

HRSA SPNS US/Mexico Border Grantees Conference Call  
Monday, July 12, 2004 @ 10:30am CST

**Participants:** *Camino de Vida for HIV Services:* Veronica Salcido-Harding, Michelle Valverde, Yvonne Moghadam; *Centro de Salud Familiar La Fe:* America Jones, John Wiebe; *San Ysidro Health Center:* Alisa Olshefsky; *Valley AIDS Council:* Yolanda Cantu, Lucia Bustamante; *Arizona Border HIV/AIDS Care Project:* no participants (sent meeting notes); *OU:* Morris Foster, Lynda Williams, Marguerite Keese, Saleem Ahmad; *HRSA:* Robyn Schulhof; Berkeley: Michael Tarter.

**Projects:**

***Arizona Border HIV/AIDS Care Project***

Trainings:

- On June 17<sup>th</sup> Dr. Carmichael and the 3C traveled to the Chiricahua Community Health Center site in Bisbee, AZ. Dr. Carmichael saw 8 patients with Dr. Avina. The 3C worked with the patients and CCHC social worker to discuss patient support service needs.
- Dr. Carmichael continues to explore the continuation of the medical co-management/education component of the project in the border communities.

AZ AIDS ETC

Project Collaborator Meeting

- The project collaborators met on July 9, 2004. Project collaborators working on their presentations for the August grantee meeting in Tucson.

Out Reach Activities:

- Locations and target populations remain the same.
  - **Yuma** – Outreach activities continue by YCHD, Puentes de Amistad and Campesinos Sin Fronteras in the border communities of Somerton, San Luis and Wellton, AZ. MSM, Latina Women, IDUs and their sexual partners continue to be targeted by outreach. Outreach in Yuma County occurs in agricultural fields, correctional facilities, bars, Marine base, and

the college campus. The use of house parties continues to be an effective way of reaching women.

- **Santa Cruz** – Mariposa Health Center staff from Platicamos Salud continue their outreach in the communities of Nogales, Rio Rico and Patagonia, AZ. Outreach targets MSM, IDUs, sexual partners and Latina women. Platicamos Salud staff participates when invited on the local Spanish radio program to talk about HIV/AIDS and testing. The HIV Positive support group at Mariposa clinic continues to be well attended by their patients.
- **Cochise** – Cochise County Health Department and Chiricahua Community Health Center work jointly to conduct outreach in Bisbee, Douglas and Sierra Vista. CCHD promotoras (funded by ADHS) have joined in the outreach activities. Outreach targets MSM, IDU, sexual partners of IDUs, and Latina women.

#### Dissemination Activities:

- Project coordinator gave brief presentation on ABHAC at the Pacific AETC training in Nogales, AZ (5/27).

#### Project Enrollment:

- No new patients enrolled. To date 124 patients enrolled into the study.

#### Local Evaluation:

- Local and multi-site evaluation data continues to be submitted.
- Project collaborators informed of the FY05 OU medical record extraction scheduled for early fall. Patient OU consent forms for the study mailed to OU.

#### Announcement:

- None

## Centro de Salud

### TESTING

Month Year 2004	Pre Test Counseling	Post Test Counseling	Result Negative	Result Positive	New Clients Enrolled @ LFCC
June	60	60	57	3	3

- The La Fe CARE Center's CDC Ora-Quick 20-Minute antibody Rapid HIV testing continues. LAMBDA community center tested 15 patients for HIV. Of those tested 15 returned for the results, 15 received non-reactive results and 0 had reactive results. The Mobile Testing Van tested 116 patients for HIV. Of those tested 116 returned for the results, 115 received non-reactive results and 1 had reactive results.

### Development Activity

- Mr. Mark Alvarado, Health Education Specialist from La Fe CARE Center, was awarded a \$725.00 scholarship from the Association of Nutrition Services Agencies (ANSA) to attend its annual national conference in New York City from August 12<sup>th</sup> to the 15<sup>th</sup>. ANSA is dedicated to providing aid to agencies that provide nutritional support to clients who live with or are affected by HIV/AIDS.

