiting for revised guidelines expected in late spring to revise the standard.

Mr. Vega-Matos preferred using the Oral Health Advisory Committee (OHAC) composed of DHSP oral health contracted providers. He felt the local view preferable, but Mr. Vincent-Jones felt the broader OHAG perspective would reduce conflicts of interest since OHAC only includes contracted providers. Consumers will also be needed.

Mr. Vega-Matos urged addressing the Oral Health Standard of Care quickly because Denti-Cal is being restored and DHSP needs to understand how that will impact payment. He has seen an early draft of the new Denti Cal and is waiting for the final. Oral health is moving to FFS and DHSP plans to do an RFP, but is still developing the rate structure.

Schedule Medical Advisory Committee, acting as the Expert Review Panel, to review and update the Medical Outpatient Services Standard of Care once Dr. Sonali Kullarni returns from maternity leave.


MOTION #7: Adopt a schedule and timeline to develop, revise and update the Commission’s standards, protocols and other related materials in the forthcoming year(s), as detailed (Postponed).

10. 2014 WORK PLAN:
   A. Committee Work Priorities:
      ✰ Mr. Vincent-Jones will provide a list of standards and guidelines for review at the next meeting to facilitate coordinating the revision schedule with the DHSP solicitation schedule.

   B. Scheduling and Timeline(s): This item was postponed.

11. NEXT STEPS: This item was postponed.

12. ANNOUNCEMENTS: There were no announcements.

13. ADJOURNMENT: The meeting adjourned at 11:10 am.