



MINUTES

Date: July 29, 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 27

OLD BUSINESS

None

DISCUSSION	Did not send meeting minutes from 7/22/2014; will send out this afternoon
CONCLUSION	Will discuss any corrections from the minutes of 7/15, 7/22, and 7/29 on the next call.

NEW BUSINESS

WELCOME	Teena Edwards, Facilitator
	Process: Start ;with comments received on the Standards and work through these and then the comments on the Monitoring Tool until we run out of time at 11:00am

Texas Outpatient Ambulatory Medical Care Standards

TOPIC/ITEM 1	Peer review
DISCUSSION	The comment received was "Is this relevant for agencies that have clinics on site only? Each of the providers providing HIV care should be participating in a peer review process whether they work in a clinic or in private practice. So if you don't have a clinic on site, then you referring to physicians off site. Those physicians need to be participating in a peer review process.
CONCLUSION	AA will need to institute a peer review process in areas where currently none exist.
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 2	Nutritional quality and quantity
DISCUSSION	Consider adding something like: "Nutrition – quality and quantity of daily food and liquid intake" as another general history item. DSHS will add
CONCLUSION	Revise the Standards to include
FOLLOW-UP ACTIONS	Revise the Standards to include
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 3	Domains in the Comprehensive assessment
DISCUSSION	Comment received that in the comprehensive history, the asterisks indicate things have not seen provider documentation on. Those are travel history and place of birth; Complementary and alternative therapies to include supplements/herbs; Pets/animal exposures; and Spirituality. These items as well as the rest under comprehensive history are recommended in the HIV Guidelines for Clinical Care. So they really do need to be included in a history
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 2	Aging population
DISCUSSION	Comment received was "Have these been

	updated to include any more specific/appropriate for our Aging HIV client populations." The aging HIV patients are faced with the same diseases as older patients without HIV; which are mainly a lot of the chronic diseases. So we did add a section for the provider to assess for chronic illness. The psychosocial/laboratory tests would apply to patients of all ages because we have asked for a comprehensive laboratory as well. Cholesterol, heart disease, all the issues that come from age, medications, or long term effects of the disease which is still up in the air. Covered on page 3 under the comprehensive history and physical history, most of those issues are typically related to the life span
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 2	Cultural competency across the life-span
DISCUSSION	Needs to be included in the Standards as a required course for providers; to include cultural awareness of the aging population
CONCLUSION	Revise the Standards to include
FOLLOW-UP ACTIONS	Revise the Standards to include
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 2	Nutrition/quality of life being part of a general history
DISCUSSION	One of the concerns from clients is that providers are assessing these areas, but it is never followed up on
CONCLUSION	One of the areas that will be monitored.
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 5	Initial chest x-rays
DISCUSSION	Clinic performs chest x-rays when it is deemed medically necessary Providers do not want to order an initial chest x-ray on an initial visit, they don't think it is necessary, so we will reword that to include an x-ray when deemed necessary.
CONCLUSION	Revise the Standards to include when deemed