### Travel/Training

- La Fe CARE Center Administrator Ms. America Jones and Case Manager Mr. Sergio Sanchez attended the National Council of La Raza Annual Conference: Coming Home in Phoenix, Arizona. The conference workshops offered topics on community development, education, health, leadership, public policies, workforce development, and nuestra comunidad (our community). Ms. Jones and Mr. Sanchez attended HIV workshops including; Continuum of HIV Services for Hard to Reach Latinos/as, Nutrition Counseling, HIV/AIDS a Culturally Competent Approach, and a presentation by Chicanos Por La Causa Tucson targeting HIV/STD prevention education for Latino youth in a school setting.

- Ms. America Jones, RN Administrator and Ms. Nadine Thomson RN, FNP-c attended the Texas/Oklahoma AIDS Education and Training Center (TX/OK AETC) local performance site (LPS) meeting, which was hosted by La Fe CARE Center, at the cultural and technology center. Other LPS's from the two states attended and discussed their needs and goals for the upcoming year. Each LPS's needs were listed and the group was able to examine the goals and fill in the areas where they might be able to assist.
- Ms. Thomson and Ms. Jones also attended the Ryan White Title III regional meeting hosted by the TX/OK AETC. During this meeting, a consultant team who does professional development training for corporations and organizations presented strategies for conflict resolution and team building. The consultants also gave an overview of some of the workshops they offer for professional development and conflict resolution.
- La Fe CARE Center Case Worker Mr. Raymond Bañuelos and La Fe Public Information Officer Ms. Estela Reyes López participated in the Center for Health Policy Development's Project LARED *Onda Sana* training in San Antonio, Texas June 23-24. The specialized HIV-outreach for Latino youth training is the second of three consecutive sessions sponsored by the Project Latino Alliance for Resources, Education, and Development (LARED). This four-year-long, Centers For Disease Control Control-funded project joins together a coalition of 16 Texas Community Based Organizations working with the Latino HIV/AIDS community.
- The two-day training focused on HIV/AIDS outreach to Latino youth, sensitivity and awareness exercises, parent-child HIV/AIDS awareness activities, and youth-oriented education tools. Both Mr. Bañuelos and Ms. Reyes were asked to participate in follow-up staff/outreach training session to be held July 27-29.
- Ms. Nadine Thomson RN, FNP-c gave a patient presentation sponsored by Camino de Vida in Las Cruces, New Mexico. Eighteen HIV+ patients attended and Ms. Thomson covered the topic "Medication Burnout". In a very interactive session, Ms. Thomson and the attendees reviewed some of the reasons that patients stop their medications and become "sick" of taking them. They also reviewed the care and management of medication side effects and offered tips on how to try and stay adherent.
- Ms. Nadine Thomson RN, FNP-c gave a patient presentation to 14 HIV + attendees at a dinner program sponsored by Camino de Vida in Silver City, New Mexico. The topic "How to Interpret Common Laboratory Tests" was well received by the group and Ms. Thomson has been invited back for another presentation.

- Ms. Nadine Thomson RN, FNP-c gave a patient program to 60 HIV+ patients at a dinner program sponsored by Galaxo pharmaceuticals. This program reviewed how to cope with chronic disease, take medications, navigate the medical system and learn to live well with this stress. This was a very interactive program and audience participation was enthusiastic. Clients had multiple questions about treatments, vitamin therapy and the use of alternative therapies. Nadine reviewed many coping strategies and ended the program with a relaxation exercise.

