

SOUTHWEST FLORIDA REGIONAL HIV/AIDS COUNCIL

MEETING:	Regional HIV/AIDS Council			DATE:	January 26, 2005	
LOCATION:	Terry Park, Fort Myers, Florida					
ATTENDEES:	RHAC Members – CHD Directors		RHAC Members – Community		Non-RHAC Present	
	X	Joseph Goggin, Charlotte CHD		Bruce Taylor, Charlotte County	X Debbi Horst, SOHCD	
	X	Joan Colfer, MD, Collier County		Derald Maldonado, Charlotte Alternate	X John Eaton, Bureau HIV AIDS	
		Mary Kay Burns, DeSoto CHD	X	Ellen Cordoba, Collier Comm Rep	X Laura Rumph, Bureau HIV/AIDS	
	X	Martha Valiant, Hendry/Glades CHD		[DeSoto Community Representative]	X Glenn Price, HCHD	
	X	Judith Hartner, Lee CHD	X	Joan Bloomster, Hendry Comm Rep	X Ruth Pinkerton, DCHD	
	X	Bill Little, Sarasota CHD (RHAC Chair)	X	Jeff Trout, Lee Community Rep	X Marty Kennedy, CMS	
					X Gary Ervin	
					X Pat Sands, CHAN	
					X Janette Capaci, SCHD	
					X Marion Putman, SCHD	
					X Bill Rankin, LCHS	
					X Sharon Murphy, McGregor Clinic	
				Jim McCloud, Sarasota Community Rep	X Robert Bobo	
	RHAC At-Large		HPCSWF Staff			
X	Dillard Larson, Patient Care Rep	X	Ed Houck	X Susan Terry, CCC		
	Art Gallagher, Prevention Rep	X	Susan Mitchell	X John Runde, Prevention		
		X	Mike Waite	X Gail Counts, HAPC		
		X	Kim White	X Scott Tims, Collier CHD		
		X	Stan Dratler, MD	X Lenore Montgomery, Charlotte CHD		
		X	Irene Giniat	X Eric Stockley, Charlotte CHD		
				X Deana Sommers		
				X Dr. Solinas, Sarasota CHD		
TOPIC	ISSUE(S)		CONTACT	DECISION / ACTION		DUE DATE
I. Welcome & Introductions	▶ Meeting participants introduced themselves and stated where they were from		▪	▪		▪
II. Minutes	▶ December 2004 minutes were presented and approved.		▪	▪		▪
III.A. Financial Reports	▶ RWII 04-05 is underspent by \$136,000. The estimate is that the program will have \$200,000 un-spent by the end of the contract year. This is largely due to the risk pool established for primary medical care where the reimbursement for visits was reduced from \$100 to \$41.51. The remainder was in the risk pool to be paid for those visits to bring them back to the					

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	<p>previous fee schedule, if available. The risk pool was developed because HPC was instructed by the Bureau of HIV/AIDS to contract with ARC (Title III Primary Care recipient) for primary care.</p> <ul style="list-style-type: none"> ▶ S. Mitchell presented the end of the year spending plan. An estimated \$111,000 to be redistributed for the primary care risk pool, \$12,000 for insurance premiums for those on the AICP waiting list, \$15,000 for food vouchers, \$10,000 for transportation, \$40,000 for dental and \$12,000 for prescription prepay. The intent is that the prescription prepay is the last resort. The money will be used in any other the other items first. RHAC approved the recommended risk pool and allocation plan. ▶ HOPWA is currently underspent by \$135,000. The estimate is that at the end of the contract year it will be \$270-380,000 under spent. ▶ An analysis of the clients and costs from last year to this year shows the number of clients has decreased by 17% and the cost per client has decreased by 5%. The number of mortgage assistance requests has decreased. Charlotte County has experienced the largest decrease in clients. ▶ S. Mitchell presented State HOPWA Program Bullet Points. In the three general areas (eligibility, allowable services, and service limitations) there is only flexibility in the limitations. Exception requests are granted. However, exceptions can only be for eligible people for allowable services. The committee that met to review the local HOPWA policies concluded that Area 8 is as liberal (and somewhat more liberal) than the program allows. ▶ R. Pinkerton stated she only has 3 ill clients. Her clients are generally healthy. A few have FEMA assistance. She approached clients to provide 			

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	<p>assistance. Some people are living with family. There is very limited housing available.</p> <ul style="list-style-type: none"> ▶ B. Little pointed out that FEMA will not be available forever. We need some sort of assurance from the Bureau that our area will not be penalized down the road if we are utilizing less because clients are receiving other assistance. And, perhaps we are under spending because we got more money than we needed. We have fewer clients but more money. G. Counts pointed out that the non-RWII clients at the focus groups did not know about HOPWA. What kind of outreach do agencies do to non-RW clients? ▶ S. Mitchell pointed out that HOPWA is allocated based on available funding and surveillance date, not utilization. ▶ E. Cordoba said the limited availability of low income housing and illegal landlords also impact the low utilization of HOPWA. Dr. Valiant and R. Pinkerton agreed those are also issues in their areas. 	<ul style="list-style-type: none"> ▪ G. Counts and S. Mitchell 	<ul style="list-style-type: none"> ▪ Contact housing agencies, VA and DCF to let them know about HOPWA. 	<ul style="list-style-type: none"> ▪ Report next RHAC 	
III.B. 1. Action Items	<ul style="list-style-type: none"> ▶ The open action items were reviewed and progress reported. Additional items discussed include: ▶ (HOPWA 3.) C. Kirby is still working with Tallahassee to get some allowances for FMRV in hurricane-impacted areas. ▶ (Services 1.) Hurricane issues were part of the local focus groups. ▶ (Services 2.and3.) Irene and Marty will be working on these. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Report on hurricane issues from focus groups 	<ul style="list-style-type: none"> ▪ March23, 2005 RHAC 	
III.B.2. Input and Accountability	<ul style="list-style-type: none"> ▶ Dr. Hartner presented the Input and Accountability document for RHAC and HPC. RHAC approved the document. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	
III.C.1. CSAT	<ul style="list-style-type: none"> ▶ S. Mitchell included in the packet the process and draft report format for Client Satisfaction and response rate monitoring. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	
III.C.2. NA/ Plan	<ul style="list-style-type: none"> ▶ I. Giniat reported the focus groups were in progress 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Needs Assessment Update for the 		