	necessary
FOLLOW-UP ACTIONS	Revise the Standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 6	T-spot
DISCUSSION	Add T-spot to TB tests that can be used Will change the wording to tuberculin skin test because that will include a PPD as well as the T-Spot, or any new one that comes on the market
CONCLUSION	Revise Standards to use word tuberculin skin test
FOLLOW-UP ACTIONS	Revise Standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 7	Anal pap
DISCUSSION	The anal pap is a recommendation from the HIV Clinical Guidelines. It is only a recommendation at this point in time.; it is not a requirement
CONCLUSION	Leave it in as a recommendation to keep it on everybody's radar as this test is probably going to be more prevalent in the future. Will highlight "yellow" this item in the monitoring tool which means the item will not be monitored in 2015.
FOLLOW-UP ACTIONS	Highlight item in yellow in monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 8	MMR vaccine
DISCUSSION	Some facilities do not keep this vaccine onsite and they refer out for a MMR. Add the wording that they will either provide it or refer folks to get the MMR if they need it.
CONCLUSION	Revise Standards to include referral
FOLLOW-UP ACTIONS	Revise Standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 9	Tool to assess medical adherence
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DISCUSSION	Most providers address clients taking meds and document compliancy, but I have never seen a tool that was used to do the assessment The Viral Suppression workgroup of the HIV Syndicate is working on identifying a tool. If any providers are using a tool to screen for adherence, please send in.
CONCLUSION	Providers to send in any screening tools they are using for consideration by the Viral Suppression Workgroup
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 10	Provider referral for adherence counseling
DISCUSSION	Comment submitted was "I've never seen documentation where a doctor referred clients for adherence counseling if they were not compliant."There should be a kind of automatic route any time a client comes in with adherence issues, doctors talking to their case manager and letting them know and the case manager coordinating with the doctor to come up with a good intervention for that client. To help them work on their treatment adherence; what are their barrier maybe.
CONCLUSION	Strengthen the requirement that providers are referring in the monitoring tool
FOLLOW-UP ACTIONS	Revise monitoring tool if needed
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 11	Referral if CD4 count below 50 cells/mm ³ for ophthalmic examination by a trained retinal specialist for screening or as recommended by that specialist.
DISCUSSION	The comment was that they refer patients however if they are not funded they may not be seen and our standards says of course that they make the referral. That is the only thing that is within our control. But, you know, maybe this is a training issue with the AA that they could help providers negotiate services locally and try to get that patient seen quicker.
CONCLUSION	AA to assist providers to access specialists for timely assessment
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 12	Prioritized problem list
DISCUSSION	Problems are identified by providers and addressed individually but they do not have a prioritized the list. Will take out the word prioritized
CONCLUSION	Revise the Standards
FOLLOW-UP ACTIONS	Revise the Standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 13	Missed appointments
DISCUSSION	On occasion seen documentation of missed appointments but no follow-up is documented in notes Providers should be encouraged to conduct follow-up for referral to case management or referral to DIS. DIS have been instructed to receive referrals from medical providers, from case managers, from Ryan White providers in case that individual has fallen out of care. Encourage providers/AA to develop a relationship with your local health department and DIS so that when someone is insufficient, you all can work that out and the DIS can engage, fully engage that person into care. Concern expressed regarding confidentiality . DIS are the only individuals based on state statute of the Texas Health and Safety Code 261 that has the ability to access information on anyone in the state actually that is HIV positive. For the purposes of informing them they are positive or engaging them back into care.
CONCLUSION	Add to the case management standards and the OAMC standards that DIS is a resource and does not have confidentially issues. Encourage providers to make referral to case management or DIS for follow-up and document the referral and outcome
FOLLOW-UP ACTIONS	Revise CM standards as well as strengthen in OAMC Standards
PERSON RESPONSIBLE	Ann Dills and Teena Edwards, DSHS

TOPIC/ITEM 14	Three contacts using 3-modes of contact.
DISCUSSION	Some of the agencies have responded that the only way they have to contact is over the phone. That they cannot use email because the client may access email in the library and then it could be a confidentially issue. People

	have proposed just 3 contacts period. If a client has said that they won't accept mail that eliminates that as a possibility. If the agency doesn't allow email, that eliminates that as a possibility. DSHS wants to see a good faith effort to use as many options as possible to reach that client. Now the client may limit those options. if the client limits their options, as long it is documented that the client self-selected to limit their options, then, as long as you are showing good faith efforts to reach them by the options they have made available. Concern expressed by DSHS that an agency has a blanket policy for no email use. An emergency contact person and DIS are options, so there are really 5 modes.
CONCLUSION	Standard will remain 3 contacts using 3 different modes.
FOLLOW-UP ACTIONS	Add DIS and emergency contact person to both the CM standards and the OAMC standards
PERSON RESPONSIBLE	Ann Dills and Teena Edwards, DSHS

TOPIC/ITEM 15	Documentation in ARIES
DISCUSSION	Suggestion that we need to include instructions to document in electronic and hard copy file. – Or will there be something separate for ARIES?" There will be a separate document on the minimum elements required to be documented in ARIES. DSHS will be determining what elements will be required to go into ARIES. Monitoring/audits will need to review information in the primary client's/patient's record system. That may be a paper chart, an electronic health record, or some information entered directly into ARIES.
CONCLUSION	DSHS will be determining what elements will be required to go into ARIES.
FOLLOW-UP ACTIONS	DSHS to issue guidance on mandatory entry items into ARIES
PERSON RESPONSIBLE	Ann Dills and Teena Edwards, DSHS

TOPIC/ITEM 16	Duplicate entry
DISCUSSION	Will remove duplicate from Standards
CONCLUSION	Duplicate
FOLLOW-UP ACTIONS	Remove duplicate

