

**Washington Syndemic Planning Group General Meeting**

**Notes/Minutes**

Tuesday November, 2023

Virtual Meeting Via Zoom Conference Call

**WSPG Members Attendance:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **Name** | **Present** | **Away** |
| **Amy Hernandez** | [x]  | [ ]  |
| **Ann Mumford** | [x]  | [ ]  |
| **Brigette Young** | [x]  | [ ]  |
| **Christina Jackson** | [x]  | [ ]  |
| **David Roehn** | [x]  | [ ]  |
| **Howard Russell** | [x]  | [ ]  |
| **James Sammuels** | [x]  | [ ]  |
| **James Tillett** | [x]  | [ ]  |
| **JJ Baker** | [ ]  | [x]  |
| **Jsani Henry** | [x]  | [ ]  |
| **Kathleen Wilcox** | [x]  | [ ]  |
|  | [ ]  | [ ]  |

 |

|  |  |  |
| --- | --- | --- |
| **Name**  | **Present** | **Away** |
| **Lara West** | [ ]  | [x]  |
| **Lisa Al-Hakim** | [x]  | [ ]  |
| **Monte Levine** | [x]  | [ ]  |
| **Omero Perez** | [x]  | [ ]  |
| **Remy Styrkowicz** | [x]  | [ ]  |
| **Stephen Zeller** | [ ]  | [x]  |
| **Walter McKenzie** | [ ]  | [x]  |
| **William Harrison** | [x]  | [ ]  |
| **Yob Benami** | [x]  | [ ]  |
| **Elizabeth Crutsinger-Perry**  | [x]  | [ ]  |
|  | [ ]  | [ ]  |
|  | [ ]  | [ ]  |

 |

**HMA SUPPORT STAFF PRESENT:** Charles Robbins

**DOH SUPPORT STAFF PRESENT:** Starleen Maharaj-Lewis, Shana Ferguson, Genee Grimmett, Vanessa Grandberry

|  |  |  |  |
| --- | --- | --- | --- |
| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS & DUE DATES** | **PERSON RESPONSIBLE** |
| I. Call to Order/ Welcome by Tri-Chairs and member check and connect (10 mins) | -Meeting called to order at 6:09. Agenda approved.-Reviewed community agreements.**-Suggested to add confidentiality in public meetings to community agreements.** |  |  |
| II. DOH Program and member updates (10 mins) |  |  |  |
| III. WSPG updates and voting (15 mins) |  -Welcoming new members/introductions.-Opening applications for new members in 2024.-Within the coming weeks, Starleen will be sending applications out.-Early spring, will recruit new tri chair and steering committee memberships.-The seat for general election. Will be bringing new folks in during this process. |  |  |
| IV. Part 2- Interactive Presentation (40 Minutes) | **-Why HIV Viral Load Core Measure Matters*** Topics
* Viral Loads
* Why it matters.
* Why it matters to us.
* What will be measured?
* Recognize and acknowledge viral suppression is not good overview of someone’s overall health.
* This has been offered nationally.
* Participated in collaborative grant with Health Care Authority (HCA) for development and work for this.
* Idea behind measure is that health care plan, or health insurer could choose this as something to focus on with their provider network.
* Measure Steward
* Health Resources and Service Administration (HRSA)
* National Quality Forum
* Description:
* Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during measurement year.
* Numerator:
* Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during measurement year.
* Denominator:
* Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.
* Why It Matters
* Measuring quality of HIV health care is necessary for improving HIV health care quality.
* Helps determine how well the health care system is performing as it relates to HIV care.
* It will be reviewed and studied annually and areas to target for improvement are highlighted.
* Health care can select the HIV Viral Load measurement to meet QM requirements.
* Why It Matters to Us
* Recognition:
* Health of PLWH = important element of health and health care performance in Washington state.
* Incentives
* Higher reimbursement rates = higher priority.
* Greater Accountability
* Lower performance = profit loss and penalties.
* Greater Access
* More health systems and providers focused on HIV management.
* 2023 Public comment period
* Survey feedback is due December 1st at 5 p.m.

