

Comprehensive Planning Committee/Prevention Committee
Meeting Minutes of
Thursday, November 16th, 2023
2:00 p.m. – 4:00 p.m.

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Keith Carter, Debra D’Alessandro (Co-Chair), Pamela Gorman, Gus Grannan (Co-Chair), Jeffrey Haskins, Gerry Keys, Erica Rand, Clint Steib (Co-chair), Alexis Schwartz, Mystkue Woods, Adam Williams

Excused: Loretta Matus

Guest: Stephanie Josephson (DHH), Ameenah McCann-Woods (DHH), Emily McNamara (DHH), Jordan Myers (DHH), Harlan Shaw (DHH), Laura Silverman (DHH), Javontae Williams (DHH)

Staff: Beth Celeste, Tiffany Dominique, Sofia Moletteri, Kevin Trinh

Call to Order: G. Grannan called the meeting to order at 2:35 p.m.

Introductions: G. Grannan asked everyone to introduce themselves.

Approval of Agenda:

G. Grannan referred to the November 2023 Comprehensive Planning Committee/Prevention Committee agenda and asked for a motion to approve. G. Grannan asked to change the date and time of the agenda to the correct one. **Motion: G. Keys motioned; P. Gorman seconded to approve the amended November 2023 Comprehensive Planning Committee/Prevention Committee agenda via a Zoom poll. Motion passed: 6 in favor, 1 abstaining.** The amended November 2023 Comprehensive Planning Committee/Prevention Committee agenda was approved.

Approval of Minutes (October 19th, 2023 and October 25th, 2023):

G. Grannan referred to the October 2023 Comprehensive Planning Committee and Prevention Committee minutes. **Motion: G. Keys motioned; P. Gorman seconded to approve the amended October 2023 Comprehensive Planning Committee meeting minutes via a Zoom poll. Motion passed: 5 in favor, 2 abstaining.** The October 2023 Comprehensive Planning Committee Minutes were approved.

G. Grannan referred to the amended October 2023 Prevention Committee minutes. T. Dominique said J. Williams’ name was spelled incorrectly in the Prevention Committee minutes. H. Shaw’s name was also spelled incorrectly. **Motion: C. Steib motioned; K. Carter seconded to approve the amended October 2023 Prevention Committee meeting minutes via a Zoom poll. Motion**

passed: 4 in favor, 4 abstaining. The amended October 2023 Prevention Committee Minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

S. Moletteri reported that both they and T. Dominique were working on epidemiological infographics. The two committees may be interested in viewing them in the future. They said Director M. Ross-Russell was away and would not be available for the rest of the month.

Presentation:

–PEP Center of Excellence–

E. McNamara presented with her colleagues J. Myers and S. Josephson. She aimed to educate the committee on the importance of access to post-exposure prophylaxis (PEP) and the steps to receive PEP starting with the Philadelphia PEP hotline.

E. McNamara showed the committee a census map of Philadelphia with areas highlighted in orange-red to indicate the frequency of HIV cases in that location. She concluded that all areas of Philadelphia were touched by the epidemic. She then reviewed data that showed the disparities among the populations living with HIV. The populations most impacted by HIV in Philadelphia were men who have sex with men (MSM), transgender persons who have sex with men, persons who inject drugs (PWID) and their sex and needle-sharing partners, Black and Hispanic persons, youth ages 13 to 24 years of age, and young adults ages 25 to 34. E. McNamara then reviewed the HIV incidence data. She said there were 365 incidents of HIV transmissions in 2021 in the city of Philadelphia. About 79.2% of the persons were assigned male at birth. She noted that the aforementioned populations shoulder the burden of HIV transmission.

She said the initiative's goal was to reduce new transmissions by 75% over 5 years. They wanted to diagnose all Philadelphians with HIV as early as possible and treat PLWH quickly and effectively. They also wanted to address intervention and prevention through the promotion of pre-exposure prophylaxis (PrEP), PEP, and syringe services while responding quickly to HIV outbreaks. E. McNamara said the rationale behind the initiative was based on data that reported only 20% of MSM who were newly diagnosed with HIV in Philadelphia reported taking nPEP at some point in the prior year. If more people had known about and taken PEP, it would have resulted in a lower number of diagnoses. The goal for PEP delivery in Philadelphia was for 100% of people in Philadelphia for whom non-occupational PEP was indicated to be prescribed treatment. They also aimed to have 75% of PEP Center of Excellence patients transition to PrEP and 100% of non-occupational HIV Postexposure Prophylaxis (nPEP) patients complete a 4-week follow-up with a primary care provider (PCP). The program consisted of a jurisdiction-wide PEP 24/7 call center and brick-and-mortar clinic. She said once a person had called the hotline, they would be linked with a PEP medical care provider and then linked to services.