## Community Initiatives

- The La Fe CARE Center hosted the **First Annual Basics of HIV/AIDS Conference for Health Care Providers: Spotlight on a Growing Epidemic Affecting Latinos**. Approximately 100 individuals attended the conference/training. The audience consisted of social workers, nurse practitioners, nurses, *promotoras* (community health outreach workers), allied health professionals, and nursing professors/students. Also in attendance were some of the members of the TX/OK AIDS Education and Training Center and the Local Performance Site members from other Texas and Oklahoma sites. Ms. Estela Reyes López, Public Information Officer for La Fe, was the mistress of ceremonies and introduced each speaker and kept the conference on schedule. Ms. America Jones, RN Administrator, began the first session. That portion of the day's program reviewed local, state, national and world epidemiological data about HIV/AIDS, modes of transmission, and prevention. Dr. Armando Meza gave an overview of the disease; the history, pathophysiology and common manifestations. Dr. Jaime Anaya reviewed medications to treat HIV/AIDS and adherence issues. During the lunch session, the keynote speaker, Mr. Nelson Vergel reviewed aspects of living with HIV/AIDS from a patient perspective. Ms. Nadine Thomson RN, FNP-c began the first session after lunch with **How to do Risk Assessments and Taking a Sexual History** in a primary-care setting. Dr. Rhonda Fleming provided specific issues related to **Women with HIV**. The post-conference evaluations verified that the information presented was indeed needed in our community and positive feedback was given. Requests for a future conference have been made.

## Media

- The La Fe CARE Center HIV Outreach Mobile Van was also the focus of three other media coverage opportunities during June. On June 27, the Mobile Van's testing and services crew participated in the Gay Pride Month celebration an event held at the San Antonio Mining Company. More than 30 people were tested during the event. KTSM and KVIA (ABC

- 7) both reported on the Mobile Van, its services, and La Fe's unique approach to offering HIV prevention education and testing services.
- Another El Paso publication has also indicated an interest in profiling the Mobile Van and its services. Gay Friendly Magazine — a monthly publication targeting El Paso's gay professional community — has indicated plans to profile the La Fe CARE Center's outreach efforts via the Outreach Mobile Van. Gay Friendly Magazine also plans to profile the use of the Centers for Disease Control and Prevention HIV-Negative Card, now being issued by the Outreach staff as an HIV testing incentive tool.
  - Evaluation: Dr. Wiebe: have been following the same evaluation plan. Recently hired a new undergraduate to assist with data checking. Oscar Esparza is back from vacation and will get all the information necessary to coordinate the chart review issues. Vicki Mongoria has been hired as a consultant and has been talking to people about the monograph and a draft should be ready by the August meeting. Dr. Wiebe is working with America to set focus groups to evaluate training efforts over the history of the grant.
  - Dr. Tarter: If you have data checking issues that arise, especially when looking for outliers, if there are any hidden/lurking variables that could cause a grouping of data, create hidden groups and you want to know how to identify them, if you need transformation such as log transformations, I'd be delighted if you send me some data and at the August meeting, we could either meet or talk over the phone. I have system set up that make it very easy for me to check for different things. Dr. Wiebe responded thanked Dr. Tarter for his offer.
  - Question for Marguerite: What sort of presentation are you looking for? Marguerite said it was decided at the last meeting to look at some of the local evaluation that has been done. It is up to the local level to decide what sort of presentation you want to do on what your findings have been up to this point.
  - Yolanda Cantu asked Dr. Tarter if he was going to be at Tucson. Dr. Tarter said yes and asked if could look at the data a little ahead of time and then it could be discussed at the meeting.

## ***Southern California HIV/AIDS Project***

### **Programmatic/Dissemination**

#### **Evaluation**

- A mutual decision was made between HRSA, OU, San Ysidro Health Center and UCSD to end local data collection June 30, 2004 and multi-site data collection on September 30, 2004.
- The UCSD Evaluation Unit is currently completing the cost analysis component of the social marketing final evaluation. The report of findings should be available in August.
- The partner sites were provided with lists of clients needing time 2 administrations of multi-site instruments.
- San Ysidro and UCSD continue collaborating on development of a nutrition manuscript based on the Title III nutrition program at San Ysidro. The working title of the manuscript is "Development of a Culturally and Language Specific Nutrition Curriculum for Latinos Living with HIV/AIDS".
- 3) The UCSD Evaluation Unit will provide OU with consents of clients to be included in T2 chart review by 7/16/04.

