



Illinois HIV Planning Group (ILHPG) March 18, 2016, 10:00 am-12:30 pm Meeting Minutes

- 10-10:05 am: Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)
The co-chair and facilitator welcomed everyone to the webinar. Participants were reminded of the primary goal of the planning group, the composition of its members, and the necessity for involvement/input from community stakeholders like those on this call. The co-chairs of the ILHPG, the facilitator of the webinar, and today's presenters were introduced. The co-chair led the group in a moment of silence for people living, past and present, with HIV, and all the people like us working to reduce HIV infection and improve outcomes and provide necessary services for PLWH.
 - Review formally adopted agenda -*The agenda was reviewed with participants.*
- 10:05-10:20 am: Webinar process; Attendance/Roll call; Announcements (15 minutes)
 - Webinar meeting, online meeting survey, and online discussion board instructions
Instructions for the webinar, providing comments/questions, downloading the meeting materials, submitting evaluations and comments on the online discussion board were reviewed.
 - Announce logged in members and take roll call of other voting members to verify quorum – *Voting members logged in or present at a host site were announced. Quorum was verified. All participants will be included in the attendance roster for the meeting.*
 - ILHPG Leadership- *Leadership was introduced; contact information provided. Participants were encouraged to contact members with questions.*
 - Voting protocol-*The voting protocol was reviewed. The co-chair noted that there is no motion for voting on the agenda and that those would always be so noted on agendas and voting members informed of prior to meetings.*
 - Announcements
 - » Member updates- *All new voting members have formally been assigned to an ILHPG committee.*
 - » Reminder: Upcoming April 15, 2016 ILHPG webinar meeting- *The co-chair reminded members of the upcoming webinar.*
 - » Posted Reports/Updates:
 - Committee, Liaison and Regional Lead Agent, RIG Rep, and IDPH HIV Section reports- *These are posted and available for download on the ILHPG webinar website. Participants were strongly encouraged to read these to stay updated on initiatives, work projects, and issues happening in the regions, in the HIV Section, and in liaison agencies.*
 - *The spring 2016 ILHPG newsletter has been disseminated and is posted on the ILHPG website. Please share this wit community partners.*
 - » 2016 Cumulative voting and non-voting member meeting attendance log –*The updated attendance log for webinars and committee calls this year was sent to members. Members need to keep track of their attendance because meeting attendance and committee participation is required of voting members. In addition, attendance is important in enabling members to fulfill their roles.*

- *A slide showing 47 agency and other representatives who have participated in ILHPG webinars since January 2016 (not including ILHPG voting and non-voting members) was reviewed. Even though holding meetings by webinar is not the same as face-to-face meetings, this is a positive, demonstrating our ability to engage a lot of new community stakeholders.*
- » *Review meeting objectives and Concurrence checklist – The objectives for today’s meeting were reviewed. The co-chair also noted that the Integrated Planning Steering Committee is working on development of a new concurrence checklist for submission of the integrated plan. This will be somewhat different than the checklist the ILHPG is used to since this one involves care and prevention.*
- 10:20-11:05 am: Routine Testing and Third Party Reimbursement Project Overview (25 minutes)
 - Shelly Reeter, IDPH HIV Prevention Program*
 - Jeffery Erdman, Illinois Public Health Association*
 - Input, Questions & answers, Take-away (10 minutes)
 - Shelly spoke about the differences between targeted HIV testing and routine opt-out testing, the advantages of routine HIV screenings, and overall results from 3 years of routine testing funded by IDPH. She spoke about the work that the funded agencies have done at clinic and hospital sites as well as at jail sites and about barriers to routine testing. She talked about the next steps – redirecting Category B funding to the Third Party Reimbursement Project and building the capacity of multiple clinic sites for reimbursement of HIV screening.*
 - Jeffery spoke about the need to enhance the ability of providers to bill third party payers for HIV screening and other HIV services. Strengthening this capacity will not only increase services provided to clients but will provide an additional source of funding to local health departments, Ryan White providers, STD and HIV clinics. Many of these services such as HIV testing and other preventive services are eligible for reimbursement now through expanded Medicaid, Medicare, and private insurance. Through a previous grant with IDPH, IPHA has already assisted more than 30 local health departments to become credentialed and contracted to bill for immunizations. Through the Third Party Reimbursement Project, this will be expanded. Specific tasks include: conducting healthcare site set-up of targeted agencies; conducting webinars on credentialing and contracting, billing and coding, electronic medical records concepts, and billing capacity-building.*
 - Q: Jamie said that some sites are moving to get specialized certification working with managed care entities. Will this project assist with that?*
 - A: Jeffery said that they have met with local health departments and managed care entities. That is a different type of contract that needs to happen – health departments with managed care entities instead of with the Department of Healthcare and Family Services. They are working to develop a standard template that can be used to enter into these agreements.*
 - Q: Curt asked if there was a level of unit funding for HIV testing by Medicaid.*
 - A: Jeffery said that the reimbursement for an HIV test itself is small, about \$10. But the billing can be bundled with other services such as the exam, the medical visit, any counseling that takes place, etc. to enhance the reimbursement.*
 - Q: Perry asked if there have been any problems with billing Medicaid managed care organizations if the testing is done outside of the patient’s primary care provider.*
 - A: Jeffery responded yes, agencies need to bill the right managed care organization and we need to work with providers beforehand to negotiate for claims outside of their coverage areas.*
 - Q: Does third party insurance cover Hep C screening?*
 - A: Yes. The key, however, is negotiating with companies for which you want to provide services and market how the same services you will be providing are not being provided by others and are of value to the overall health of the community.*
 - Q: Does the doctor have to be on site at these locations or can they operate under a standing order from a physician?*