PERSON RESPONSIBLE	Teena Edwards, DSHS
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TOPIC/ITEM 17	Licensed Physician
DISCUSSION	There is a question on “All agency staff, contractors, and consultants who provide direct-care services, and who require licensure, shall be properly licensed by the State of Texas, or documented to be pursuing Texas licensure. And we really do want them licensed, but there are certain circumstances where foreign physicians are not yet fully licensed, but they are allowed to practice under limited circumstances while pursuing their Texas license.
CONCLUSION	Clarification
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 18	Supervision of an inexperienced provider
DISCUSSION	There needs to be written policy either at the AA level or the agency level as to how long that direct supervision needs to continue. In most areas it is maybe 6 months – just like a probationary period
CONCLUSION	AA/agencies to develop policy
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 19	Simplification of HAB measure for office visits.
DISCUSSION	Possible simplification: Patients will have at least one medical visit in each 6-month period with a minimum of 60 days between.”
CONCLUSION	DSHS will be drafting a diagram to assist reviewers in monitoring for this item
FOLLOW-UP ACTIONS	Draft diagram
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 20-22	Contact of clients who have missed appoints
DISCUSSION	Already discussed during this process
CONCLUSION	3 contacts using 3-modes will remain the standard

FOLLOW-UP ACTIONS	Call to emergency contact and DIS will be added to both the CM and OAMC standards.
PERSON RESPONSIBLE	Ann Dills and Teena Edwards, DSHS

Texas Outpatient Ambulatory Medical Care Monitoring Tool

TOPIC/ITEM 1	Item #2; Supervision of medical staff
DISCUSSION	Comment was asking "Will we look for standing delegation orders that are signed annually? The intent of item #2 is actually supervision. The provider staff or the clinical staff in the facility is actually being supervised by appropriate personnel, which is usually a medical director. We want to see evidence that staff has oversight or has had that supervision. The comment did up the point regarding Standing Delegation Orders. We did not have that item in the monitoring tool. We are going to add an item to address standing delegation orders and require that these be reviewed and signed annually. There is no citation on frequency.
CONCLUSION	Clarification provided regarding (tem #2; add item on Standing Delegation Orders
FOLLOW-UP ACTIONS	Add item in Standards and on monitoring tool regarding review of standard delegation orders.
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 2 -4	#3, Peer Review
DISCUSSION	The comment was "Should specify prescriptive authority." The intent of this item is strictly peer review. Peer review should be conducted between the same level of providers at least annually. This is really the only way of determining quality of care at the provider level. What we mean by peer to peer review is not a stringent review of the chart where is punitive action taken against the provider if they fail to do quality care. With peer review it is more of case conferencing. AAs may require more frequent review. Another comment regarded frequency of review. If the AA would like to require more frequent reviews, they may do so.
CONCLUSION	If the AA needs assistance on setting up a peer to peer review system among the

	providers, especially those that are private providers, the AETC or DSHS can assist you.
FOLLOW-UP ACTIONS	AAs to set up process
PERSON RESPONSIBLE	AAs

TOPIC/ITEMS 5 and 6	Item #6, education
DISCUSSION	Comments submitted were "All appropriate CEUs/CMEs reflect HIV-related training for each provider... Recommend clarifying if this is an annual requirement." There are different time frames depending on staff for how many educational units be achieved. We are more interested in, not necessarily the number of hours, because that is tied to their license, but what continuing education is being obtained as HIV related and that they keeping up to date. Another comment was "will we need to get certificates for every medical provider and keep them somewhere? And then the question regarding the residents." You only need to review those certifications on site. You don't need to ask them to be sent to you unless you are doing a desktop review prior to a monitoring visit and you want to review this item prior to that. Residents are required to obtain the education through the residency program and usually if they are doing a residency in a HIV setting, they are getting the required education that they need. This is only for attending providers.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	DSHS to send AA/monitors the number of CEUs/CME that are required within what time frame
PERSON RESPONSIBLE	Brian Rosemond, DSHS

TOPIC/ITEM 7	On #7, the agency verification/licensure
DISCUSSION	The comment was that this should not be a component of an annual medical chart review process The first items are part of a programmatic review of the agency. The monitoring tool is separated into programmatic and clinical because in some cases the chart review, like in OAMC has to be done by a registered nurse.
CONCLUSION	Clarification provided

FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 8	Initial comprehensive assessment/evaluation completed within 3 months.
DISCUSSION	The questions is " Which HAB measure does this refer to? " The HAB is a system HAB measure and it is the Percent of Ryan White Program-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment. The second measure that has to do with the 3 months is the assessment and evaluation is completed within 3 months is a population 3-month measure under the National HIV strategy, the strategic plan. The is confusion over this item and what the monitors will audit for - which time period.
CONCLUSION	Separate these into two different items for the one HAB measure and the other for core indicator.
FOLLOW-UP ACTIONS	Revise in the monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMs 9-10	Items 6-21 Initial screening
DISCUSSION	The comment was that it is difficult to retrieve an initial screening for long-term survivors if they have been in your clinic years. DSHS will going to add to the language of the initial screening that monitors will only monitor this section for those that have been in care less than a year. If they have been in that clinic or agency for longer than 12 months, you will not measure this section.
CONCLUSION	Initial screening/history will be for new clients either newly diagnosed or new to the agency within the past 12 months.
FOLLOW-UP ACTIONS	Tool will be revised to separate initial screening/history/physical from annual/follow-up
PERSON RESPONSIBLE	Teena Edwards,DSHS