#### **Multi-site Data Update: 7/1/01- 7/2/04**

- Number of HIV + persons enrolled: 269
- Number of persons enrolled through HIV testing: 4,093
- Number of results through HIV testing
  - HIV positive- 78
  - HIV negative- 3282
  - Inconclusive- 28
  - Total- 3388

#### **Local Data:**

- Number of outreach contacts (estimate):  
Approximate total = 8,052

### ***Valley AIDS Council***

#### **Evaluation related activities:**

- VAC has been undergoing some serious programmatic changes that have been made over the last 30 days. They have had to move people around and let some people go because of tightening financial scenario. In terms of evaluation, VAC continues to moving forward with plan in place. A manuscript has been completed and submitted to the Journal of HIV/AIDS and Social Services. It was an article that Dr. Gary Sinclair is the lead

author, and it is co-written with Yolanda Cantu. It is a policy paper that speaks to the a lot of things learned and VAC is concerned about in the first two years of training phase of the project. VAC continues to work on cross-site paper and would like to have Dr. Tarter to look at the dataset being used in the paper and get his thoughts on it. The other piece, the dataset was received last year. Asked OU if VAC has to go to the committee to obtain the latest dataset. The last request was approved for dataset until last June. 3 presentations have been accepted at the All Titles Meeting. One is a poster session on the training model. Another one is a panel presentation on the qualitative work that is related to health care access of individuals who received medical care on the Mexican side and have used care on both sides of the border. Continue to work on the cross-site paper and the data that is available. Yolanda Cantu said she wanted to talk to America and Dr. Wiebe after the call.

## ***Camino de Vida***

### ***Programmatic***

- Subcontracts with collaborators
- Draft Monograph has been completed Michelle and Veronica will be modifying the document in preparation for the August All Grantee meeting.
- Late Entry Qualitative interviews have been completed. A total of 30 interviews were conducted with 10 clients 3 interviews each Michelle will give a full update.
- Provider Trainings
  - In collaboration with the Southern New Mexico Substance Abuse Coalition and the New Mexico AIDS Education and Training Center a two day symposium was held on June 24<sup>th</sup> and 25<sup>th</sup>. For the HIV/AIDS focus Dr. Octavio J. Vallejo and Dr. Michael Schafer from the University of Arizona spoke on HIV and Substance Abuse with a focus on Methamphetamines.

#### Client Educational Series

- Nadine Thomas, CNP at La Fe conducted two client educational presentations Medication Burn Out on June the 21<sup>st</sup> in Las Cruces and How to Read Your Medical Labs on June 28<sup>th</sup> in Silver City.
- On June 16<sup>th</sup> and 18<sup>th</sup> CdV had a two day Staff/Board retreat to focus on team building and agency planning for SPNS sustainability.
- The SPNS data are being used in both the Office of Minority Health Bilingual/Bicultural Service Demonstration grant proposal we are writing with SoAHEC and in the Client Demonstration Project presentation at the All-Titles conference.

## Research and Evaluation

- The workshop about evaluation that we conducted at the HOW retreat in June went well. The HOWs are interested in finding out more about the risk categories of the individuals they have tested so we plan to include this the next time we present data.
- As of July 1 the incentives are no longer being offered through outreach although the study continues through December. HIV testing will be offered throughout the duration of the project. The updated consent form was distributed and potential ramifications of the termination of the incentive were discussed. Several of the HOWs do not think that the elimination of the incentive will negatively impact their testing and/or study numbers. It will be interesting to see what happens during the next 6 months.
- Our new Graduate Intern begins on August 2, so we will be preparing for her arrival.
- Yvonne has been working with Tim in preparation for the 05 medical chart review process. It looks like we could end up with 51 completed cases instead of 39.
- Jennifer Felderman and I are working on a paper with Lisa Frehill about participatory evaluation. Each one of us is presenting a case study where we've utilized a participatory approach. I am using the SPNS outreach component as my example.
- All 30 of the qualitative interviews are complete! We had a celebration two weeks ago at CdV to thank everyone who helped make it happen. Yvonne, Veronica, and Jennifer put in a tremendous amount of time on this project. We will be focusing on the process for our presentation at the All-Titles conference in D.C. and we also plan to highlight some of the themes that we will be exploring in greater depth as we proceed with the analysis. We are going to have FY04 numbers on the next call.
- Discussion: Is the agenda full? Will the group be interested in having Dr. Schaeffer come in and speak about HIV and substance abuse?  
Response: I would be really interested in that if the agenda is that. There are so many changes with (inaudible) at least here in San Diego and California, I don't know if it is the same where you guys are at but that would be really great. What I really like about his presentation is that he knew that New Mexico had invited him so came with New Mexico data on meth labs. I think if I ask him, he could bring information on each state.  
Marguerite: We could look at cutting down on time of each project if you want to do that. Response: No, I don't want to do that because it is really important meeting since it is the last meeting. Yvonne ask Alisa that if she

wanted, she could e-mail Alisa his contact information. He works with Pacific AETC.

