

Research & Evaluation Committee

MEETING SUMMARY

Monday, October 21, 2019, 10AM-12PM
 Willing Heart Community Center
 555 Martin Luther King Blvd. Newark, NJ 07102

PRESENT	EXCUSED	UNEXCUSED
1. Ann Bagchi, Ph.D. (Chair)	7. Natalie Brown-Muhammad	
2. Summer Brown (Secretary)	8. Travis Love	
3. Kasny Damas	9. Debbie Mohammed	
4. Corey DeStefano (Vice-Chair)	10. Providencia Rodriguez	
5. Warren Poole	11. Patricia Moore	
6. Sharon Postel (Non-Voting)		

Guests: Karen Ehiri

Staff: Tania Guaman, Vicky Saguary

Due to a count error, quorum was not established. Votes were casted during the meeting without quorum.

1. Welcome and Moment of Silence

Ann Bagchi (Chair of the Research and Evaluation Committee) called this meeting to order at 10:06AM. A moment of silence was observed for all those living with, those who are affected by, and for those who have passed from HIV/AIDS.

2. Roll Call

Summer Brown (Secretary) conducted the roll call. Quorum was established.

3. Public Testimony

The Public Charge Rule is in under court review. It was noted at the last NJHPG that although it is not an imminent threat right now, there is a lot of missing information. Education is key to be informed about what is happening regarding this issue.

4. Review Action Steps

<u>Action Steps</u>	<u>Responsible Party</u>
1. Develop a Behavioral Health Cascade	Sharon Postel
2. Summarize the Integrated HIV Prevention and Care Plan Presentation	Karen Ehiri/Kasny Damas
3. Update Calendar & Email Jamir about missed meetings	Tania Guaman

- The Action Steps were reviewed. Ann Bagchi (REC Chair) asked Sharon Postel (Consultant) about the progress on the Behavioral Health Cascade. Sharon Postel (Consultant) asked about what kind of data the REC would like to include in the Cascade. Bagchi mentioned that REC wanted similar steps as in the HIV Continuum of care (testing → referral in care → retention in

care). Postel mentioned she has screening referrals and retain in care information based on referrals. Bagchi mentioned that viral load suppression could be looked at any of those stages of the Behavioral Health Continuum.

2. Bagchi (REC Chair) asked if the results from the Integrated Prevention and Care Plan was shared with the EIRCs. Support Staff reported that Aliya Onque (Recipient) will assist with next steps regarding this. The recommendation was for Karen Ehiri (Quality Management Specialist) to follow up with the agencies that do not meet the goals focusing on populations and areas that need improvement.
3. REC Chair mentioned the update copy of the Work Calendar was included in the meeting packet.

5. Approval of the Meeting Summary from September 16, 2019

The September 16th Meeting summary was reviewed. Ann Bagchi, Ph.D., REC Chair, asked for a motion to approve the Meeting Summary. Summer Brown motioned to approve. Kasny Damas seconded the motion. All members agreed. There were no oppositions or abstentions.

6. Updates from other Committees

- COC - Continuum of Care Committee

Tania Guaman (Support Staff) provided the CPC report. The last Comprehensive Planning Committee meeting was held on Thursday, October 10, 2019 at the Willing Heart Community Center in Newark. The following occurred at the meeting:

- o COC finalized the review of the Medical Transportation Standards of Care
- o COC reviewed and updated the Definitions for the Early Intervention, Housing and Mental Health. These Standards were introduced at the Planning Council.
- o Guaman also commented that during the last Planning Council Meeting, it was noted that the Recipient needs to review the Standards of Care before being introduced to Planning Council. As part of the recommendation to address this issue, Aliya Onque will attend COC Meetings moving forward. COC will be considering the national Health Standards updates, the HRSA Policy Clarification Notices and the Recipient's restrictions when reviewing the Standards of Care. The Recipient will be reformatting the Standards of Care. Housing will be the first Standard to be reviewed and reformatted by the Recipient.

Ann Bagchi (REC Chair) mentioned that the COC reviews the Standards meticulously.