The PEP COE would provide service regardless of insurance status. They would receive referrals from community-based organizations and convert all appropriate and eligible participants to PrEP or linkage to other HIV prevention services.

E. McNamara summarized her speaking points and said she would hand the presentation to her colleagues J. Myers and S. Josephson. J. Myers would present data from the hotline and any lessons the COE had learned in the past year.

J. Myers noted that in the past year, the COE had a total of 320 calls: 145 callers were PEP eligible; 140 callers were confirmed to have picked up their medication and taken their first dose; 114 callers attended an initial clinician office visit; 90 callers attended a 4-6 week follow-up clinician visit; and 40 callers were transitioned to PrEP.

J. Myers then broke down the call numbers for demographic information. In terms of race, 33.6% were Black, 33.1% of callers were white, 20% were “other,” and 10.34% were Asian. When it came down to ethnicity, 77.93% of callers were Non-Hispanic. Callers were exposed to HIV through sexual contact 94.48% of the time. J. Myers reported information on the callers’ insurance. He noted that roughly 16% of their callers were uninsured. He reiterated that this meant they needed to further their efforts to financially support their callers with assistance such as co-pay cards. 52.41% of callers had private insurance and the rest had Medicaid.

J. Myers passed the presentation to S. Josephson who would present common scenarios during CEO call-ins. Commonly, phone calls mentioned/included CVS/Caremark Specialty Overrides, non-consensual sexual encounters, general STI inquiries, sex without condoms/condom failure, callers out of the area, and patients who were turned away for nPEP within the Emergency Department. There were certain screening requirements that they looked for when receiving the calls. These included the location, time of exposure, type of exposure, phone number, PrEP status, HIV status if known, and medical history/medication list.

S. Josephson provided 3 example calls that they recorded in their notes. The first call was from a 24-year-old transfeminine individual. These individuals was exposed and needed a CVS override for care to receive their nPEP care. They needed to receive care before 72 hours of exposure. CVS had denied the retail override and the caller was directed to Health Center 1 at hour 16 in the morning.

The second call was from a 26-year-old cisgender individual who found the hotline through a Google Search. The initial contact was at hour 36 and the patient was scheduled for a same-day visit with a provider at 1 pm. The patient attended the visits and was prescribed nPEP and met with the PEP navigator to discuss barriers to care.

The third call was from a 28-year-old transmasculine individual. This person had consensual condomless receptive sex with a partner who initially reported being on PrEP and then tested HIV positive on the day of the call. The initial contact with the caller was at hour 48 following the encounter. The caller was prescribed nPEP and attended the baseline visit the following day.

The labs indicated the caller had gonorrhea exposure. The patient was treated with antibiotics and transitioned to PrEP at a subsequent appointment.

S. Josephson discussed lessons learned from the callers. The first lesson was that medication needed to be dispensed at a retail pharmacy rather than a specialty pharmacy to avoid creating barriers. Second, patients who were denied a specialty override were often referred to Health Center #1. Lastly, they learned that emergency departments often do not prescribe nPEP or only prescribe a 1 or 3-day supply of nPEP, asking patients to follow up with their primary care physician.

E. McNamara resumed the presentation. She said the next steps for the initiative were to develop an advertising plan through the distribution of print material and media placement. They looked to enhance PEP training for providers. She showed the HIV Status-Neutral Service Delivery Model. She said the end goal of the Status-Neutral approach was to engage patients regardless of status. This meant they would either engage the individual in HIV and STI prevention or treatment. She then gave the committee the phone for the hotline, 1-833-933-2815.

A. Williams thanked E. McNamara for the presentation. A. Williams suggested it did not make sense to have patients call the nPEP hotline while they were in a PEP center. He said he had emailed them to ask if they could change the wording so they could change the messaging. He felt it would be more useful to let their patients know about the hotline after hours. E. McNamara said the hotline was meant to be a supplemental resource. The expectation was for the patient to call the hotline during the weekend or after hours. She said she had not received the email but would look at her email again. J. Williams said they had a great deal of printed material and would not want to change it when most of the material was still accurate.