### **HRSA Updates:**

Robyn: Lois and Adan have been approved for travel in order to participate in Tucson meeting. Notices of grant award should have been received by each grantee. If it hasn't been received, the funding period started July 1<sup>st</sup>, please let your project officers know. Next year, I don't think we will be requiring semi-annual reports of any grantees so only a final report will be due for this initiative in Spring of 05. We are still trying to figure out what's happening here with all the changes and the centralization of the grant function and trying to get all the grants on the same cycle and so forth. If anyone has any questions about the All Grantee meeting, Sandi is the better person to answer the Grantee questions. Adan forwarded me that HRSA is very open to having a final grantee meeting in 2005 if everybody decides that it is necessary but it will have to come from the grantee budget. Not sure if it means the SPNS budget or other budgets. The meeting will probably be in Washington, DC. Lois and Adan want to discuss that at the meeting and they will have more detail about that. Barbara Aranda-Naranjo took a position of Endowed Chair at Georgetown University in the nursing school. It seems like Joan Holloway will be acting director of the new combined Office of Science and Epidemiology and the Office of Policy which now I believe is called the Division of Science and Policy. Wayne Sauseda is moving to the San Francisco office in the Office of Performance Review which is going to go out and do site visit of all HRSA grantees. Any questions?

Alisa: A couple of years ago you send out to us examples of other SPNS projects who did some sort of chronology as part of their final report where they detailed the process evaluation, how the interventions were carried out at each of the site. I would like to know if that will be a requirement because while we have staffing levels where they are at, we need to talk with staff about those issues in the chronology and that will take a little bit more time on our end. So if it is going to be something, we need to plan for it before next Spring because we won't have the staff for it anymore. Robyn responded that her guess is no. What HRSA has done in the past is requiring that of the initiative from the very beginning but she will talk to Lois about that. Generally that is built into the guidance for the new initiatives and my guess is that it won't be a full chronology but critical incidents or something optional but I will get the information. Also they are trying to get all the grants on the same cycle.

Marguerite informed Robyn that there is a time slot in the Tucson meeting to discuss such issues. Robyn asked Marguerite to forward a copy of agenda to her.

### **Evaluation Center Updates:**

Marguerite: Going back to the idea about Dr. Schaefer, we do have 45 minutes scheduled for each project. If you want to shave 15 minutes of each project, we can fit him or if we do have another meeting, perhaps we can invite him to DC final meeting if that's approved.

Response: I rather not shave time off the grantees. We can revisit the topic if there is a meeting in January.

### **Variable v126I**

Marguerite: Another question that I have regarding the paper I have been working on with Michelle, we have been looking at variable v126 on the demographic page, v126I, and it is the inferred presenting problems of advanced stage and we need to find out how that is actually being coded. According to the codebook, it should only be answered yes or no by four people in which they believe they are at advanced stages because if the question is "do you think it is affecting their lives" but what I am finding is 900 no responses, 200 yes responses, and only 11 not asked. We need to get a feel for how that is actually being done. I get a feeling that may be they are saying that yes, they felt like they were at advanced stages when they enrolled into the SPNS project.

Dr. Wiebe responded that as he understands it, those questions under inferred presenting issues were to be asked regarding people's current status or their history. David had said, at least in El Paso, that we weren't getting enough problems in people, so we were to ask them about people's history in addition to their current status.

Marguerite: So how would you interpret that being answered then, that they are at advanced stages?

Dr. Wiebe: That they are or have been.

Marguerite: That could have "have been before entering this project," right?

Dr. Wiebe agreed.

