

PBC Conference Call
May 26, 2009

DSHS Staff Present: Dolores Alvarez, Susan Dear, Mary McIntosh, Mary VanWisse, LaQueisa Wilson, Amanda Reese, Christina Morse, Trish Larwood, Karen Teague, Katharine Carvelli

Regional Office Staff Present: Gloria Salinas-Garcia, Elena Rodriguez, Anita Montanez

Contractor Agencies Present: Health Horizons, PALM(Land Manor), United Way of Greater Ft. Hood, Vida Y Salud, Wichita Falls Health Department, Dallas Resource Center, Planned Parenthood of El Paso, AIDS Arms, AIDS Outreach Center, Amarillo Health Department, Brazos Valley Community Action, Hope Action Care, Planned Parenthood of North Texas, Planned Parenthood of Houston/Southeast Texas, San Angelo AIDS Foundation, Tarrant County Health Department, UT Southwestern, Waco/McLennan County Health Department, ATCMHMR

I) Purpose of the call

- A) Give agencies the opportunity to offer each other peer-to-peer technical assistance
- B) Discussion topics should be PBC-related, not contract-specific
- C) Give DSHS an opportunity to disseminate brief, pertinent information to agencies

II) Lab information- Karen Teague

Karen Teague introduced herself and was available to answer questions about the recent lab changes. Karen reported that compliance occurred much faster than expected. Contractors reported that the lab has been very helpful in the transition.

Centrifuge Issues: One agency reported that the requirement to spin the blood samples has created timing issues for their agency. Testing sites are unwilling to allow portable centrifuges in their facility and the agency is unwilling to allow RRS to use a portable centrifuge in their cars. Because the RRS need to get back to the agency to spin the blood before the specimens can be taken to the lab, they must return to the agency earlier than before.

Minimum blood draw required: A minimum of 1mL is required and 2mL is preferred for each test conducted; HIV, HCV and/or RPR. One tube is sufficient for all 3 tests.

Record the following on the tube:

First and last name

Date of birth

Time/Date of collection

Freezing the specimen:

Question: Can serum specimens be frozen?

Answer: Yes, if serum has been separated from the red blood cells and pipetted from the blood collection tube into a serum transport tube.

PLEASE NOTE: There is a box to check on the form if the serum has been frozen.

Question: Can serum separator tubes (SST) be frozen?

Answer: No, the SST cannot be frozen.

Specimen time: The date of the blood draw is counted as Day 1 unless the time of the draw is listed. Put the time collected on the form. It is not required to be on the tube unless it is not on the form. Five days is the limit for all tests.

Shipping: Ship the sample cold in a gold top tube. Tiger tops do not ship as well as they tend to leak cells into the serum. If Tiger tops are kept upright and hand delivered to the lab they are okay.

Cold Packs: Karen recommends that the number of cold packs in the mailing packages will need to be increased as the summer temperatures begin to rise. Cold packs should be frozen.

Syphilis test results: There are areas of the state with significant rates of syphilis. There was concern that the results of the RPRs were being held up because the lab is waiting until all test results were back to release the results. Karen reports that the lab is looking into this problem. For now if results are needed quickly, submit a separate sheet for syphilis tests

If you have any other lab questions, contact Karen Teague at the lab at (512) 458-7657 or email Karen.teague@dshs.state.tx.us

The lab website has a very helpful “Frequently Asked Questions” section located at; <http://www.dshs.state.tx.us/lab/serumSpecimenCriteriaFAQ.shtm>

III) Data- Katharine Carvelli

Epi data: The 2007 Epidemiology data has been posted on the HIV/STD website. There are morbidity and mortality data listed by county as well as risk behavior data. The Website location is <http://www.dshs.state.tx.us/hivstd/planning/EpiProfile.pdf>

Webinars: There are plans in the works to provide prevention intervention specific webinars to explain data entry, troubleshooting data entry problems, data reports, and how DSHS will use the data. Each webinar will be about 90 minutes. Tentative date was discussed of for a webinar on the RECN system for June 25, 2009. Look for an e-mail from Katharine Carvelli.

