



MINUTES

Date: August 5, 2014

MEETING CALLED BY	Texas HIV Care Services Group
TYPE OF MEETING	Standards Workgroup conference call
FACILITATOR	Teena Edwards, DrPH, MSN, RN
ATTENDEES	See page 8

OLD BUSINESS

Review of Minutes from the prior 3 meetings

DISCUSSION	There were no comments/corrections on the minutes for Case Management; participants from STDC not listed on the 7/29/2014 OAMC conference call will be added and minutes redistributed.
CONCLUSION	Redistribute minutes from the 7/20/2014 conference call to members

NEW BUSINESS

WELCOME	Teena Edwards, Facilitator
	Revised comment document was sent out; to include new items received this past week. We will start with #58 - General comments

Texas Outpatient Ambulatory Medical Care Standards

TOPIC/ITEM 58	Scoring of items
DISCUSSION	The comment received was ""Will there be scoring on the items?" DSHS response is not at this time. We can discuss that at a later time. Discuss format of word document versus an excel. Participants did have any preference.
CONCLUSION	No scoring will be added at this time; draft monitoring tools will continue to be sent in Word
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 59	Partial credit.
DISCUSSION	The comment received was " Domains are listed with multiple elements to assess yet no way to get partial credit since its Y/N (i.e. Yearly risk behavior screening: provider documentation of assessing 7/7, 6/7 or 3/7)" DSHS response is that clinicians should be assessing each of the items listed. DSHS doesn't consider the item met unless all items have been assessed. Reviewers can use the last sheet for comments to the providers on why the item did not meet standards.
CONCLUSION	No partial credit will be given
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 60	Assessment of new allergies/drug reactions
DISCUSSION	Comment received was "Each office visit should include assessment of new allergies/drug reactions." DSHS agrees and will add this item to the Standards and the monitoring tool. This is a meaningful use measure (Joint Commission 2011)
CONCLUSION	Add assessment of new allergies/drug reactions
FOLLOW-UP ACTIONS	Revise Standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 61	Source citations
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DISCUSSION	Comment received " Consider Landscape orientation with a column for source citation (provider recommendation). DSHS response is that the citations will be included in the Standards. The HAB measures, if they are not in the standards clearly marked, we will add in parenthesis in red like we do the monitoring tool
CONCLUSION	Citations will be added to the Standards
FOLLOW-UP ACTIONS	Revise Standards
PERSON RESPONSIBLE	Teena Edwards and Brian Rosemond, DSHS

TOPIC/ITEM 62	HIV related education for grantee staff
DISCUSSION	Comment received was "Also, Subcontractors are to show evidence of staff having HIV related education but I cannot see that this applies to the Grantee." When DSHS revises the AA standards and Expectations of AA's this item will be added as we expect our AA staff to obtain needed HIV in service/education.
CONCLUSION	Will add this requirement for documenting education for AA staff when AA standards are revised
FOLLOW-UP ACTIONS	Revise Expectations of AA document
PERSON RESPONSIBLE	Janina Vazquez, DSHS

TOPIC/ITEM 63	Initial visit
DISCUSSION	Comment received was " Initial" should only apply to new dx within the past year only; according to him, his providers perform an "annual H&P exam" with follow ups -" DSHS agrees and will add directions to the monitoring tool so that reviewers will only assess the initial if the client has been diagnosed within the past year. The sections will be separated so that the reviewer isn't required to complete both the initial and the reassessment on one client
CONCLUSION	Separate sections for initial and follow-up/annual H&P
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 64	Use of the word Comprehensive
DISCUSSION	Comment received was " Do not agree with the use of "comprehensive" because physicians interpret that a variety of ways (i.e. addressing all body systems vs more in depth testing that a specialist would do)." DSHS will remove the word as it doesn't change the intent of the item.
CONCLUSION	Remove word comprehensive
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 65	Combining assessment and reassessment
DISCUSSION	Comment received was "Recommending combining the assessments and reassessments. Seems this would streamline the review and reduce the back and forth in some EHRs." DSHS response is that assessment and reassessment are two different processes. The initial assessment will be completed on newly diagnosed patients and the reassessments are to be completed each year. The concern was what happens if a patient has both an initial and a reassessment within the same review year. If that does occur, DSHS would prefer the reviewer to monitor the initial assessment section.
CONCLUSION	Separate the two into two sections for ease in reviewer understanding. DSHS will send out guidelines for this monitoring tool prior to use directing reviewers to assess only one section (either the initial or the reassessment) and not both.
FOLLOW-UP ACTIONS	Draft guidelines to be used with the monitoring tool
PERSON RESPONSIBLE	Teena Edwards

TOPIC/ITEM 66	References to specific HAB measures in the tool
DISCUSSION	The comment was "Would like to see references to specific HAB measures in the tool as well as references to where in the treatment guidelines the specific requirements can be found." DSHS response is that we will add all citations to the Standards, to include

	HAB measures
CONCLUSION	Add citations for treatment guidelines and the HAB measures to the Standards
FOLLOW-UP ACTIONS	Revise Standards
PERSON RESPONSIBLE	Teena Edwards and Brian Rosemond, DSHS