Michelle added that each of those questions in the inferred section are kind of different. There is a particular question in the codebook, it says "Does having advanced stages of HIV/AIDS affects your ability to take care of yourself?" That is very different question than have you ever had, currently, or have you been in advanced stages.

Dr. Wiebe said we kind of got that changed from the codebook. At least in El Paso. I don't know how everybody else was advised but I guess the concern was

that we weren't pulling up enough problems here. For instance, we didn't have enough drug abuse reported so the advise that go with anybody who has a history of drug abuse or current drug abuse.

Michelle: Yeah, I remember now. In that sense the codebook will be not...

Dr. Wiebe: ..outdated I guess.

Marguerite: So can I get each one of you send me through e-mail how each site is coding that one? And then I'll bring that to August and may be we can change the codebook to reflect something that everybody is doing.

Michelle: The thing here in New Mexico is that we have some cases where the client self(inaudible) did not match the case manager's inferred, so we went ahead and took the case management viewpoint.

Alisa: Originally, that question was supposed to be case management inferred. That is why it was labeled inferred. If the case manager didn't have enough information about the client, for example to know if they had a history of drug or alcohol use, then they were to ask kind of questions to get a better understanding but it was suppose to be case management perception and then on Module B, that's when you actually asked the client and they said, OK because there are alcohol and drug questions there. So essentially you could find differences between the variables in module A and not on B. Back to the issue of advanced stages, at least for San Diego, clients with HIV may or may not know what that exactly means. We're picking up clients who actually have AIDS are saying (inaudible) because the advanced stages of HIV is AIDS. So clients who have been diagnosed as AIDS are coming up as advanced stages and that is not necessarily the same type of question...I mean you can't go back and forth between an AIDS diagnosis so it is a little bit different than the other drug and alcohol questions which essentially you could had a problem in the past but don't now. About the codebook, it was great at the beginning but the codebook doesn't have that much guidance for any of the questions, so, and I think Dr. Wiebe commented on this, we have to really use our collective memory because we have talked about these issues. The codebook for 99 percent of the questions just restates the question. It doesn't necessarily provide guidance on how to answer them.

### **Multisite Data Collection Deadline**

Marguerite: The next question is that we want to open up a discussion and Dr. Foster, this is about ending the multisite data collection for everybody on Sept. 30<sup>th</sup>, 04.

Dr. Foster: We've had a discussion with the site in San Diego because their end date was going to be I think the end of June where as the other sites were going

to end I think at the end of December. The folks in San Diego very graciously agreed to continue data collection through the end of September. The reason we raise this in consultation with HRSA was that we were concerned that for analysis purposes that all of the sites end the multisite data collection roughly at the same time so we wouldn't have yet another qualification to put on to the analyses of the data. Our recommendation is that all sites end multisite data collection at the end of September and that local multisite data collection may continue for as long after that as each site would like to make its dataset more robust locally but for cross-site comparative purposes, we end at the end of September. That is our recommendation and we would like to have some discussion about that.

Dr. Wiebe: If we end at the end of September, would the system still be set up to accept data at OU from sites that are collecting until December?

Dr. Foster: Absolutely.

Dr. Wiebe: I think we really need the time until December to finish up here in El Paso.

Dr. Foster: And I think we ready, willing, and able to continue to provide that kind of assistance to the local sites through the end of the grant period.

Dr. Valverde asked Dr. Wiebe to clarify if he would like to continue multisite data collection through December, is that what I am hearing?

Dr. Wiebe replied at least in El Paso, it is up to the group as to what they would like to do in terms of getting it all included in any multi-site analysis.

Dr. Valverde said okay. We would also, I think Yvonne and I feel the same. We would like to continue multisite data collection through December just because our N is so small anyway.

America: For clarification, we are talking about the recommendation from HRSA or OU to end September 30<sup>th</sup> but at least for La Fey in El Paso and Las Cruces, we are recommending to go to December for multisite data and then we have to hear from Valley AIDS and Arizona.

Yolanda: I don't think there is a problem. As I understand it, John, you all are using a lot of multisite instruments for local evaluation purposes, right?

Dr. Wiebe: We have an integrated dataset.

