

DHH Responses to CPC

Thursday, June 20th, 2024

— POPULATION —

50+ Individuals:

- Ensuring that sexual history is gathered: e.g. triple screen (oral, urine, rectal) and STD screens for PLWH of all ages.

O/AHS providers are required to capture Syphilis, Gonorrhea, Chlamydia, and HCV screenings in CAREWare on an annual basis. Gonorrhea screenings are broken out by site. Percentage of patients with each of these screenings is reported to DHH on a bimonthly basis.

- Training for increasing provider trust & comfort as a key piece of this
 - Increasing provider trust may be done through training providers on how to interact with clients about sensitive topics such as sex life
- *DHHs Case Management Training and Technical Assistance Coordinators has assured these topics were covered across a series of previously held trainings. Some topics include taking an affirming sexual health history (including with people over 50), having those conversations around substance use and misuse, resources DEFA, RW Transportation, Food Vouchers, SPBP, and Emergency Medications. However, we haven't historically trained medical providers. Furthermore, we have presented to medical providers about sexual health, folding in those often sensitive conversations and taking an affirming sexual health history as part of the Sex Med Conference.*
- Ensuring that all necessary vaccines are being offered to 50+ populations

Currently, the Hepatitis B vaccine is recorded in CAREWare as applicable to help providers determine who may or may not be eligible for the Hepatitis B vaccine. DHH is planning to look at whether CW required data entry and performance metrics may need to be revised to better capture the medical needs of PWH over age 50, and will include vaccines in this discussion.

- Offering PrEP and other prevention services — like testing — especially for people 50+

All providers funded for community based testing receive feedback reports that include the average age of clients tested. Additionally, the DHH Surveillance Report includes a breakdown of age at diagnosis and among PDH, further broken out by various other

factors including but not limited to sex at birth, gender, and race/ethnicity. In 2022, 13.6% of new diagnoses were among people age 50+ (source: DHH 2022 Surveillance Report).

- Look into how people 50+ best learn & access necessary information (**existing directive with no report back at this moment**)

Currently, DHH is collecting information on this as part of a HIPC directive that is scheduled to be completed in July.

Incarcerated Populations:

- Ensuring that there is proper connection to care/services post-incarceration
 - Emphasis on services like housing and skill trainings to ensure success post-incarceration
 - Investigate care given in local-level versus state-level jails

Currently, DHH provides funding to an organizations who has a direct relationship with Philadelphia county jails. Individuals who are scheduled for release (who opt in) are engaged with this organization to ensure continuity of care. This includes medical case management and HIV navigation services. Upon release, these individuals will connect with their assigned case manager or navigator to ensure medical care, medication, and other Ryan White core and supportive services. Further research and clarity is required to learn about quality of care at both the local and State level. **Can CPC provide more context to this question?**

PWID:

- Provider training for engaging in comprehensive conversations around substance use in a way that is comfortable and safe to patients
 - The goal of this is to increase provider trust - trust may be built through training providers on how to interact with clients about sensitive topics such as substance use

See above., bullet point 3.

— PROVISION —

- Provider weekend/evening hours
 - Needs assessment for client hours of availability
 - Ensure extended hours are being advertised

Expanded operating hours has been implemented as part of EHE efforts. Additional funds to implement are only available to Philadelphia- based providers through HRSA EHE funding and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are encouraged to expand operating hours with their current Part A funds. Since 2022, providers who have the capacity has extended hours to include night and weekend hours. Since the pandemic, DHH has assured medical care providers had the capacity to pivot to include telehealth. In August 2023, the Recipient completed an update on all Ryan White outpatient/ambulatory sites. Currently, all sites provide telehealth options, this includes platform specific telehealth (Doxy.Me, Doximity, EHR platforms, ZOOM, etc.) to telephonic services. Patients have learned about expanded hours and telehealth options in many ways, this includes print materials in waiting areas, agency/clinic websites, via their MCM, and hand outs to name a few.

— SERVICE —

- Case Management
 - Look further into documenting how Case Managers are providing information to clients (besides handouts in offices)

- Phone encounters
- Text messaging (if allowable)
- Snail Mail
- In-Person communication
 - How often are clients receiving information about certain services, especially DEFA, and how this can be better tracked

- At each assessment (comprehensive and reassessment), services available to them are discussed on a regular basis
- Monthly check-ins, 90 days, 180 days
- Consumer Feedback groups that meet quarterly

It should be noted, communication about the availability of services must be done at each encounter. Clients who are designated as standard will at a minimum learn of services every 90 days, comprehensive clients every 180 days. Clients calling in for MCM intake receive information over the phone as applicable. Client needs at intake are tracked in the CSU database. In addition, PWH can call the help information help line for information on resources. The Philly Keep on Loving resource finder is in development, which will allow clients to look up resources online.

All MCM/Client encounters are tracked and monitored via progress notes that are written in DAP (data, assessment, plan) format. All of this is available upon request.

