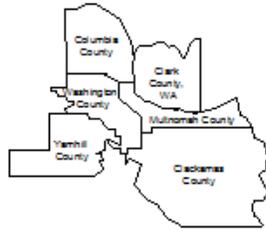




Portland Area HIV Services Planning Council

Advocacy and planning for people affected by HIV in the Portland metro area

Ryan White Program, Part A



Meeting Minutes

Meeting Date: March 2, 2021

Approved by Planning Council: April 6, 2021

Grantee: Multnomah County Health Department



Portland Area HIV Services Planning Council
MEETING MINUTES

Tuesday, March 2, 2021, 4:00 pm – 6:00 pm
 Virtual Zoom Meeting

AGENDA

Item**	Discussion, Motions, and Actions
Call to Order	<p>Emily Borke called the meeting to order at 4:00 PM.</p> <p>Lorne James shared a Land Acknowledgement (see slide).</p>
Welcome & Logistics	<p>Lorne James welcomed everyone to the Planning Council meeting. Aubrey Daquiz reviewed meeting logistics.</p> <ul style="list-style-type: none"> • Please say your name each time you speak • Please “raise your hand” or type questions in the chat box • We will mute and unmute folks as needed during the meeting • If you're calling in (and not able to view Zoom), please mute yourself to minimize background noise, unless you have a question / comment • Meetings are recorded for accurate meeting minutes.
Introducti ons	<p>Emily Borke conducted a chat roll call of Planning Council members and staff. Attendees introduced themselves in the chat: name, pronouns, role or affiliation, conflicts, and one word check in. Emily and Lorne shared the Council Participation Guidelines.</p>
Announc ements	<p>Announcements: See slides.</p> <ul style="list-style-type: none"> • March 10 is National Women & Girls HIV/AIDS Awareness Day • March 20 is Nat’l Native HIV/AIDS Awareness Day • National Transgender Testing Day is in April. Planning is happening now, and next meeting is Friday--all are invited. Will include wellness activities and entertainment. <p>The Council reviewed the work plan for 2020-2021 (see slide).</p>
Candle Lighting Ceremon y	<p>Tom Cherry led the lighting of the ceremonial candle in memory of friend Bob Kingsbury.</p>
Agenda Review and Minutes Approval	<p>The agenda was reviewed by the Council, and no changes were made.</p> <p>The meeting minutes from the February 2, 2021, meeting were approved by unanimous consent.</p>
Public Testimon y	<p>No public testimony.</p> <p>Please remind your community that we are always looking for community input on their experience with HIV.</p>

Item **	Discussion, Motions, and Actions
Medical Monitoring Project	<p><i>Presenter: Lindsay Nixon</i> <i>Summary of Discussion:</i> See slides.</p> <p>Questions / Comments:</p> <p>Q: Do you have data on Indigenous and Asian populations? Yes, Lindsay will get back to the group with this information. Indigenous groups data often missing due to relationship with government.</p> <p>Q: Data on long term survivors vs. people recently diagnosed with HIV? Yes, we actually we've done several projects on long term survivors and there's two reports and we actually just put the links out again</p> <ul style="list-style-type: none"> • Aging HIV & Long-term Survivors (June 2019) https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/HIVDATA/Documents/Aging_LTS.pdf • Age and HIV in Oregon Fact Sheet- https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9986.pdf <p>Q: 6% seems low for reporting IV drug use. How confident are you? Possibility of underreporting? There are many, many questions in this data collection, and not wanting to self-report your injection drug use is always a possibility. It is also good to point out that we reach about 60% of folks, and so the hard-to-reach, and/or those who refuse to participate are the folks that do not have stable housing, on the edge of care.</p> <p>Q: Has there been any effort to capture data from people who are incarcerated? Before COVID, interviewers were going into corrections facilities to conduct interviews. This year CDC asked MMP to not conduct in-person interviews.</p>
HIV Medical Provider Panel	<p><i>Panelists: Dr. Paul DenOuden, HSC; Dr. Chris Evans, OHSU; Dr. Melissa Murphy, VA/AIDS Education & Training Center (AETC)</i> <i>Summary of Discussion:</i> See slideshow.</p> <p>What are key updates/best practices for overall management of HIV?</p> <ul style="list-style-type: none"> • Appointment frequency/recommendations • New developments re: HIV-Associated Neurocognitive Dysfunction • Changes in who's accessing care (in general and among Part A patients) <p>Dr. Paul DenOuden</p> <ul style="list-style-type: none"> • We've been in a pretty stable / good phase in HIV treatment over the past several years • Has not been huge changes in HIV regimens • One additional regimen for specific cases • Rapid Start ART (anti-retroviral therapy) • Had virtually same number of patients in Rapid Start ART before and after COVID • As of 4-5 weeks ago, first all injectable HIV treatment approved! Two-medication regimen given intramuscularly once a month. Too new to be on formularies yet. • No huge advances in HIV-Associated Neurocognitive Dysfunction. • Same patient population we've had for a long time