A: Health departments already operate under physician standing orders. We will be working with some smaller community based organizations to ensure they are able to operate this way. The challenge will be negotiating with agencies about allowing certified staff such as community health workers and testers to conduct these services rather than licensed staff such as nurses.

*The following question was asked after the presentation. The question and response were both posted on the meeting's online discussion board:
Q: [Curt Hicks] Could changes in Illinois law help make CBO outreach testing reimbursable or expand the eligible provider certifications recognized by Medicaid or other insurance? Or would this require national legislation
A: [Jeffery Erdman] Federal Center for Medicaid/Medicare Services (CMS) rule that recognized state HIV testing certifications as reimbursable staffing credentials for Medicaid/Medicare billing would be the ideal, but changes in Illinois Medicaid rules (or law) would also enable Medicaid billing and would be an incentive for commercial insurers to follow suit in recognizing this staff credentialing for billing purposes.*

- 11:05-11:28 am: Quality of Life Program – 2015 Accomplishments and Overview of 2016 Grantee Projects-(15 minutes)

Shana Altman, IDPH HIV Prevention Program

- Input, Questions & answers, Take-away (10 minutes)

Shana presented the background of the Quality of Life grant program, the application and award selection process, eligibility requirements and HIV services eligible for funding. She provided an overview of SFY2016 grantees and highlights of their work. SFY2017 grant applications have been received and are in the process of being reviewed and selected.

There were no questions or comments during the presentation, but the following question was asked after the presentation. The question and response were both posted on the meeting's online discussion board:

Q: [Steven St. Julian] Shana, is your detailed overview of the funded agencies activities and successes available? If so, that might provide other future applicants with ideas for their own programming.

A: [Shana Altman] In response to Steven's question, Shana provided the below response, which was posted on the Discussion board for this meeting: "Here is the additional information that I provided on the current QOL grantees for FY16 during my presentation.

- *Bethany Place has a syringe exchange program which distributed over 147,000 syringes in 2015. This past fall, the New York Times visited Bethany Place to collaborate on a documentary regarding needle exchange in a rural community; the barriers; and also had interviews with participants. During their visit, The New York Times journalist shadowed the prevention Director to IDU sites that the Needle Exchange program frequents. The reporter reviewed harm reduction sessions as well as the exchanging of supplies with the participants consent.*
- *Center on Halsted has been conducting risk targeted advertising via the geosocial app Grinder. Center has placed pop-up ads on Grinder for the HIV Hotline and for the HIV counseling and testing program. The pop-up ads appear when a user of Grinder logs on. Two different types of ads were used for the HIV testing program. The first type of ad is a pop-up ad that if the viewer clicks on the ad they are given the option to click the phone number and call the Center's HIV testing appointment line. The second type of HIV testing ads were text pop-ups and were mainly related to Center on Halsted events and venue-based HIV testing opportunities.*
- *Lighthouse Baptist Christian Center is a first time Quality of Life grantee. They are working to conduct VIBES in the West Peoria and Galesburg area and have their first retreat planned for March.*
- *In addition to offering urine screening for gonorrhea and chlamydia, the McLean County Health Department also offers anal and oral swabs. The agency works with a lab outside of IDPH to conduct the swab testing. Since the beginning of FY16 McLean County Health Department has*

conducted 58 gonorrhea and chlamydia screenings all of which were to prioritized populations. Of the 58 screenings, 11 had a confirmed positive result which is a 19% positivity rate.