Yolanda: What I hear OU say is if you all want to continue to collecting that data, it is fine with them but they will cut off data collection for the national whatever period they determine. So basically our processes would continue the same but

they would just notify us to get all the stuff in by a particular cut off, and then they would be working with that dataset as it looks at that particular point in time. I don't think there is a problem, really.

Dr. Wiebe: The only problem would be that we here in El Paso wouldn't have all of our subjects represented in the multisite but if all the sites are okay with that. It might be that we need to hear from other sites as well.

Yolanda: I think for us, our plan had to do with the local data evaluation through the end of December but we would want to continue feeding the national cross site dataset with some of the modules for our purposes. But again then when OU decides that they cut it off, then they are going to be short three months whatever data we collect on new clients or repeat data or follow up data we collect.

Michelle: I think that the recommendation to OU is for them to may be consider extending the September 30 to December 30 date so we get a lot of Time 2 and Time 3 data in nationally if it is okay with the other projects. We have just two projects right now, Las Cruces and El Paso, who rather have the December cutoff instead of the September cutoff, and then just really discussing it with the other sites and then for OU to take into consideration if that would be feasible.

Alisa: What we were really hoping was to have as much as possible a clean, complete dataset that we dedicate enough time for staff to be able to really review it to do the analysis that we want to do. We feel that if we go through December, I don't know how you guys do Time 2, for us Time 2 happen at the case management reassessment which could be three months. So if we end in December, we still collect new patient data up to December. That means we can essentially be getting Time 2 in March and April, and this grant ends in June, and we don't think there will be enough time to allow our statistician or our people on our end to do the data analysis and reporting that we would like to do within the grant period.

Dr. Wiebe: Now, your Time 2s would be collected until December then?

Alisa: No new patient will be enrolled after September.

Dr. Wiebe: So you just thinking of ending new patients in September but you would continue to collect Time 2 data up until December.

Alisa: I think that is a good compromise. I think we can essentially stop new patient enrollment at September and collect Time 2 but I don't think we can continue doing new patients after December and then still be getting data in April.

Dr. Wiebe: We had been considering just going ahead and getting any Time 1s we could up until the end even if we didn't have follow up data on them just to kind of more clearly delineate the population here. And then as we have Time 2s,

collecting them up until December. Now, you are collecting multi-site Time 2 data in San Diego.

Alisa: Yes.

Dr. Wiebe: So you would still be submitting data to the database through December 31<sup>st</sup>, right?

Alisa: Potentially yes. We'd hoped to do it. We were really going to stop the multisite data up in September but when Mari gets back, I could talk with her and I think that it would be something that she would be open to do, to continuing to collect Time 2 data on multisite evaluations but we also have the issue some of the extra qualitative that we wanted to do, at least at this site. Our staffing is so stretched to the max (inaudible) staff to participate in a really rigorous qualitative plus continue to (inaudible) all the time to data collection so there are a lot of considerations on our end.

Dr. Wiebe: If you were to continue to submit it, even some data, to the multisite database until December, It seems to me that it would leave that database open for everybody to submit until December. Is it not correct?

Dr. Foster: Yes, that's correct. I am sorry, I should have been more clear about new client versus Time 2 and Time 3 data.

Marguerite: So are you talking about everybody ends putting in new clients as of September 30<sup>th</sup> and then just following up on the other or...?

Alisa: I guess my question and (inaudible) Dr. Wiebe's is that if all the sites continue as they plan to, they enroll new patients and follow up until December 30<sup>th</sup> but at San Diego, we stop new patients in September 30<sup>th</sup> and then continue getting Time 2s and 3s until December 30<sup>th</sup>.

America: I think we should have a consensus. I think all the projects should do the same thing with the multisite data. If we all (inaudible) September 30<sup>th</sup>, we all stop new patients and then go through the last three months which are October, November, December to continue to collect Time 2. I think we should all agree on the same stuff. I don't know if John wants to continue enrolling new clients until December or if it would be okay to cut off at September 30<sup>th</sup> but I think all the projects should have the same time line.