The next COC meeting will be held on November 14, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

- CPC – Comprehensive Planning Committee

Tania Guaman (Support Staff) provided the CPC report. There was no CPC meeting in October. The next CPC meeting will be held on November 8, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

- CIA/CC – Consumer Involvement Activities/Community Conversations

Tania Guaman, Support Staff, provided the CIA report. The last CIA/CC meeting was held on September 25th at King's Restaurant in Newark. The following occurred at the meeting:

- Presentation from Symtuza including the benefits of taking just one medication instead of multiple medications. It was also mentioned that this medication has lower risk of internal organs damage in comparison with other medications.
- Based on previous recommendations, Support Staff and CIA Chair introduced the Planning Council and developed some questions about the Ryan White Program and Planning Council. What is the Ryan White Program? Why did it start? What services are covered in the EMA? It was found that consumers are not aware of all the services the Ryan White provides or how the program works and the purpose of the program. Based on the answers, the CIA Workplan was created. Support Staff and CIA are trying to implement this workplan on January as well as trying to incorporate some topics the consumers would like to learn to the Workplan.
Ann Bagchi asked if there is a summary of all the findings at this meeting.
- Next week's topic is Aging with HIV with emphasis on Viral Load Suppression.

The next CIA meeting will be held on October 25, 2019 at the Willing Heart Community Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

Warren Poole (CIA Chair) asked REC for questions or statements to find out what consumers know about the Ryan White Program and the Planning Council. Poole (CIA Chair) mentioned it is important to know what services the consumers know are funded through the Ryan White because some consumers think that only medical services are funded. Ann Bagchi (REC Chair) mentioned that "What kind of services Ryan White cover?" could be used to open discussions. CIA Chair mentioned that Peter Ho's event flyer has nine questions that consumers can ask, or they can bring their own questions for Isaac Green (HOPWA Representative). Poole also invited all members to Peter Ho's event on Friday 25th at the Peter Ho CAB. The REC Chair requested the meeting summaries from CIA meetings. REC Chair explained that questions would be based on the purpose of the discussion. Tania Guaman mentioned that Support Staff can help drafting questions based on each months' meeting discussion. REC Chair agreed with Support Staff drafting questions and emphasized that Poole would like to focus on services that are underutilize. Bagchi also mentioned that Poole might be able to guide on the services that are underutilized.

7. Old Business

- *2017-2021 Integrated Prevention and Care Plan*

Tania Guaman (Support Staff) met with Aliya to figure out what has been completed or is currently outstanding in the Plan. They questioned if the Plan should be modified to because of ETE and contacted Marean (HRSA) to ask for guidance. It was advised to wait until further guidance which will probably be around next summer. Tania Guaman (Support Staff) and Aliya Onque (Recipient) focused on the following:

1. 30-day linkage to care data from EIRCS
2. HIV Testing Data that is collected from subrecipient's applications

These data will be shared with the Planning Council and its Committees to assess the barriers and find out how to address it. Those two things are currently outstanding from the Plan.

8. New Business

- *Presentation: Update on the Quality Improvement Plan and benchmarks*

Karen Ehiri (Quality Management Specialist) provided the presentation and the following was discussed:

- Objectives to discuss the purpose of the Quality Management Program, the trends in performance measures, NEMA performance, effective PDSA, and future Goals
- The Overall purpose of the Quality Management Program is to improve health outcomes of persons living with HIV/AIDS by strengthening the quality of the Ryan White program services and by ensuring that Ryan White resources are used effectively (specifically Part A and Part F).
- Infrastructure: Ann Bagchi (REC Chair) requested that the names of the person who oversees each position be added in the presentation slide. Karen Ehiri mentioned she will include the recommended edits.
- Performance indicator Goals were mentioned. It was mentioned that the Quality Management Team only focuses on 12 out of the 14 indicators. Warren Poole (CIA Chair) asked if those indicators are at the State or Federal level. Kasny Damas mentioned that some indicators are NEMA Standards and other are Federal and State Standards. Ann Bagchi (REC Chair) mentioned that it would be helpful if indicators state if they are Federal, State or NEMA Standards. Kasny Damas mentioned that the top indicators in the chart were Federal and State indicator and the rest were NEMA Standards
- NEMA-Wide Performance Measures from 12/31/2017 through 2019 until the target date of 12/31/2019. Currently the targets have not been reached but it has been improved from previous years.
- Trend Line: It shows the improvement from cycle 39 (FY14) until Cycle 63 (FY 18).
 - o The Antiretroviral Therapy increased from 92.74% to 97.88%.
 - o The Viral Load Suppression increased from 75.61% to 85.62%.
 - o The MCM Care Plan increased from 29.66% in cycle 39 to 54.41% in cycle 57 and had a slight decrease to 52.34% in cycle 63. Ann Bagchi (REC Chair) asked if the reason for the big gap between cycle 51 and 57 was known. Kasny Damas explained that Medical Case Managers did not enter the Care Plan properly in CHAMP. Even when services were done, it was not being reflected in the system. Conversations with Medical Case Managers discovered the need to learn how to develop and follow a Care Plan. Kasny Damas mentioned that Recipient office worked with agencies to develop a Care Plan and the performance increased.
 - o Gap in Medical Visit increased from 14.16% to 15.44%. Ann Bagchi (REC Chair) mentioned that the numbers reflect that some people do not believe it is necessary to have a visit every 6 months. Kasny Damas mentioned that the NEMA Goal is to have a Gap of 8%. Damas also explained that there are some agencies that do not have gaps in medical visit, but others have large gaps of up to 40% or 50%. Damas explained that the latter is because those agencies believe if the patients is virally suppressed and in care, they do not need to be seen regularly unless something is happening. Damas also explained that those agencies provide services to most EMA and it is the reason the 8% is not reached. Warren Poole asked if there is another way to track the agencies that have higher gaps and explained this could help reach the goal. Karen Ehiri (QM Specialist) will follow up on this. Sharon Postel (Consultant) mentioned that there is a "retain in care 90 days apart" measurement that reflects medical visits once a year and Viral load 90 days apart from medical visit. Postel mentioned that the retention is lower than the reversed gap. The Consultant mentioned that HRSA will be releasing a new measurement for retention in care, so that the new denominator will be medical visit and the numerator will be medical

- visit plus a viral load at least 90 days apart. Postel stated that this might increase the numbers for the EMA.
- PDSA's (Plan, Do, Study, Act): 3 types of PDSAs were conducted. There was one NEMA Wide, Agency Specific and Client Cohort (focused on subpopulations within NEMA).
 - o NEMA Wide PDSA (from Cycle 51 to Cycle 66) focused on cervical cancer screenings, which in cycle 51 was at 38%, in cycle 57 was at 74.23% and decreased slightly to 67.90% in cycle 66. Oral Health went from 18.81 to 45.83% in cycle 57 and decreased to 20.64% in cycle 66. Karen Ehiri mentioned that agencies are not doing good. MCM Care Plan went from 28.46 to 5.59%
 - o Client Specific PDSA: It had Cohort 1 with a baseline of 996 clients from which 135 were excluded because they moved, transferred died or were incarcerated. The cohort stayed with 861 patients who were not virally suppressed in the Newark EMA. However, 40% of this Cohort were virally suppressed after the PDS was completed. Because the first Cohort was successful, the Cohort 2 had a baseline of 648 people who were not virally suppressed from which 89 were excluded. At the end of the PDSA 266 clients were virally suppressed. In total 611 people were virally suppressed after these PDSA ended. Kasny Damas explained that this was a State initiative to start cohorts with a random sample of clients who were not virally suppressed. Client's agencies were responsible to ensure that the client becomes virally suppressed by conducting interventions according to patients' need. The cohort lasted about one year and a half.
 - Future Goals: In FY'18, 86% of the population was virally suppressed. However, there are 678 individuals who are not virally suppressed in FY'19. Karen Ehiri mentioned that more PDSA could be developed to reach the 90% of viral load suppression. Kasny Damas mentioned that the first part of creating the cohort is to clean the data making sure that agencies entered all the data in CHAMP. It was found that some clients who were not virally suppressed in CHAMP were virally suppressed but the data was not reported properly in the system. Sharon Postel (Consultant) mentioned there will be another cohort as part of the End the Epidemic Plan. Postel mentioned they will get a random sample of individuals then clean the data to get the final list for agencies will do the PDSA. Consultant mentioned that the Goal of The End the Epidemic is to get Viral Load Suppression to 90%.
 - *FY 2019 REC Calendar Update*
Ann Bagchi (REC Chair) thanked Support Staff for updating calendar. The calendar was reviewed and updated to include a Presentation about Consumer-Based Participatory Research. Ann Bagchi (REC Chair) explained that this presentation indicates how to do more qualitative studies to get consumers to be collaborators instead of responders. Bagchi (REC Chair) stated that this presentation could be done at the meeting in November since that meeting would be relatively light. REC Chair also mentioned that at this meeting REC will start the discussion for the next Needs Assessment. Sharon Postel (Consultant) mentioned that there could be a research about Housing for the next Needs Assessment. Postel mentioned the following questions: What is their housing arrangement? To what extend is housing a barrier for their HIV Care and Treatment? Consultant also mentioned that CIA needs to provide better input into the Needs Assessment process and the Planning Council. Postel also mentioned that Housing questionnaire could be develop as well as methodology. Bagchi (REC chair) mentioned that presentation could trigger ideas on how to increase consumer involvement as research participants. REC Chair also mentioned that this could help with the Needs Assessment since it will be given at the early planning stages of the Needs Assessment