-Question: Would we be creating and/or creating for the reimbursement rate? Is MTP the pot of money that the reimbursement would come from? Or would we need to find a pot of money to pay that reimbursement?-Answer: Don’t have a strategy for this yet. Bring conversation about how this will look. Would most likely be done by HCA. The work would be supported/promoted by DOH. **-HIV Cluster and Outbreak Detection and Response in WA State Part 2*** Recap Last Session
* HIV data are reported to the state health department.
* Office of Infectious disease (OID) analyzes the data to understand the needs of people living with HIV, as well as those who may be exposed to HIV.
* OID also uses data to find communities where HIV is spreading rapidly.
* HIV cluster and outbreak detection and response.
* OID developed a draft HIV outbreak Response Plan.
* Objectives:
* Share information about HIV molecular analysis.
* Share information and results from community engagement process in Washington and King County.
* Request thoughts on next steps engaging WSPG.
* HIV Molecular Analysis:
* How do we find groups with rapid HIV transmission?
* Providers, Partner services, Time-Space, and Molecular Analysis.
* Molecular Analysis:
* Analysis of genetic material of a virus.
* HIV molecular analysis = molecular HIV surveillance (MHS).
* HIV Molecular Analysis:
* The HIV virus mutates and develops drug resistance. Providers draw a blood sample and send the sample to a lab to test for drug resistance.
* The lab sequences a portion of the DNA of the HIV virus to see if virus is resistant to any HIV medications.
* The HIV genome sequence is sent to the health department. The health department uses a computer program to compare HIV genomes from different people.
* Important Points:
* Molecular analysis uses the genetic material of HIV, not the genetic material of the person with HIV.
* Molecular analysis is only one of the methods of cluster detection and response.
* Molecular analysis can identify groups of people whose HIV is similar, but it cannot prove transmission between two people.
* Community Concerns About Cluster Detection/Response:
* Stigma
* Data security and privacy.
* Informed consent.
* Criminalization.
* Community Action:
* Call for moratorium, 2019:
* “Open letter to the CDC: Networks of People Living with HIV demand a moratorium on molecular HIV Surveillance.
* People living with HIV need comprehensive education, consent, and safeguards of data.”
* PACHA Resolution, October 2022:
* “…the resolution clearly and forcefully recommends that the CDC direct jurisdictions funded for such activities adapt their implementation of CDR to account for local conditions, including health data privacy protections and laws criminalizing people living with HIV.”
* PHSKC Community Engagement Around MSH:
* Background:
* Cluster detection and response (CDR) is a part of the Ending the HIV Epidemic (EHE) Response (Pillar 4).
* Washington State and PHSKC had been doing molecular HIV analysis as one part of the CDR for several years before the EHE initiative launched.
* There was a lack of community engagement work around CDR on a national level.
* Community concerns expressed by national and some local advocacy groups.
* Undertook this work to better understand these concerns locally/to increase participation in CDR in King County.
* Development of a video to promote participation in CDR:
* Key informant interviews and focus groups:
* Recruited via HIV care clinic, social media, and community-based organizations.
* Participants: men who had sex with men and transgender woman.
* Included social marketing questions:
* Is there a better/simpler/easier way of saying molecular HIV Surveillance?
* Is there a better/simpler/easier way of saying HIV cluster detection?
* How did community input inform the intervention?
* “I feel very comfortable with it. I strongly agree with it if it’ll help to slow down the spread of HIV. I think that it’s a good thing.” African American Transgender woman.
* “Retribution is the term, I’m thinking. That you’re going to be targeted. That you are going to persecuted.” White MSM.
* Language: HIV Tracing to describe cluster detection and response.
* Key topic areas HIV Tracing Video:
* Explain:
* HIV Tracing.
* The steps of HIV tracing.
* The different way clusters are identified.
* How HIV tracing fits with EHE.
* The goal of HIV tracing (prevent new HIV transmissions).
* Address concerns:
* Assure confidentiality/safety/privacy.
* Address immigration concerns.
* Discuss the services, resources, and information provided during the CDR.
* Address fear and stigma related to HIV tracing.
* Acknowledge community perspectives.
* We are also asking some questions to evaluate the experience of being a part of CDR interviews:
* Public Health contacts people identified as being a part of a cluster and who are out of care.
* Conduct CDR interview, including questions about:
* Medical Care.
* Needed referrals for other services.
* Partners who might benefit from HIV testing.
* At the end of the interview, if interviewees are willing, we asked for opinions about the experience of the CDR interview.
* How do king county residents feel about being informed that they may be a part of a cluster?
* King County residents that were interviewed believe there is value in reaching out to HIV cluster members to help ensure that people in their network are connected with HIV-related services.
* Findings and recommendations:
* Participants want us to:
* Clearly and transparently communicate about HIV surveillance activities and concerns about data security and privacy, including informed consent.
* Continue to engage community on these issues, center the voices of marginalized communities, and provide more opportunities for substantive input.
* Prioritize meeting the needs (health related/adjacent) of PWLH in Washington during cluster or outbreak response activities.
* Next steps:
* Share information about molecular analysis, data security and confidentiality, and community engagement report on website. – DONE.
* Explore stronger legal protections for data-In progress.
* Strategizing future community engagement around outbreak response-In progress.
* Engage WSPG-Starting.
* Reflection:
* How can we best continue engage with WSPG on this topic? – Subcommittee meetings? Additional/optional meetings? Other ideas?
* Concern about rural areas vs. large areas
 |  |  |
| V. Public Comment |  |  |  |
| VI. Closing Thoughts/ Adjourn |  -Meeting adjourned at 7:35. | Send draft Minutes for review |   |

**Minutes prepared by:** Shana Ferguson

 **Minutes respectfully submitted by:** Starleen Maharaj-Lewis

 **Minutes reviewed and approved by Tri-Chairs:** Howard Russell, Monte Levine,Beth Crutsinger-Perry