TOPIC/ITEM 10	Mental health/ Psychosocial /Housing would be completed by Case Management/Medical CM
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DISCUSSION	The HIV Clinical Guidelines states that this should be completed by a physician. So the physician when they are doing initial screening need to ask questions regarding their mental health status, their psychosocial status, and referrals then need to be made if there is an issue.
CONCLUSION	Providers need to complete this screening and document it in the medical record. Some clients will only speak to those that have ultimate authority, that being a doctor. So this way, this can catch those don't feel quite as open with their case manager to talk about issues they feel are more personal and they feel they have got to talk to what they consider more of a medical professional. So it is an attempt to catch it both ways
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 11	#11; chest x-ray
DISCUSSION	Chest x-ray is not part of an initial HIV evaluation. DSHS will change that as well as in the standards and will add "if pulmonary symptoms are present or positive LTBI test."
CONCLUSION	Revise standards and monitoring tool
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 12	#15, STI assessment. Documented screening for Syphilis serology and urine GC/Chlamydia completed
DISCUSSION	Comment was that GC/Chlamydia was not added until 2013 so does not apply to the measured year. And the clinic doesn't receive funding for this. There are exclusions for this measure not represented." DSHS response is that this item; will begin in 2015, so they have had a year, almost a year and a half to implement it, so it should not be a problem. And if a patient is excluded from this particular item, then the monitor would just indicate N/A on the monitoring tool. If no funding is received, then it is the expectation that the client is referred to somebody else to do this and that there documentation of the referral and the follow-up and what the outcome was from the referral.

CONCLUSION	No changes; provided clarification
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 13	#17 The psychosocial assessment
DISCUSSION	Already covered that. We covered that in item #10.
CONCLUSION	Providers need to be doing that.
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 14	# 21, 22, and 23 seems to be duplicated in #42, 43, 44
DISCUSSION	Since we are limiting the initial assessment to that first one-year period of diagnosis or entry into that agency for medical care, it is really not a duplication because the other one will catch the other group of the follow-up annual screenings and assessments. Those people who are initial within their first year, you only complete that initial assessment section. You would not be completing the follow-up assessment because it is all within that year
CONCLUSION	Only one section will be completed
FOLLOW-UP ACTIONS	Will separate sections better in the monitoring tool.
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 15	#22; Exclusions for previously normal hysterectomy
DISCUSSION	Exclusions can be found: http://www.cancer.gov/cancertopics/factsheet/detection/Pap-HPV-testing Reviewed 5/13/2012 For a list of exclusions see #4 in this resource.
CONCLUSION	Information given
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEMS 16 and 17	#22, Female/cervical cancer screening
DISCUSSION	HAB measures states female not women and change cervical Pap test to cervical cancer screening. The exclusions can be found Exclusions can be found at http://www.cancer.gov/cancertopics/

	factsheet/detection/Pap-HPV-testing Reviewed 5/13/2012 For a list of exclusions see#4 in this resource. If in monitoring, the client meets the exclusion criteria, you would indicate N/A for this item when you are monitoring.
CONCLUSION	Change wording in both standards and monitoring tool
FOLLOW-UP ACTIONS	Revise standards and tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 18	#22 Cervical cancer screening
DISCUSSION	Comment said it was very difficult to get clients and doctors to do. It is a standard of care. If they cannot do it then they should refer to a provider who can. As an example, DSHS funded women's health providers and they need to document the referral, they need to document the follow-up and they need to document the outcome.
CONCLUSION	Standard of care
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEMS 19 and 20	#23; anal pap
DISCUSSION	The comment was not a currently recommended screening method. We discussed this in the standards. We would like to here again keep it in the standards and in the tool. This will be one of the ones that we are yellowing because it is optional. It is a promising practice that will not be reviewed in 2015.
CONCLUSION	Clarification provided; will not require test in 2015
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 21	#24; Office visits
DISCUSSION	Comment was this measure is worded strangely. It is unclear if an appointment should happen once every six months or if it should be 60 days? Also, it is strange that there be a minimum of 60 days between medical visits. Restricting visits to every at