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	<ul style="list-style-type: none"> • People continue to newly access care • Because there has been so much more remote care done, it is more of an option to have mail in testing, receive diagnosis, and start treatment virtually. <p>Dr. Chris Evans</p> <ul style="list-style-type: none"> • Rapid transition to telemedicine highlighted access issues – access to computer, access to private place for discussions, access to phone • Hoping that going forward we will have better hybrid model • Recognition that for patients who have been stable for a very long time, we can see them and do blood tests less frequently • Our patients are getting older, and neurocognitive dysfunction is part of that. HIV-Associated Neurocognitive Dysfunction is not easy to diagnose, as it is a diagnosis of exclusion. Science on this is still very young. • Population at OHSU is largely older folks. • Concern with COVID – with many people’s insurance tied to their employment, what impact will this have on medication refills, etc? <p>Dr. Melissa Murphy</p> <ul style="list-style-type: none"> • Learned I was probably getting labs more often than needed – from 4-6 months to 9-12 months • I don’t necessarily need to examine patients at every appointment, but had good conversations with patients • New development – brand new class of ART • Issue of metabolic complications from ART – diabetes, obesity • More PrEP patients engaging in care <p>Q: Thoughts on injectable treatment, Dr. Evans & Dr. Murphy?</p> <ul style="list-style-type: none"> • Dr. Melissa Murphy – one important thing to remember is that it has to be for a patient who always shows up for their appointments. This is a good fit for people with “pill fatigue,” but adherence issues can cause resistance. AETC will be doing a breakfast meeting the first Wednesday in May on injectable medications for treatment and prevention of HIV. • Dr. Chris Evans – it’s not for everyone. This medication has to be given in your provider’s office. Before this medication can be given, there has to be a lead-in with oral medications (per FDA approval). Complicated logistics for providers. • Dr. Paul DenOuden – it’s actually two injections, and different type of injection requiring special training. <p>How has the pandemic affected new HIV cases (e.g., young people, those without stable housing) and the number of folks in TGA testing COVID+? What are some effects of co-occurrence, and how are you coordinating care?</p> <ul style="list-style-type: none"> • Dr. Evans-Any sort of stress to the system can overturn the apple cart <ul style="list-style-type: none"> ○ We’re going to need to do more legwork as the pandemic goes on to figure out where we are ○ People are not engaging with the medical system as they should ○ People are still having sex, but not necessarily getting tested ○ Some cities have seen an uptick in HIV cases; I don’t know what that looks like for Portland