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	<p>and the update would be available at the next meeting. A separate hurricane portion would be included.</p> <ul style="list-style-type: none"> ▶ B. Little asked about focus group attendance. I. Giniat stated 12 in Lee and 5 in Charlotte. R. Bobo asked about the demographic profile of the participants. I. Giniat stated she hadn't put the numbers down yet, but that so far the mix has been good. 		<p>2004-2005 contract year will be presented at the March 2005 RHAC meeting.</p>		
IV. A. Physician Advisory Committee	<ul style="list-style-type: none"> ▶ Dr. Dratler gave a brief synopsis of the Physician Advisory Committee meeting held December 20, 2004. The PAC reviewed 11 requests for authorization for payment from Dr. Schwartz that were denied by HPCSWF. The consensus was that HPC's decisions were appropriate. Discussion about provider's inappropriate behavior and lack of primary care being provided – though that is what is contracted for. A follow-up meeting regarding this issue will be scheduled. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Follow-up meeting of PAC to be scheduled. 	<ul style="list-style-type: none"> ▪ 	
IV.B. Clinical Committee	<ul style="list-style-type: none"> ▶ Clinical Committee decided RHAC needed to approve moving the fee schedule back to \$125 initial MD visit and \$100 established patient visit, and specialty care back to \$175. RHAC approved this recommendation. ▶ B. Little prompted discussion about the need to get away from the fee for service model with encumbrances and authorizations for medical care. There are opportunities for efficiencies both at HPC and among providers. The focus would shift HPC to monitoring patient care rather than authorizing or denying payment for services. He asked for feedback from the group. ▶ The key is monitoring, assurance and quality review. Dr. Hartner agreed it can be done but that the system would need to be dynamic and responsive. Case managers are now paper-focused. Getting rid of a 	<ul style="list-style-type: none"> ▪ S. Mitchell 	<ul style="list-style-type: none"> ▪ Reinstate the prior year fee schedule. ▪ "New Model" committee to convene in February. Include: HPC, Clarke Kirby, Carl Steinberg, Bill Mallett, Scott Tims, Sharon Murphy, Roxanne Smith, Susan Terry. Committee to develop a plan for fixed/capacity contracts for medical care and case management to move away from authorizations and denials and more toward quality of care and patient-focused outcomes. 	<ul style="list-style-type: none"> ▪ Report at next RHAC 	

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	<p>large amount of paperwork would help with turnover. J. Trout stated the policing needs to have authority. Currently, bad behavior is rewarded. We need to be able to hold providers accountable. B. Little pointed out that the RHAC is now unified, unlike 5 or 6 years ago when a new approach like this would not have been possible. Being unified will help in getting the support from Tallahassee. Contracts with subcontractors would be more specific. Recommendations for members for the "New Model" committee include: Susan Terry, Bill Mallett, Carl Steinberg, Sharon Murphy, and members from the group to discuss case management. B. Little asked for J. Eaton's help in getting changes through up in Tallahassee. J. Eaton said the a new model would be do-able. He would check on contract requirements. S. Terry stated the prevention contracts are a good model. RHAC recommended developing a new model and implementing October 2005.</p>				
IV.C. CMC	<p>▶ R. Pinkerton reported on the 1/7/05 CMC. The biggest issue is access to specialists. All Titles is in April. Nuts and Bolts training was very informative (1/19-20/05). There was discussion about the need for adolescent housing and assistance. S. Terry asked what the number of adolescents was. M. Kennedy stated the issue is those born with the disease are now approaching adulthood and have mental issues and limited assistance is available. SCHD is having 501 training. USF Children's Hospital has identified a second positive mom in DeSoto. J. Eaton pointed out there will be a perinatal protocol requirement in next years contract.</p>	▪	▪	▪	
IV.D.	<p>▶ D. Larson reported for the Planning Committee. The needs assessment update for the next RHAC meeting will include an update of the epi data and the focus</p>	▪	▪	▪	

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	group information. A resource inventory survey is being developed. The statewide needs assessment survey is being developed and will be scanned and analyzed in Tallahassee.				
IV.E. CPP	<ul style="list-style-type: none"> ▶ I. Giniat presented that she conducted a grant seeking workshop at the last meeting. The update for the prevention plan is upcoming. The focus will be on prevention for positives. A survey emailed to everyone regarding secondary prevention is underway. The next meeting is February 3 at CHAN. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	
V. HAPC/RMAC	<ul style="list-style-type: none"> ▶ G. Counts stated the results from the case manager survey (turnover) found the issues were paperwork, lack of career advancement opportunities, and low salary and benefits. She invited all case managers to attend the three focus groups being done by FGCU. The price for the assessment is now \$5,000. 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	