	<p>least 60 days apart would inhibit the provision of the most effective care."</p> <p>It is the HAB measure. DSHS will draft a diagram for the monitors to follow. We don't think that HRSA is trying to limit the visits, but is making sure that the patient is actually coming in frequently for care.</p>
CONCLUSION	Reviewers need assistance in understanding HAB measure
FOLLOW-UP ACTIONS	DSHS will draft a diagram to assist in understanding
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 22	#25 Vital sign, appearance, habitus
DISCUSSION	<p>Comment was "Agree with vital signs but disagree with need to document no changes in appearance, habitus. Physical well-being is not an accepted medical term." Our response to that is on the initial assessment as part of a review of systems it is a standard practice to do vital signs, changes in appearance and habitus and it is included in the CPT coding if you want to get credit for that office visit. Those certain elements that have to be included. Also on page 67 of the Guidelines, it discusses part of the review of systems and then again on page 92 so every visit needs a weight, general appearance, and body habitus including evaluation for lipodystrophy. Will delete reference to physical well-being, but the other items will need to stay in</p>
CONCLUSION	Standard of care to include vital signs, changes in appearance and habitus as part of each office visit.
FOLLOW-UP ACTIONS	Delete reference to physical well-being in the monitoring tool and standards
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 23	#26; physician evaluating for adverse outcomes
DISCUSSION	Comment asks what constitutes an evaluation. This item is worded incorrectly as the physician is not being evaluated, but he is evaluating the client for any adverse reactions.
CONCLUSION	Reword that item to the clinician has evaluated the client for.....
FOLLOW-UP ACTIONS	Revise monitoring tool

PERSON RESPONSIBLE	Teena Edwards, DSHS
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TOPIC/ITEM 24	#27, lipid panel
DISCUSSION	Comment was lipid are expert opinions and not based on randomized data." On page 83 of HRSA guidelines, a lipid panel is recommended at baseline before starting ART
CONCLUSION	Standard of care
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 25	#27, fasting
DISCUSSION	Comment was that item should state fasting or be left out completely (fasting emphasis should be in Standards).
CONCLUSION	Word preferably will be deleted. Fasting is the standard as noted on page 83 of the clinical standards.
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 26	#28, CD4
DISCUSSION	Comment was that the new guidelines do not recommend CD4 unless needed to guide prophylaxis. Recommendations did not kick in until 2014 but we were aware of this change coming in 2013." And unfortunately until HRSA changes the HAB measure we will have to keep reference to the current standards. We realize that there was a change made in a policy recommendation that came out about 6 months ago.
CONCLUSION	Per the HRSA guidelines we will have to perform it.
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEMS 27 and 28	# 30, Antibiotic Treatment
DISCUSSION	Comment was to add " after active infection is ruled out and only if seropositive"
CONCLUSION	Agree and will add those 2 qualifiers
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 29 and 30	#32,
DISCUSSION	Comments were "PPD or Quantiferon is acceptable and Quantiferon move to first position with 'or'" Quantiferon is actually the brand name of the interferon-gamma release assay so how we will refer to that is tuberculin skin test or IGRA which is the interferon-gamma release assay. We won't refer to PPD or T-spot or Quantiferon directly since those are brand names.
CONCLUSION	Refer to these tests in general terms of tuberculin skin test and IGRA
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 31	#35, STI assessment
DISCUSSION	The comment was "I don't know what increased risk is." Those patients who engage in high risk behavior, such as unprotected sex with multiple sex partners; plus certain aspects of sex (topping, bottoming, fisting, etc) contributing to higher risk. Refer to the USPTF for an explanation: http://www.uspreventiveservicestaskforce.org/uspstf08/methods/stinfections.htm STI Screening recommended in 2000 by USPTF and CDC agrees.
CONCLUSION	Clarification offered
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 32	#36 ARV therapy - office visit every 3-4 months
DISCUSSION	Comment was that some guidelines say 6 months is adequate. We need to follow the HRSA HAB measure until they have been updated
CONCLUSION	HRSA HAB measure so will need to monitor
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 33	#42 - Oral Health Documentation that annual assessment and screening was completed
DISCUSSION	The comment was "If this is referring to the oral health services measure, this is specific to oral health patients and not OAMC patients. DSHS agrees that it is an oral health item and it will be included in the oral health standard and monitoring tool, but it also a HAB measure under the Adolescent/Adult category exam. http://hab.hrsa.gov/deliverhivaidscares/adolescentadultmeasures.pdf ; p. 12 and it says the Number of patients with a diagnosis of HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation. And it is giving more information there. There needs to be a documentation in the medical record that the client was referred and what the follow-up was.
CONCLUSION	Is a HAB measure for OAMC
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 34	#47 Influenza vaccine
DISCUSSION	Comment was that this item should emphasis flu season. The HAB measure says "Patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization."
CONCLUSION	Will revise to include dates
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 35	#48, pneumococcal vaccine
DISCUSSION	Comment is "Pneumococcal is not listed within 5 years" The HAB measure does not indicate within 5 years. The item reads "Percentage of patients with a diagnosis of HIV who ever received pneumococcal vaccine" And because it is so important for immunosuppressed patients to receive this, we are not limiting it to a 5-year period which I think what the normal population limits are.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None