TOPIC/ITEM 67	Numbers not sequential
DISCUSSION	Comment received " Numbers are not sequential. Get to 51 and 39 follows."
CONCLUSION	The numbers will be fixed in the next draft
FOLLOW-UP ACTIONS	Correct monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 68	Tracking "other medications:
DISCUSSION	Comment received "I am not sure where this would go, but we have to keep track of the "other medications" the clients take as part of the clinical information according to DSHS policies...so maybe it goes here?" DSHS will add under medication reconciliation in both the standards and the monitoring tool. This item as well as the assessment for allergies and drug reactions will be added.
CONCLUSION	Will add item for monitoring whether other medications taken has been documented
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 69	Hep C in the Standards, pg 5 and t
DISCUSSION	Comment submitted was "Hep C is mentioned three times on pages 5 & 6 (once under initial labs and twice under initial screenings/assessments) and I think it would be clearer to just mention it once under initial screening and again under follow-up screening. Also, I thought annual screening was only recommended for those at increased risk." The monitoring tool will be split into the initial and the reassessment, so this will not be duplicative. USPSTF recommends persons with continued risk for HCV infection (injection drug users) should be screened periodically. The USPSTF found no evidence about how

	often screening should occur in persons who continue to be at risk for new HCV infection. So there is no specific interval recommended other than Periodically". DSHS is recommending testing annually.
CONCLUSION	No duplication once monitoring tool has been separated into initial and reassessment sections. Require annual screenings for Hep C
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 70	Item 13 and 14 and 33 and 34 on the monitoring tool - Hep B and C
DISCUSSION	Comment was "Hep C is mentioned twice on item 13 & 14. I think there should be one measure for Hep B and one for Hep C. Same for 33 & 34." Since we are going to split these sections on the tool, it will not be duplicative. We will also split Hep B from Hep C
CONCLUSION	Separated Hep B and Hep C into separate items for review.
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards

TOPIC/ITEM 71	Hep B screening at least once
DISCUSSION	Comment received "The HAB measure only asks for Hep B & C screening at least once since diagnosis. I think it would be difficult for a chart reviewer to try to determine whether annual screening was indicated." Discussion ensued regarding risk factors are clear, but it may be difficult for the reviewer to locate the risk factors in the patient's chart/EHR. DSHS agrees that patients should be screening at least once, but those at risk more often. Hopefully the way we have set up the monitoring tool there, you would review the screening and the assessment information first and be able to tag the patient as high risk and then look to see if a screening was completed. We will pilot for this in 2015 and make any corrections as needed.
CONCLUSION	Leave as annual screen and more frequent if risk present.
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 72	Syphilis should be a separate measure
DISCUSSION	Comment received "I think syphilis should be a separate measure from gc/ct (often 1 is done without the other). I think they should both be annual measures per HAB. Again, it would be hard for a reviewer to determine when more frequent screening is indicated." DSHS will separate as HAB measures also separate into different measures. Again, it may be difficult for the reviewer to determine risk and assess for whether the screening was completed. Recommend only look at annual screens.
CONCLUSION	Agree it would be easier to monitor for annual screens, but those at risk usually are not screened. Will pilot this in 2015 to see assess barriers.
FOLLOW-UP ACTIONS	Separate the three STI into separate items on the monitoring tool.
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 73	Standards - Mental health referral
DISCUSSION	Comment received was "The area he asked that was enhanced was in the standards regarding mental health care and the importance of a thorough assessment and stressing the relationship to providers regarding referring for mental healthcare & the role of mental healthcare in treatment plan compliance." DSHS agrees
CONCLUSION	Enhance the referral section for mental health and substance abuse to include mental health professionals being part of the medical care coordination team.
FOLLOW-UP ACTIONS	Revise Standards and monitoring tool if needed
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC	Requirement for RN to monitor clinical areas
DISCUSSION	DSHS will continue to require that a RN monitor the Dental and the OAMC service categories. A monitor who is not a RN may monitor for the other service categories, to include medical case management. Part As have used nurses in the past to monitor the clinical areas. Austin area will be hiring a new quality manager and the requirement for a RN is not in the job description.

CONCLUSION	Continue to use a RN for clinical service categories for Part B and encourage Part A to continue using a RN for their reviews as well. Combine monitoring of Part A and Part B as much as possible
FOLLOW-UP ACTIONS	Continue to discuss use of Part A and Part B funds to complete joint monitoring
PERSON RESPONSIBLE	Janina Vazquez, DSHS

TOPIC	Home Health versus Home and Community-Based Health service categories
DISCUSSION	Inquiry if both were being used
CONCLUSION	Both service categories are being used
FOLLOW-UP ACTIONS	Develop standards and monitoring tool for both service categories
PERSON RESPONSIBLE	Teena Edwards, DSHS

Meeting Attendance

Teena Edwards	DSHS HIV Care Services Group
Shaina Johnson	DSHS HIV Care Services Group
Margie Drake	Tarrant County, Part A and B
Jamie Schield	North Central Texas Planning Council, Part A
Gil Flores	North Central Texas Planning Council, Part A
John Waller	Austin Part A
David Garza	Austin Part A
Kimberly Williams	Austin Part A
Benda Mendiola	Austin Part A
Kristi Hanle	BVCOG HIV Program Director, Part B
Jessica Pierce	BVCOG Planner, Part B
Heather Keizman	Harris County Public Health & Environmental Services, Part A
Chris Thomason	StarCare Specialty Health System, Part B
Glenda Blackmon-Johnson	Dallas County Health and Human Services, Part A and B
John Keiser	South Texas Development Council, Part B
Maribel Rodriguez	South Texas Development Council
Marisa Lira	South Texas Development Council
Charlene Doria-Ortiz	Bexar County Part A and B