

Research & Evaluation Committee

MEETING SUMMARY

Monday, May 17, 2021 from 10:00AM to 11:29 AM
 Videoconference via Zoom: <https://zoom.us/j/95271275360>
 Teleconference: (929) 205 6099 / Meeting ID: 952 7127 5360#

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

Guests: Denise Brown (NJHC)

PC Support Staff: Tania Guaman and Vicky Saguy

1. Welcome and Moment of Silence

Dr. Bagchi called this meeting to order at 10:00 AM. A moment of silence was observed for those living with, those affected by, and those who have passed from HIV/AIDS, as well as for those affected by COVID-19.

2. Roll Call

Brown conducted the roll call. Quorum was established.

3. Public Testimony

There was no public testimony at this meeting.

4. Review Action Steps

<u>Action Steps</u>	<u>Responsible Party</u>
1. Follow up on epidemiologic profile data request.	PC Consultant
2. Provide consumer and agency survey data to PC Consultant.	Support Staff
3. Convert the Recipient & Agency Survey to Survey Monkey and release surveys.	Support Staff
4. Request committee input for the 2021 Funding Streams report via email.	Support Staff

5. Approval of the Meeting Summaries from April 19, 2021

The March 15th meeting summary was approved last month as presented.

The April 19th meeting summary was sent electronically in advance for review. Dr. Bagchi asked for a motion to approve the meeting summary as presented. Poole motioned to approve. Rodriguez seconded. The word “pushed” was changed to “caused” at the bottom of page 3 of 5. The statement became: “In March 2020, the need to continue serving clients caused the Ryan White office to expand

CHAMP definitions to allow certain services to be provided via Telehealth.” There were no oppositions or abstentions. The April 19th summary was approved as amended.

6. Updates from other Committees

- **COC** – Support Staff provided the May 13th COC report. The following occurred at the meeting:
 - The committee reviewed its topic list for future presentations. Two new topics were added including: telehealth findings from Dr. Bagchi’s study and the 2021 NEMA Needs Assessment, and the integration of EHE into planning activities.
 - Dr. Efobi was voted in as a member of the committee.
 - Ms. Kocot joined the meeting to discuss challenges with long wait lists for Medicaid patients to see a specialist. There was a request for a list of specialists from the five HMOs covered under Medicaid from the Medicaid Office, particularly the following 4 specialties: Urology, orthopedics, dermatology, and neurology.
 - The Recipient’s recommendation to review funding limitations for EFA, Housing, and Oral Health was mentioned. The committee agreed to add a statement saying that the recipient will have the flexibility to make changes, as needed.
 - The committee reviewed and approved the Medical Case Management Service Standard. This will be introduced to the Planning Council in May.
 - The review of the Outpatient/Ambulatory Health Services Service Standard was postponed for the next meeting.

The next COC meeting will be held on June 10, 2021 at 10AM via Zoom.

- **CPC** – Support Staff provided the May 14th CPC report. The following occurred at the meeting:
 - The CPC discussed the open seats for committee membership in Essex and Union County. Guests were invited to apply for membership.
 - The committee also reviewed the priority setting and resource allocation resources from planning CHATT.
 - The committee received a Quality Management and H4C update from the Recipient. A discussion about the report followed and the key findings were noted for the PSRA.
 - The CPC reviewed a one-year feedback presentation from the Community Involvement Activities Committee.
 - The committee also received an overview of needs assessment update key findings.

The next CPC meeting will be held on June 11, 2021 at 9:30AM via Zoom.

- **CIA/CC** – Poole provided the May 26th CIA report.
 - 29 attendees were present.
 - The CIA had a housing panel with Luis Ulerio from the New Jersey Housing Collaborative at the last meeting. The CIA would like to have them back at another meeting.
 - The housing moratorium was lifted.
 - The May meeting will be a community forum for the core service waiver. The committee will also discuss the priorities in the EMA with the community and the recipient will be present.

The next CIA meeting will be held on May 26, 2021 at 5:00PM via Zoom.

7. Old Business

• Needs Assessment Update Report

- The results from the agency and consumer Needs Assessment survey were analyzed after United Way of Greater Union County compiled the survey results.
- Postel provided an agency and consumer survey draft report to the CPC committee on Friday for Priority Setting and Resource Allocation.
- Postel provided an overview of the consumer and agency survey report for the committee. The following key findings were shared:

Consumer survey: There were 128 consumer responses.