PERSON RESPONSIBLE	
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TOPIC/ITEMS 36 and 37	#51, HVC
DISCUSSION	Comments are to include males ages 9-26 has to do with the HCV, and we agree. In addition, there was a comment that the HPV vaccine is a BIII recommendation which is a moderate expert opinion. Vaccination of HIV is not in package insert. Very expensive and not consistently available. It is listed on page 159 of the HRSA Guidelines as recommended vaccine. NCI notes that A recent analysis of data from a clinical trial of Cervarix found that this vaccine is just as effective at protecting women against persistent HPV 16 and 18 infection in the anus as it is at protecting them from these infections in the cervix, Kreimer AR, Gonzalez P, Katki H, et al. Efficacy of a bivalent HPV 16/18 vaccine against anal HPV 16/18 infection among young women: a nested analysis within the Costa Rica Vaccine Trial. Lancet Oncology 2011; 12(9):862–870. Anal cancer ends up more expensive and since RW does not pay for cancer treatment; preventing cancer is far cheaper.
CONCLUSION	We will change the wording to include the age groups. Since this is currently not a requirement but a recommendation only, we will treat it like the anal pap testing and we will yellow this item and you will monitor it in 2015.
FOLLOW-UP ACTIONS	Yellow item in monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 38	Second #43, Female
DISCUSSION	Comment was to change verbiage to female patients, we agree and will do that.
CONCLUSION	Revise standards and monitoring tool
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 39	Second #41; ART Failure
DISCUSSION	Comment asking for definitions for ART failure. Per Guide for HIV Clinical Care, Testing and Assessment, page 125 (http://hab.hrsa.gov/deliverhivaidscares/)

	<p>2014guide.pdf) " factors other than resistance may cause failure of ART; these include non-adherence, drug-drug interactions, and malabsorption. Therefore, before assuming drug failure, it is important to assess the causes of ARV regimen failure. If resistance is suspected, resistance testing should be done while the patient is taking the failing regimen, for the reasons noted above."</p> <p>See page 215 of HRSA Clinical Guide: Regimen Failure An ART regimen may fail for several reasons, including the following: * Incomplete virologic response * Virologic rebound * Immunologic failure * Clinical progression or they could be caused by an immune reconstitution inflammatory syndrome (see chapter Immune Reconstitution Inflammatory Syndrome).</p> <p>It includes non-adherence, drug-drug interactions, and malabsorption and several other things. Incomplete virologic response, Virologic rebound, Immunologic failure. A whole bunch of things that would be considered ART failure.</p>
CONCLUSION	Definition given
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 40	Second item 41 p. 4 Patients who were newly diagnosed, ART naive, or experiencing ART treatment failure received resistance testing. (HRSA HAB measures)
DISCUSSION	<p>Comment was "A footnote on the measure states "The focus of the measure is on initiation of first antiretroviral regimen for HIV treatment, not prophylaxis or re-initiation."</p> <p>Seems that including those with ART treatment failure falls outside of the intent of the HAB measure." The HAB measure actually reads "Percentage of patients, regardless of age, with a diagnosis of HIV who had an HIV drug resistance test performed before initiation of HIV antiretroviral therapy if therapy started during the measurement year." Therefore, we are going to split this into two items, 1) that is exactly the wording of the HAB</p>