- *Men and Women in Prison Ministries* mostly serve the re-entry population. Bringing their clients together in the Quality of Life group session has had a tremendous impact on their clients, their decisions and the choices they make. One additional concept they are continuing is to invite and encourage clients to attend the family support group. This brings together all of their clients, their partners, and their friends as well as their families. The family support group allows clients who are impacted, infected, affected and those who are high risk to come together and have a discussion about what's going on in the community as it relates to HIV/STD prevention.
 - In the month of February, Phoenix Center broke numerous records. The agency conducted 181 harm reduction sessions with 112 unduplicated individuals and 16 new people enrolled in the program. Phoenix Center also distributed 7340 needles and 112 bottles of Naloxone. In February they broke records for most harm reduction sessions in any month (181), most harm reductions in one day which was 21 and most youth group members in a month for a total of 176.
 - *Proactive Community Services* is another agency that is currently offering gonorrhea and chlamydia screenings to the prioritized populations. As of the end of February they had provided GCCT screenings to 74 individuals with 12 positive results which is a positivity rate of 16.2%. For all individuals that received a confirmatory positive result for gonorrhea and chlamydia, as with any type of positive result, Proactive made the necessary referrals immediately. To ensure they are able to document referral outcomes, Proactive utilizes an outreach log and referral tracking form. Counselors also contact the client and/or network partners to ensure the client did take action on the referrals.
 - *Sisters and Brothers Helping Each Other*: Provides services across the state with multiple locations. "Sisters" provides rural testing and syringe exchange in Cairo and Streator Illinois which has become well known and is developing quickly with many new clients.
- 11:28-11:33 am: Brief break (5 minutes)
There was a 5 minute break. Participants were told that we would resume promptly in 5 minutes.
 - 11:33 am – 12:20 pm: Mental Health and HIV –Association, Need for Collaboration/Coordination, Research and Ongoing Projects – (45 minutes)

*Lisa A. Razzano, Ph.D., CPRP, Associate Professor of Psychiatry & Deputy Director
University of Chicago, Center on Mental Health Services Research & Policy*

– Input, Questions & answers, Take-away (10 minutes)

Dr. Razzano presented on the association of mental illness/ substance use with HIV, models of collaborative care, application to HIV prevention/care planning, related UIC research projects (and results), UIC's HIV education program for mental health care providers, and its peer support group leadership training for HIV positive consumers with mental health issues. Substance use is a critical factor in HIV risk. Having combined risk factors such as substance use, mental health, and homelessness can increase HIV risk exponentially. Symptoms of HIV disease progression can be masked by mental illness. There are commonalities in the physical symptoms of both HIV and mental illness and there can be overlap. HIV is the second highest co-morbidity among people with depression, second only to TB. Studies have shown that providers are less likely to prescribe HAART to PLWH who have had past or current treatment for depression (concern with non-adherence to the meds). Adherence to medications for HIV and mental illness is critical and evidence-based models of integrated care have demonstrated effectiveness.

Recommendations for consideration in HIV Planning:

- *Collaboration with community mental health providers, integration of HIV case management within community mental health centers, and the addition of HIV medical case managers to mental health teams.*
- *Support adherence education and maintenance programs for clients based on unique needs and progression of HIV and mental health illnesses.*

- *Develop HIV prevention and treatment services specifically designed for clients with mental health and substance use issues.*
- *Integrate mental health and HIV care – initiate regular screening for mental health and symptoms of depression. Staff do not need specialized training to conduct these assessments.*
- *Integrate behavioral interventions along with pharmacological treatments for PLWH with mental health issues*

Dr. Razzano presented the MAPS (Medication Adherence Plans) intervention that was researched and developed by UIC. This does not replace physicians but employs specialists to work with clients on their issues and where they are in the field. Tools have been developed to be utilized in creating these personalized plans. The results of the study showed decreased substance use and improved health beliefs/functioning among participants. Dr. Razzano also spoke about the mental health care provider HIV education program and the leadership and support for peers training modules that had been developed. Dr. Razzano stated she could provide us with the links to more information about accessing these resources. The co-chair thanked Dr. Razzano for the excellent presentation. She asked Dr. Razzano to provide her the links and she would share them with the participants.

Q: Are the increased liver and kidney disease seen among people with mental illness attributed to increased use of substances?

A: It can be. Many of the drugs that people with serious mental illness take over the long term can cause liver disease. In addition, people with mental illness may have comorbidities such as hypertension that if left untreated can cause kidney problems.

- *Public Comment Period (10 minutes) No requests for public comment were received.*
- *12: 20 pm: Adjourn- All presenters and participants were thanked. The meeting was adjourned.*