T. Dominique asked how long a typical call takes and the subsequent follow-ups. She also asked if the navigator would remain with the same individual throughout the whole process. S. Josephson said initial calls could range from a few minutes to a few hours depending on the person's eligibility for nPEP and difficulty bypassing barriers to care such as having insurance. The center has two navigators during the day and various staff members during the evening. She said the evening staff do not follow the patients but both her and J. Myers followed up with the patients throughout the process. Follow-ups to the initial call could take days depending on the situation.

M. Woods asked if there were resources available for interested community members who wanted to be PrEP navigators. J. Williams said interested community members could contact them and they could advise those interested. D. D'Alessandro, who was the director of the MidAtlantic AIDS Education and Training Center (MAAETC), said her organization was happy to answer any questions about training. She then placed her contact information in the chatroom. A. Williams said the Ambulatory Services branch at the Philadelphia Department of Public Health (PDPH) was actively hiring prevention navigators and added a link in the Zoom chat for more information.

C. Steib asked if the printed advertising materials had QR codes. J. Williams said they were developing dynamic QR codes on the printed material that would always bring the person to the right portal of information.

Discussion Item:

-Allocations Parking Lot Responses-

S. Moletteri said the allocations parking lot questions had come from the CPC meeting during the summer. The first question was about substance use, and the CPC wanted to know how funding was allocated for this service. The recipient responded that Ryan White funds were not used for drug testing in the jurisdiction. All Ryan White Part A Substance Use Services were used to onboard/retain licensed and certified counselors to provide individual and group counseling to eligible RW consumers.

The second question asked how transportation was utilized and if there was any way to break down SEPTA/public transportation versus ride-shares or personal vehicles. The Recipient responded that they currently have 5 subrecipients to provide Medical Transportation Services for RW-eligible services. The recipient said 49% of funding was utilized to pay for SEPTA key cards, shared rides, taxis, mileage reimbursement, and monthly county transportation service fees.

S. Moletteri said the third question asked for more details on mental health service utilization within Philadelphia. The recipient responded that Philadelphia County currently had 6 subrecipients who received Ryan White Part A funding for Mental Health Services. This included 2 hospital sites, 3 federally qualified health centers, and 1 co-located wellness center. There was also a combination of traditional mental health services which included one-to-one counseling sessions and Behavioral Health Counseling (BHC). The Recipient added information about insurance in their response. 51.3% of clients have Medicaid. 22.3% of clients have Medicare. 9.6% of clients do not have insurance. 12% of clients have insurance through an employer and 3% of clients have private insurance.

S. Moletteri asked if there was any discussion or questions about the recipient's answers. A. Williams said he would like a breakdown of rideshare and taxis. He would like more information about how the 49% was composed. A. McCann-Woods said they could but it would take some time. She said most of the 49% consisted of SEPTA key cards.

S. Moletteri continued with the recipient responses, noting that the average number of visits to a mental health provider was 3. 59% of clients had 3 visits to a mental health provider and the rest had 2 or fewer visits. The recipient said further research was needed to learn about the proportion of clients who were receiving in-person and telehealth visits.

The Recipient reported that one provider had requested over the past 2 funding cycles to offer mental health services since the substance abuse services they offered were heavily underutilized. The Recipient had agreed to this request and made the recommendation to reallocate the funds.

Other Business:

S. Moletteri asked if the committee would reconvene on December 21st for their next meeting or if they wanted to cancel the meeting due to the holidays. C. Steib said he was content with canceling the meeting and proposed combining the CPC and Prevention Committee meetings if they do decide to meet. G. Grannan and D. D’Alessandro agreed with C. Steib. The committee agreed to cancel the December meetings for the Prevention Committee and CPC.

Announcements:

D’Alessandro announced that the MAAETC would host an event discussing recommendations from the city regarding wound care from injectable use.

J. Haskins said there was a morning event on World AIDS Day at the Double Tree Hotel. D. D’Alessandro said there was a flag-raising on the same day.

J. Haskins announced that the Penn CFAR was awarding one of the advocates of Philadelphia Fight at the Philadelphia Public Library on 19th and Vine Street.

Adjournment:

G. Grannan called for a motion to adjourn. **Motion:** D. D’Alessandro motioned, and A. Williams seconded to adjourn the Comprehensive Planning Committee/Prevention Committee meeting.

Motion passed: Meeting adjourned at 3:29 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- November 2023 Meeting Agenda
- October 2023 Prevention Committee Meeting Minutes
- October 2023 Comprehensive Planning Meeting Minutes