	measure for newly diagnosed patients. The second measure will be on patients who are exhibiting ART treatment failure receive drug resistance testing.
CONCLUSION	Will split this measure into 2 items
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 41	Second #42, Documented counseling within the past 12 months regarding increased risk of transmitting HIV during acute HIV infection
DISCUSSION	By definition acute HIV won't last 12 months. And we agree, so we will remove the word acute
CONCLUSION	Revise monitoring tool and standards to remove word "acute."
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 42 and 43	Second #44, family planning
DISCUSSION	Comments received asked if needed to do with MSM and Needs descriptive to include contraception counseling/hormonal contraception & drug Interaction counseling."
CONCLUSION	Will reword to family planning method appropriate to client status and add descriptive
FOLLOW-UP ACTIONS	Revise standards and monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 44	Second #48, tobacco cessation
DISCUSSION	Comment was that tobacco cessation duplicate to #41 on page 4. Our response is that the first one is actually part of the risk assessment and the other is part of the clinical guidance and counseling. So it is two different focuses. So when you are doing a chart review, you need to do it in context of the area you are looking, either screening and assessment or in the actual counseling.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 45	Second #42-48 Health education/risk reduction.
DISCUSSION	The comment was that this was very repetitive. Repeats questions from other areas. After #41 areas are addressed for screening and education that have previously been addressed and documentation questions that follow are repetitive. And which specific HAB measure's does this section refer to? " Here again, you are giving credit to where the activity was actually performed. Either in the screening/assessment area, or in the counseling area. And the specific HAB measure is the Adolescent/Adult Performance Measures; HIV Risk Counseling, p.11. The counseling is items are #43-48. What is being seen in case notes, they will screen and the client will acknowledge the risk behaviors that they are engaging in and the case manager or staff will document those risk behaviors but then there is no documentation of the follow-up, talking to them about what those behaviors can lead to health issues; how they could mitigate the risk of those behaviors and so that is why there is two separate measures for that. Because there is a difference between screening and counseling. A lot of people of doing the assessment part of it, but they are not doing the follow-up and counseling on the issues that come up on the screening, which is why these are two separate sections. To highlight the difference between those two things.
CONCLUSION	Clarification offered
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 46	Second #50 Adherence Counseling
DISCUSSION	The comment is depending on when the adherence issue is identified, counseling two or more times may not be feasible." DSHS agrees with that. You would indicate in the monitoring tool "N/A" for that client. But we really want to see if this problem has been a year that multiple counseling has been completed.
CONCLUSION	Clarification offered
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 47	Second #51, colonoscopy.
DISCUSSION	This is intended to be a general term as each person may have an unique issue. It is a recommendation under review so the recommendations apply to adults 50 years of age or older we would like to leave it in. If it is not clinically appropriate, it needs to be so noted in the medical record.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 48	Second #53, Referral for Ophthalmic
DISCUSSION	Comment was that referral is not indicated without symptoms routinely. According to the HRSA Clinical Guide on page 88, you would still refer. And it is really important to refer whether or not the client is exhibiting symptoms. It does not guarantee that the client won't exhibit symptoms within a month just after you saw, so a referral needs to be made.
CONCLUSION	It is a standard of care
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 49	Second #54 HCV
DISCUSSION	The comment was "They might be talking about HCV treatment." The treatment for HCV in co-infected client's needs to be evaluated by the physician and FDA approved medication are pending at this point. see: http://www.uptodate.com/contents/treatment-of-hepatitis-c-virus-infection-in-the-hiv-infected-patient .
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 50	Second #55 Child Abuse
DISCUSSION	Comment was there is an item regarding

	screening in the standards, but does there also need to be one in the tool, or is this enough? " This has to do with the child abuse documentation that there was actual abuse and the document was filed appropriately. Item #20 is in the screening/assessment section where you are actually assessing the client within that age group for potential child abuse. So assessment is in there. This is just if follow-up was needed, there is documentation that a referral was made.
CONCLUSION	Clarification provided
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 51	Second #56; Specialty Services
DISCUSSION	Comment was that Medication Assistance Programs are different than ADAP. We agree, we will add that as a bullet. The Pharmaceutical Assistance Programs.
CONCLUSION	Add Medication Assistance Programs to the list
FOLLOW-UP ACTIONS	Revise monitoring tool and standards
PERSON RESPONSIBLE	Teena Edwards. DSHS

TOPIC/ITEM 52	Second #56; Specialty Services
DISCUSSION	Comment was that Medical nutrition therapy is listed twice
CONCLUSION	Will remove one
FOLLOW-UP ACTIONS	Revise monitoring tool to delete
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEMS 53 and 54	Second #60 - Flow sheet
DISCUSSION	Comment was flow sheets do not exist in an electronic medical record and it is unclear what is meant by a flow chart or flow sheet." Several EMRs do have that function, so if they are not using a flow sheet function. It is actually a listing of data or progress notes so that you don't have to go through all of the medical records, all of the laboratory data that section, that it is easily seen in chronological order. Maybe it would be helpful if we show them an example of one. Maybe they are

	seeing it, but they don't recognize that it is a flow sheet. Because most charts are going to have something, maybe they just aren't recognizing it as a flow sheet.
CONCLUSION	Monitors may not realize what a flow sheet looks like
FOLLOW-UP ACTIONS	Send a sample of a flow sheet to assist monitors
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 55	Second #63 - home visits
DISCUSSION	Comment was "Home visit - this ends comically" DSHS doesn't expect the clinical team to make a home visit, but we expect the referral to be completed. And here again either to case management or DIS.
CONCLUSION	Referrals need to be made and documentation of follow-up/outcome
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

