



HIV Health Services Planning Council  
GOVERNMENT AND PROVIDER AFFAIRS COMMITTEE  
Tuesday, April 12, 2011  
Department of Public Health  
25 Van Ness Avenue, 3<sup>rd</sup> Floor, Room 330B  
3:30-5:30 pm

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**Committee Members Present:** Margot Antonetty, Cicily Emerson, Liz Gatewood, Matt Geltmaker, George Simmons, Don Soto, Lara Tannenbaum

**Committee Members Absent:** Steve Manley [E], Matthew Miller, Veronica Pillatzke, Channing Wayne [E]

**Others Present:** Celinda Cantu [DPH-HHS], Sally Cerreta [CCCYO], Kevin Cunz [CCCYO], Christopher Gortner [DPH-HHS], Alison Hughes [SFDPH], Maree Kay Parisi [SFDPH]

**Support Staff Present:** William Ching, T.J. Lee, Mark Molnar

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### *Minutes*

**1. Introductions**

The meeting was called to order at 3:37 pm by Co-Chair Geltmaker. Everyone introduced themselves and quorum was established.

**2. Review/Approve April 12<sup>th</sup> 2011 DRAFT Agenda – VOTE**

The April 12<sup>th</sup> 2011 agenda was reviewed, amended and approved by consensus.

**AMENDMENT:** Adding the February 8<sup>th</sup> 2011 DRAFT Minutes to agenda item #3.

**3. Review/Approve February 8<sup>th</sup> and March 15<sup>th</sup> 2011 DRAFT Minutes – VOTE**

The February 8<sup>th</sup> and March 15<sup>th</sup> 2011 DRAFT Minutes were reviewed and approved by consensus.

**4. Announcements**

There were no announcements.

**5. Public Comments**

Sarah Cerreta and Kevin Cunz of the Catholic Charities CYO requested to present on Facility Based Health Care to the Council. The two want to educate Council Members on services that these facilities provide. CM Geltmaker will bring the issue to Council Co-Chairs for review.

**6. HIV Update**

This item has been moved to the next month's meeting.

**7. Medical Monitoring Vouchers**

Maree Kay Parisi and Alison Hughes of the San Francisco Department of Public Health presented the Medical Monitoring Project in preparation for the presentation at the Council meeting at the end of the month. Maree Kay stated that the Epidemiology Section is excited to present new data specific to San Francisco, Los Angeles and California.

Some highlights of the presentation include:

- MMP is a supplemental surveillance system that monitors clinical outcomes and behaviors of HIV-infected adults receiving medical care in the U.S.
- Matched interview and medical record abstraction
  - 2004-2008, 26; 2009-2013, 23 project areas
  - Annual multi-stage probability sample of HIV+ adults (18 years of age and older) in care in the U.S.
- Results—Needs and unmet needs
  - Services most needed across regions were: HIV case management (36%), mental health counseling (35%) and dental care (29%)
  - Respondents in other CA counties reported more unmet need for social services compared to SF and LA
  - Participants in SF reported more unmet need for transportation compared to LA
  - Participants in SF reported more unmet need for home health services compared to CA
- Implications
  - Identifying differences by region can facilitate the sharing of best practices among local health jurisdictions to improve patient satisfaction, HIV care and prevention among people living with HIV/AIDS
- Characteristics of HIV-infected adults who report discontinuation of antiretroviral therapy, San Francisco 2007-2009.
  - Background:
    - Consistent adherence to antiretroviral therapy (ART) is important for achieving and maintaining viral suppression and improving morbidity and mortality among people living with HIV/AIDS.
  - Methods:
    - This analysis was restricted to patients who reported ever initiating ART.
    - Discontinuation of ART was defined as no current ART use among those ever initiating ART.
    - Logistic regression was used to assess demographic and behavioral factors associated with ART discontinuation
- Unprotected anal intercourse with a discordant serostatus partner among men who have sex with men in care for HIV, San Francisco 2007-2008
  - 235 MSM total
  - 33 (14%) reported UAI with a serodiscordant/unknown last partner
  - 80% of MSM reported that both partners disclosed their HIV status during their most recent sexual encounter
  - 38% of participants reported someone at their usual source of care talking to them about safe sex in the past year

As the Committee reviewed the presentation, several Council Members raised a few questions and concerns. CM Emerson wondered if the presentation included any information on income, seeing that access to Ryan White programs is income-based. Celinda Cantu asked if they had any information on Asian and Pacific Islanders (APIs) and transgender folks. CM Gatewood asked about any information about IDUs. Maree responded, saying that since the sample is so small, the CDC does not break out information on specific demographics out of confidentiality.

CM Simmons asked how the information in this presentation is relevant to the Council's work. Maree Kay responded, saying that this is the first time the Epi Section has asked qualitative, in-person questions, which gives a fuller picture of the epidemic. She stated that the Prevention Section may use this data as well.

CS Molnar said that the unmet needs slides may be the most immediately beneficial to the Council.

CM Geltmaker expressed some concern that many of the sample individuals have private insurance and that may or may not reflect individuals who use or can use Ryan White-funded services. CM Tannenbaum also echoed CM Geltmaker's concern, that lower-income and homeless individuals are not reflected in the data.

CM Emerson is interested to see how the Prevention Section will utilize this data.

A copy of the presentation is on file at the Council Support staff office.

## **8. Develop Presentation Template**

The Committee brainstormed possible guidelines for presentations to the Council in order to make them more relevant to prioritization and allocation, as well as accessible to Council Members.

### **1. Format**

- a. Presentation should be between 15-20 minutes in length, allowing time for questions
- b. Presentation should be in PowerPoint
- c. Initial statement of why the presenter is here to present this data.
  - i. "I am here to present data/information regarding these populations/needs/service categories."

### **2. Content**

- a. Relevance of information being presented to HIV Health Service Planning Council work.
  - i. How does this relate to the needs of the clients served by Ryan White funds?
    1. HIV+
    2. resident of SF EMA
    3. income <400% of FPL
    4. uninsured/underinsured
  - ii. What are the trends and/or service utilization issues that this information addresses?
  - iii. Are there specific HRSA service categories that this information pertains to?
- b. Summary sheet at end
  - i. Relevance to HHSPC
  - ii. Population/needs/service categories discussed
  - iii. Learning points/objectives of this data (i.e. "This is an emerging population with this need so I am asking the council to increase the priority of this service category.")

Some suggested creating a prompt, which would read: "These are the service categories reflected in your presentation," or "I am here to present data regarding these populations/needs/service categories" as a way to better tailor the presentation to the Council.

The Committee also discussed for a need to institute a formal process through which to accept presentation requests. Council Members present wanted to create a formal, depersonalized process.

## **9. Next Meeting Date & Agenda Items – VOTE**

*The next Government and Provider Affairs Meeting is tentatively scheduled for Tuesday, May 10<sup>th</sup> 2011 at 25 Van Ness, Room 330B from 3:30-5:30 pm.*

Parking Lot:

**10. Adjournment**

The meeting was adjourned at 5:25 pm by Co-Chair Geltmaker.