RECN Issues:

RECN certificate issues: El Paso reports difficulty in several clinics with approval of RECN certificates.

Suggested Action: Katharine suggested calling Manuel. She will check into it.

Issue: San Angelo and ATCMHMR reported long delays in getting counselors added to the system (4 weeks). The temporary pass codes are not working.

Suggested action: Katharine suggested that an email be sent to her at Katharine.Carvelli@dshs.state.tx.us if there are problems with pass codes.

Good News with RECN- issues have been reduced/resolved for pendings and referrals. Manuel reported that he has **seen major improvements with pending results and referrals.** Manual and Latrice have been sending lists to agencies with pending results of at least 3 months and unresolved referrals.

RECN ISSUE: Wichita Falls reported that RECN was showing a count of only 20 high risk African American heterosexual men in the first quarter while a hand count indicated they had tested 40. This is on the first page of the RECN report. Ed was sure that the data was entered correctly but the incorrect number was in the report and did not meet objectives. AIDS Outreach Center had the same issue and found that the missing numbers were listed in the adolescent category.

Action: Katharine will look into this.

IV) Quarterly Poke Reminder- Mary M.

This issue of the PBC focused bulletin will focus on SMART steps in the results sessions. Mary requested ideas for the Summer issue. A request was made to focus on risk reduction planning in treatment and prison facilities where potential risk behavior is low.

V) PBC Groundwork- Mary VanWisse

Mary announced a change in how to register for courses on DSHS TRAIN. The old system of faxing a registration form was not working efficiently the system requires a new registration form to be faxed for each course and faxes were getting lost. TRAIN is a learning management system—which means it is a way to do everything from launching online courses, to registering, to saving transcripts to communicating with class participants. If a certificate is lost, it is available on your TRAIN account. The TRAIN system allows the administrator to quickly email everyone enrolled in the course if there is a room change. There are a lot of good reasons for us to make this change.

Action: Starting Sept 1, training participants will register for all DSHS HIV/STD courses using the Texas TRAIN system. Next week there will be a new registration page on the HIV/STD part of the DSHS website. As soon as it is completed, we will send out an announcement on the HIV Insider. Follow the instructions for to logon and create an account. There are different instructions for HHS and non HHS enrollees. DSHS regional folks, or any DSHS employees are considered HHS employees.

Once a person creates an account, he or she can register for courses. There will also be instructions for “finding and registering for courses”. New employees can get on and start taking “Risk Reduction Groundwork” already.

For other courses, if employees would like to get on and try to register, there will be “dummy” or “fake” sessions of some of our course starting next week. In order for people to register for these dummy courses, use the registration code #99999 After Sept 1, you will not need a registration code for the courses.

For participants who are going to take PBC soon, they will now complete the pre-course “Risk Reduction Groundwork” online.

Again, the change for using TX TRAIN for all courses will start Sept 1, so you have time to look at the files and logon for the first time. Please contact Mary VanWisse (512) 533-3019 or Cindi Blair (512) 533-3026, if you have trouble logging on. If they can not help you, they will have you call the TRAIN help group.

VI) Community Assessment – What are agencies doing?

All programs are required to do community assessments. The following programs reported where and how they are currently completing Community Assessments:

UTSW – Use questions created for Community Promise regarding ease of testing in the community.

BBCA – Client interviews, community interviews and surveys after the sessions.

PPEP - Client interviews, community interviews and surveys after the sessions at all testing sites 3 times a week.

Resource Center – Separate by objectives, non-mainstream AA and MSM. They ask about current attitudes towards CBOs in general. To select key informants, they look at venues where they find black MSM. They do this to enhance what they already have in place and how they market.

San Angelo – Asked if programs would share their community assessment tools.

Action: Amanda will help to pull together some examples and make available to requestors. Send your tools you want to share to Amanda.Reese@dshs.state.tx.us

Send requests and questions about community assessments to Amanda or your consultant.

VIII) Contract Renewals: Dolores Alvarez announced that the 2010 HIV Prevention renewal packet will be available soon. Look for it to be coming from Tasha Clifton. It should be a shorter process than in the past.

IX) Next call

The next PBC Conference call will be at the end of August or early September.