and could bring people into the committee. Ann Bagchi (REC Chair) will give this presentation on November 18. Postel also mentioned that the Needs Assessment's planning process should start right after the Grant Application. Postel mentioned that during the next CIA meeting the following questions could be useful. To what extent housing interferes with your ability to take medication? to achieve viral suppression? to remain virally suppressed? Postel (Consultant) mentioned the End the Epidemic Initiative focuses on housing, housing programs, stable housing to improve viral load suppression. Consultant also mentioned that is the reason Recipient is working on reviewing the Housing Standards first. Bagchi (REC Chair) mentioned there was a series about eviction and it would be interesting to look at eviction stigma. REC Chair also mentioned eviction could go on people's records. Postel mentioned this could also be a barrier for housing.

- *Final 2019 Assessment of the Administrative Mechanism & 2019 Epidemiological Profile Reports*

Ann Bagchi (REC Chair) asked Sharon Postel (Consultant) if there is anything else that REC must do in those reports. Consultant mentioned that those were the final reports.

- Consultant also mentioned that the Epidemiological Profile has the 2018 Surveillance Data. Consultant mentioned that there is an increased number of transgender people served in the EMA. Postel mentioned there is a transgender clinic in Newark. Postel mentioned that there is a section in the report for Unaware People Living With HIV (people who have never been tested for HIV) Postel mentioned that the State of New Jersey does not have an estimate, however data from CDC showed that an estimate of 14% of people have not been diagnosed.
- Assessment of the Administrative Mechanism: The biggest improvement was that the City was able to review the RFP earlier, review the Proposals and start the contracting process earlier. All contracts were executed by April 30 on 2019 than at later times on previous years.

Tania Guaman (Support Staff) mentioned that at the last NJHPG meeting, it was announced that an Epidemiological Profile will be created for Essex and Hudson County for the End the Epidemic Initiative. Support Staff also mentioned that NJHPG requested the Newark EMA Epidemiological Profile to use it in their process.

9. Administrative Issues

Tania Guaman (Support Staff) announced that Karen Ehiri (Quality Management Specialist) applied recently for the Research and Evaluation Committee. Ann Bagchi (REC Chair) asked for a motion to accept Karen Ehiri as an Official Non-Voting Member of the REC. Summer Brown (Secretary) motion to accept Ehiri. Warren Poole seconded the motion. All REC members agreed. There were no abstentions. REC Chair welcomed the new member
Tania Guaman reminded all attendees to complete the meeting evaluations.

10. Announcements

Warren Poole (CIA Chair) announced the following:

- Peter Ho World AIDS on December 4th at St. Michael's Medical Center.

- Peter Ho CAB Kids' Party: Santa Sock letter requesting donations of socks, scarves, gloves, hats, or monetary donations for the Kids' Party. Peter Ho will provide the food for the party. The kids' party is open for all agencies and all the kids will receive toys and a Santa sock.
- CIA and Peter Ho CAB Holiday Party on December 20th from 5 PM to 7 PM at the St. Michael Medical Center.
- CIA will have a presentation about 50 and over with HIV from Gilead next Wednesday.

11. Next Meeting

The next REC meeting will be held on Monday, November 20, 2019 at 10AM at Willing Heart Community Center at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102.

12. Adjournment

Ann Bagchi, REC Chair, asked for a motion to adjourn the meeting. Warren Poole motioned. Kasny Damas seconded the motion. All members agreed. The meeting was adjourned at 11:13AM.