Michele made a suggestion. She said that since Arizona, their evaluation team is not represented and Mari is not on the call and we have some program individuals that are not on the call, it makes sense to have another call real soon just to focus on this issue just to get everybody's input before we make a decision.

Dr. Wiebe agreed.

Participants agreed to decide the issue during the meeting.

Dr. Tarter stated that the sample size consists of individual patients so it really doesn't matter what additional data is gathered as long as the subject is defined as an individual who is admitted prior to a certain date. I would be fairly strict about the admission of new subject question and perhaps limit it to September 30<sup>th</sup> but be fairly flexible about gathering data in the future on subjects that previously have been admitted.

Dr. Wiebe: I don't think there is any question as Dr. Foster said we will go ahead and continue to accept new data. I think the question is just when will we make that cut off.

Dr. Tarter: It is important to divide that between the question of admitting new subjects as opposed to gathering additional data on the already admitted subject. America asked Marguerite whether this issue will be discussed at the August meeting or does everybody wants to conference call before that.

Marguerite said she can put it on the agenda for the August meeting in the discussion time we have or have a conference call. It is up to you all.

Yolanda stated that she rather not do a conference call since the project will be busy until the meeting.

America said we could squeeze in 15 minutes in the agenda just to discuss this.

### **Data Request/Renewal of Application**

Marguerite: The next thing is as Yolanda brought up is since we have only been discussing dissemination stuff basically twice a year when we need to request or extend more data because there is not enough in the database, the process for doing that is taking too long. So how could we improve that and what process do we want people to go through like Yolanda to request to extend her data on the database.

Yolanda: Since its been approved, I would assume that it is the data elements, it is just the updating the time period.

Dr. Wiebe: I don't think there is no need to go through the formal approval process when we have approved the data variables.

Michelle: I agree.

Marguerite: I agree with that too.

Yolanda: So I can just go ahead and formally request that from you, Marguerite?

Dr. Foster: Request it from Tim, then.

Yolanda: Okay, and I will copy everyone.

Marguerite: Make sure Tony gets on it since he is the chair. The next question is a discussion of the project software systems to minimize med chart data collection.

### **Medical Chart Extraction**

Lynda: I believe Tim has sent an e-mail to everybody requesting a list of variables that is collected by individual sites. One system is Lab tracker and another couple of sites use Careware so if you could answer his e-mail about which variables you guys collect data on, that will be very helpful to us.

Alisa: I didn't see any e-mail like that.

Lynda: If you didn't then I'll make sure that it goes out.

Dr. Foster: What we are trying to do is find some ways in which we can make use of the software you may already have to keep track of clients' medical records to minimize the extraction work. If it is on a software system somewhere in a database and if we all agree, if IRB consent allows us to get data from those databases, then it would be much easier to get some of the medchart variables from the software rather than the actual medical records.

Alisa: There is one consideration. The staff who can access lab tracker and Careware and do queries are different staff that don't work on SPNS.

Dr. Foster: If it saves us money on the extraction, we might be able to redirect some of that to, if possible, to pay for staff time to help us with software extraction.

Alisa: Okay.

Michelle: Camino de Vida is part of the client level demonstration data collection project which is HRSA funded demonstration grant, and they have been working on Careware and uploading and we found some holes in the data so that is something that needs to be considered.

Alisa: The medical checks also have to be double reviewed. The way things are coded in Lab tracker, they could be coded in a number of different ways and we have to compare the Lab tracker to the actual hard copy medical record.

Dr. Foster: It is not entirely to replace the medical chart extraction but for some variables where there may be fewer issues of interpretation, we might be able to save a little bit of time from the extractors.

Alisa: Just CD4 viral loads are the best things that you could get from the lab tracker. Those are actual lab analyses and they are not subject to coding at least in our program. The lab values are always great to pick from the Lab tracker.

Marguerite reminded everyone about the Tucson meeting that they need to make the airline reservation and the deadline to reserve rooms was July 5<sup>th</sup>. We would also be sending out an outline on articles that OU is looking at and working on with the data for you to review and we will present it and everyone will be invited to join in as authors. Continental breakfast will be provided at the meeting but lunch is on own.

The conference call ended at 11:30 am.