TOPIC/ITEM 56	Second #63 - 3 different contacts
DISCUSSION	The question also asks which specific HRSA HAB measure does this refer to as neither Medical Visits Frequency nor Gap in Medical Visits have a three month requirement. The gap in medical visit HRSA HAB measure is "Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year" And why we have this tagged to a HAB measure is that we are trying to decrease that value so that they do come in before the six month period. If we require contacting the client earlier before they miss the six month appointment, we are proactively trying to lower the percentage of this HAB measure. We are especially looking at those clients early in their care that tend to fall out of care quickly. Concern is for those clients who do not have scheduled 3 month appointments, but are seen every 4 or 6 months. Antidotely, we know that when the patient misses that first 3 month appointment, there is a high likelihood that they are going to fall even more out of care. And so waiting for that 6 months, waiting for that second missed appointment for initial

	contact is leaving a huge gap for clients to fall through and especially those that are most precarious, those that we see at the initial stage. So we are trying to provide a safety net for those that are new, those that are newly diagnosed, those that are new to the area and are not familiar enough, and have other barriers to care that will prevent them from making that 3-month appoint.
CONCLUSION	Add verbiage to include missing scheduled 3-month appointment; remove reference to HAB measure
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/ITEM 57	Second #63 Documentation of a minimum of 3 different contacts (email, phone, mail, home visit) when patient has missed 3-month appointment and before patient has missed 6-month appointment (HRSA HAB measure)
DISCUSSION	We have talked about before
CONCLUSION	Will add emergency contact and referral to DIS for home visit to item
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/Form on monitoring tool	The last comment, add something to the affect that if more space is needed, copy the form.
DISCUSSION	Will add directions to copy the form if more space is needed
CONCLUSION	As above
FOLLOW-UP ACTIONS	Revise monitoring tool
PERSON RESPONSIBLE	Teena Edwards, DSHS

TOPIC/	Pilot tool
DISCUSSION	Question was is someone going to pilot this tool before implementation
CONCLUSION	More conversation will be needed
FOLLOW-UP ACTIONS	Discuss in future
PERSON RESPONSIBLE	Janina Vazquez, DSHS

TOPIC	ADAP Standards and tool
DISCUSSION	Standards for ADAP, a tool for ADAP is not

	<p>applicable in this process. As ADAP as you know is its own program. And ADAP funding does not necessarily go out to providers but stays within the state. HRSA monitors the ADAP Program, therefore standards for ADAP are already in place; that that program puts in place and a tool is not applicable because the AAs are not required to monitor ADAP. At the end of the Part A year, at times will contribute to the ADAP Program a certain amount of money and the ADAP Program provides those Part As with an invoice of the medications that was purchased and the amount of money. The information that DSHS has is that this is sufficient for the Part As to account for the funds that were provided to the ADAP at the end of the year. If that isn't sufficient, we can definitely have a conversation about that, but you know, as part of this process, there will be no ADAP tool or standards.</p>
CONCLUSION	Standards for ADAP will not be written during this process
FOLLOW-UP ACTIONS	None
PERSON RESPONSIBLE	

Meeting Attendance

Teena Edwards	DSHS HIV Care Services Group
Janina Vazquez	DSHS HIV Care Services Group
Ann Dills	DSHS HIV Care Services Group
Shaina Johnson	DSHS HIV Care Services Group
Samantha Barriento	DSHS HIV Care Services Group
Michelle Berkoff	DSHS HIV Care Services Group
Brian Rosemond	DSHS HIV Care Services Group
Jamie Schield	North Central Texas Planning Council, Part A
Lisa Muttiah	Tarrant County Part A and B
Gil Flores	North Central Texas Planning Council, Part A
John Waller	Austin Part A
David Garza	Austin Part A
Kimberly Williams	Austin Part A
Kristi Hanle	BVCOG HIV Program Director, Part B
Jessica Pierce	BVCOG Planner, Part B
Laura Castro	Bexar County Planning Council Liaison Part A
April Marek	Bexar County Department of Community Resources, Part B
Heather Keizman	Harris County Public Health and Environmental Services, Part A

Patrick Martin	TRG, Part B
Carin Martin	Harris County Public Health and Environmental Services, Part A
Chris Thomason	StarCare Specialty Health System, Part B
Dalton Keel	StarCare Specialty Health System
Gary Fabila	StarCare Specialty Health System
Jessica Eller	StarCare Specialty Health System
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
Cindy Garza	South Texas Development Council