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	<ul style="list-style-type: none"> ○ Stories of people coming in with symptoms to get COVID test, negative result, then offered HIV test, positive result. ● Dr. Paul DenOuden <ul style="list-style-type: none"> ○ Larger impact on decrease in general preventative care ○ But people did get screened, just in a different phase ● Dr. Melissa Murphy <ul style="list-style-type: none"> ○ Lower baseline of cases at VA; no significant change in number of HIV cases <p>Questions / Comments:</p> <ul style="list-style-type: none"> ● Concerns about being at risk for COVID due to being out of care has brought people back into care. ● Psychological impact of COVID – re-traumatizing, uptick in drinking, increase in anxiety and depression, which impacts how they integrate with HIV system ● For VA, just got official notice today that they want us to do suicide screenings for every veteran ● Q: Do we see any correlation between people who are on ART / PrEP and rates and severity of COVID? <ul style="list-style-type: none"> ○ Dr. Melissa Murphy – several of my long-term HIV patients got COVID, and all did better than I thought they would, based on their age and comorbidities. There was some data early on, but has not been confirmed. Bottom line: the jury is still out. ○ Dr. Paul DenOuden – based on comparing PLWH population to all people, both groups seem to have the same risks of getting it. It seems pretty clear that the people whose CD4 count is under 200, the risk of severe disease is higher. Most patients are on meds, but a significant number do have low T cells. ○ Dr. Chris Evans – comorbidities and age appear to be bigger risk factors than HIV itself. ● HAND – are there any crossovers in treatment between AIDS-related neurocognitive dysfunction and general neurocognitive dysfunction? <ul style="list-style-type: none"> ○ Dr. Melissa Murphy – Everyone I have sent to neurology for input, providers have recommended cognitive strategies instead of medications. Worst cases have been in people who went on “drug holiday,” and putting them back on the regimen that worked to suppress their HIV is the best thing we’ve done. ○ Dr. Paul DenOuden – optimizing viral suppression and keeping inflammation down is key. There is no approved medication for HAND. Dr. Chris Evans – there seems to be a higher propensity with co-infection with HepC, so important to get HepC treated. Also alcohol and drug use. Finally, being undetectable doesn’t mean there is no evidence of viral replication in the cerebrospinal fluid (CSF). This is still the “wild wild west” of HIV medicine. ● Q: Any update in the HIV vaccine since OHSU did a study on this? Are they going to continue the study? <ul style="list-style-type: none"> ○ Dr. Melissa Murphy – have been very busy working on the COVID vaccine. ○ Dr. Chris Evans – a lot of things got put on hold when COVID started. Prevention is multi-factorial, with vaccine, and PrEP, and possibly new injectable medication. ○ Dr. Paul DenOuden – medical community has been working on this for 30 years, comes and goes in waves. Will likely be an update at a conference next week. ● Q: What has been learned from providers during COVID that will be brought forward after COVID?

Item **	Discussion, Motions, and Actions
	<ul style="list-style-type: none"> ○ Dr. Paul DenOuden – working as a multidisciplinary team is so important to keep patients engaged in care. Demonstration of how much we can do via phone and video visits. ○ Dr. Chris Evans – you never realize how much time it takes for someone to come in for a visit. I can't tell you how many people I've seen on their lunch break, enabling them to get their questions answered. Access to phone and video visits is an issue of equity, being able to see patients where they can be seen. Importance of looking at housing as another leg of healthcare. ○ Dr. Melissa Murphy – ability to treat patients from all over Oregon. COVID will alter how we can provide medical care for people who are not able to get to appointments.
Eval and Closing	<p><i>Presenter: Emily Borke & Lorne James</i></p> <p><i>Summary of Discussion:</i> See slideshow.</p> <p>Thank you for participating in this meeting. If you have feedback / comments / ideas, please include them in your evaluation.</p>
Time of Adjournment	6:00 PM

ATTENDANCE

Members	Present	Absent*	Members	Present	Absent*
Emily Borke (Council Co-Chair)	X		Heather Leffler		
Erin Butler		E	Matthew Moore	X	
Tom Cherry	X		Scott Moore	X	
Jamie Christianson	X		Laura Paz-Whitmore		E
Carlos Dory	X		Bert Partin	X	
Michelle Foley	X		Sandra Poon		L
Greg Fowler	X		Diane Quiring	X	
Dennis Grace-Montero	X		Jace Richard	X	
Shaun Irelan	X		Michael Thurman-Noche	X	
Lorne James (Council Co-Chair)	X		Robert Thurman-Noche	X	
Chris Keating		E	Erin Waid	X	
Toni Kempner	X		Sam Wardwell		E
Robert Kenneth	X		Joanna Whitmore	X	
Julia Lager-Mesulam	X		Abrianna Williams	X	
PC Support Staff			Guests		
Lisa Alfano			Kevin Hockley, Optum	X	
Laura Bradley			Dr. Chris Evans, OHSU	X	
Aubrey Daquiz	X		Tara Raoufi, Janssen		
Jenny Hampton (Recorder)	X		Dennis Torres (Community Liaison, Gilead)	X	
Amanda Hurley	X		Tessa Robinson, Wash Co PH		
Jenna Kivanç			Leanne Neumann, Janssen	X	
Marisa McLaughlin			Wanda Vazquez, Janssen	X	
Kim Toevs			Dr. Paul DenOuden	X	
			Lindsay Hixson, Medical Monitoring Project	X	
			Abby Welter	X	
			Dr. Melissa Murphy, VA/AETC	X	
			Dayna Morrison, AETC	X	
			Rachel Greim (Oregon AETC)	X	
			Doris Cordova Medical Monitoring Project	X	

* A = Unexcused Absence; E = Excused Absence; L = On Leave