- 91% of respondents had a medical visit in 2020. Those who did not have a visit reported the following reasons: no need for it, afraid of COVID-19, no medical insurance, no transportation, among others.
- 90% reported the number of medical visits were scheduled. 88% of respondents reported keeping all their medical visits in 2020.
- 74% respondents had in-office visits and only 11% had telehealth visits. These results conflict with the data from CHAMP, which suggest that a majority of Ryan White clients had telehealth visits in the past year. It suggests that the sample of survey respondents may be biased toward people who were receiving in-person visits. Most telehealth visits reported by the survey respondents were held by cell phone, either with or without video.
- The primary reasons for liking telehealth were: the convenience and ability to have the visit from home, as well as the quality of health care provided.
- The two main reasons for disliking telehealth were trouble with the telehealth app and the provider not being on time for the visit, which were also noted as areas for improvement.
- For 2021, 48% of survey respondents said they prefer in office visits, only 47% prefer the option for both telehealth and in person visits.
 - The only difference in preference for telehealth usage across demographic characteristics was by education; those who had some high school or less preferred in-person visits.
 - The primary reasons for preferring in person visits in 2021 is that the respondents feel they get better care in person and visits are more confidential. However, the telehealth app being too complicated and lack of internet were other problems commonly cited.
 - The reasons for preferring telehealth included convenience, safety from COVID, confidentiality, privacy, quality of care, and not having to deal with transportation issues.
- 40 respondents provided other comments in which nearly half want to keep telehealth, 20% want both in-person and telehealth, and 20% prefer in-person visits.

Agency survey: 32 agencies responded; 2 were not a Ryan White Part A program agency.

- Agencies reported providing 6 services (outpatient/ambulatory health services, mental health services, outpatient substance abuse services, medical nutritional therapy, medical case management, and non-medical case management) via telehealth. Of 5 agencies that did not provide any of these services via telehealth, 3 do not provide these services at all and one reported that they do not have the technical capability to do so. The other, a dental provider “is

in the process of developing a program to provide some dental services remotely such as Oral Health Instruction, Tobacco Cessation, Nutrition Counseling, etc.”

- The Benefits and Challenges experienced by Clients, Provider/Agency Staff ,and Agency Administrators were mentioned as follows:
 - The major challenges were technological issues experienced by clients and providers, including bad connectivity and/or not having the technology needed.
 - A benefit of using telehealth was higher appointment retention rate, since clients did not face transportation barriers, among other factors.
 - Most found that telehealth was able to fill gaps by providing services to clients who would not come to appointments due to being homebound or due to fears of going outside due to COVID; ensuring continuity of care; and improving staffing and internal management of service delivery.
- In 2021, most agencies plan to continue using telehealth. Agencies noted some client, medical, and agency issues for providing telehealth during 2021. Agencies also recommended telehealth services improvement.

Poole asked if there were funds from HRSA for internet access for consumers. Postel mentioned that [Get Emergency Broadband Program](#) provides assistance to individuals to pay for internet access.

- **Annual Funding Streams Report Update**

Support Staff provided an overview of the Funding Streams Report which included available money from various funders at the local, state and federal level. An overview of the report was provided during the meeting and the full Funding Streams Report will be posted on the Council website.

Motion: Dr. Bagchi asked for a motion to approve the Funding Streams report as presented. Brown motioned to approve. Damas seconded. There were no abstentions or oppositions.

- **Full Assessment of the Administrative Mechanism Report**

Support Staff sent the agency responses to Postel. Postel will analyze the data. However, the recipient response is still pending.

- **Annual Epidemiologic Report Update**

There is no update yet.

8. New Business

There was no new business.

9. Administrative Issues

- Support Staff received two membership applications for the REC. Support Staff are monitoring attendance and will inform the committee once applicants have attended three meetings.

10. Announcements

No announcements.

11. Next Meeting

The next REC meeting will be held on Monday, June 21, 2021 at 10AM via Zoom.

12. Adjournment

Dr. Bagchi asked for a motion to adjourn the meeting. Rodriguez motioned to adjourn. No oppositions or abstentions. The meeting was adjourned at 11:29 AM.