

IHPCP Goal Evaluation Worksheet

Day 1 Meeting: November 19, 2025

Ending the HIV Epidemic Pillar: RESPOND

Goal: Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Strategy: 4B: Facilitate monitoring by statewide stakeholder bodies

Key Disparity Metric(s): Percentage of PLWH, BIPOC, SGM and HIV stakeholder involvement on advisory bodies

Data Sets Informing this Objective: Data Sets informing this objective: Federal guidelines, Stakeholder Input Data # 1, 10

Priority Setting:

The HPG voted these as their top priorities for 2022-2027

1. SPBP/ADAP (collapsed because SPBP serves this purpose in PA)	6. Emergency Financial Assistance
2. Housing	7. Health Insurance Premiums
3. Medical Case Management	8. Outreach Services
4. Early Intervention Services	9. Home and Community Based Care
5. Outpatient/Ambulatory Care	10. Oral Health Care

HPCP Activity(s):

#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
64	Convene and support the HIV Planning Group to monitor and evaluate the progress of the Integrated HIV Prevention & Care Plan (IHPCP) narrative, data, and	For stakeholder oversight of HIV and IHPCP activities; Priority pop: PLWH and representative community	Division, HPG, HPCP; Partners: Impacted communities, PLWH	The HPG held quarterly meetings throughout the past calendar year and generated a summary of	The HPG will hold at least quarterly meetings throughout a calendar year

	activities.	stakeholders		recommendations for the IHPCP and assessed progress on its activities	and generate a yearly summary of recommendations for the IHPCP and an assessment of progress on its activities
65	Convene and support SPBP Advisory Council to review and update the SPBP formulary.	For stakeholder involvement in SPBP activities; Priority pop: PLWH	Division and SPBP staff, SPBP Advisory Council members, regional grantees, HPCP; Partners: Impacted communities, providers, PLWH	New medications were reviewed and either approved or denied for inclusion in the SPBP formulary quarterly in 2021	New medications are to be reviewed and Either approved or denied for inclusion in the SPBP formulary at least quarterly per calendar year.

Please describe the initiative as a whole.

64. Convene and support the HIV Planning Group to monitor and evaluate the progress of the Integrated HIV Prevention & Care Plan (IHPCP) narrative, data, and activities.

The HIV Planning Group (HPG) is a group of community volunteers who offer a range of HIV-related experience from all parts of the state of PA. The primary function of the HPG is to develop and review the multi-year Comprehensive HIV Care Service Plan. The 5-year Plan provides guidance to the Department of Health, and other organizations in the state, in addressing HIV. It covers a range of topics regarding prevention, testing, access to care, quality treatment, and helping

people stay in care. The HPG also receives requests from different entities throughout the year to come and address the planning body for their feedback and expertise. HPG can also request presentations as a means to gain more information on a particular project/initiative that is being worked on by the group.

The HPG holds 2-day general business meetings in January, March, July and November and when feasible, town hall meetings that occur in May and September.

The HPG has developed/utilized numerous documents to help guide them through the work they are doing as well as to promote respect, grace and collaboration. These documents include HPG Protocols, Guiding Principles and Rules for Respectful Engagement. The HPG is also guided by the Vision Statement of the Division of HIV and the National HIV/AIDS Strategy.

In addition to the 25 HPG Community members, the HPG also has numerous “planning partners” who provide valuable expertise on the different topic’s the HPG reviews.

Planning Partner representation includes staff from:

- STD Program
- TB Program
- Viral Hepatitis Program
- Epidemiology
- HOPWA
- Special Pharmaceutical Benefits Program (SPBP) Advisory Board
- MidAtlantic AIDS Education and Training Center (MAAETC)
- Philadelphia Dept. of Health (Philly Part A HRSA Grantee)
- Philadelphia Office of HIV Planning
- Office of Vocational Rehabilitation OVR
- PA Department of Aging
- University of Pittsburgh (HIV Prevention and Care Project)

Additional support to the HPG is provided by the Division of HIV Health as the Division Director serves the HPG as the Department co-chair and Division Staff serve as facilitators at the meeting and provide support before and after meetings.

The HPG maintains two primary sub-committees (Evaluation and Intersectional and Innovation). Evaluation reviews the Integrated HIV Prevention and Care Plan and makes recommendations on the plan as each strategy and activity is reviewed. Intersectional and Innovation (I&I) takes on initiatives that are relevant to the current work we are doing. I&I is currently working on how to address Aging and HIV and in the past has reviewed and developed solutions pertaining to stigma reduction for HIV.

Meeting materials and copies of presentations for all HPG meetings can be found online at www.HIVhealthPA.com. The website is updated for each meeting and contains an archive of meeting materials/minutes. In addition, progress on the IHPCP can be tracked on Trello. The link for each year's dashboard can be found here: [HPG Evaluation Planning Dashboard | HIVhealthPA.com](#).

While current meetings are being held virtually, in the past HPG meetings were held both in-person and virtually as it this made the most sense for maximum stakeholder engagement.

65. Convene and support SPBP Advisory Council to review and update the SPBP formulary.

The purpose of the SPBP Advisory Council is to provide guidance and recommendations to the DOH regarding the Special Pharmaceutical Benefits Program (SPBP). The members of the council include people living with HIV, HIV physicians, pharmacists, case managers, and other HIV program experts. The council meets quarterly via Teams. Various updates of the SPBP are provided at each meeting including program announcements, presentations on data, fiscal, quality improvement, outreach, and MAI, etc., review of the drug formulary and new drugs, sub-committee updates, and other ad-hoc presentations.

Describe the data indicators (if applicable) listed for your strategy and activity in the IHPCP.

What are your baseline data and your current data indicators?

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Baseline indicators are the number of general business meetings held per year (4) as well as the implementation of a townhall meeting in another part of the state where general business meetings are not being held.

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Baseline indicators are the number of meetings held per year (4) and whether or not the new drugs were reviewed at each meeting.

What groups(s) are your target population(s) and how was that decided?

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The HPG's primary target population is those that wish to have a seat at the table in helping to develop the state's integrated plan, reviewing that plan and acting as a soundboard for what they are seeing as it pertains to HIV in Pa. This population can include individuals living with or at risk for HIV, Healthcare professionals working in the HIV field, and any additional stakeholders who wish to be involved in the planning process. The meetings are open to the public and the HPG works to be as transparent as possible so our target populations are well aware of the work that is being done.

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The target population that the advisory council addresses is primarily individuals living with HIV enrolled in SPBP. In order for SPBP to provide services, an individual must be living with HIV and meet the other eligibility criteria of the program.

How are you measuring your success in accomplishing or maintaining this activity?

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- Are HPG meetings being held as outlined in the yearly schedule?**
- When meetings are held, are all meeting objectives outlined in agenda being met? (especially the work being done for the plan)**

- **What does the feedback look like from the post-meeting survey that is being completed by attendees?**
- **Are we being transparent with the work being done by the HPG (Utilization of HPG distribution email, materials being provided to attendees prior to meeting so they can come equipped for meaningful discussions, are materials uploaded to HIVHealthPA.com for easy access.)**

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By confirming the advisory council meets 4 times per year and reviews new drugs at each meeting.

What barriers or challenges have you experienced/are experiencing?

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The current uncertain budget climate has been a barrier for how we hold regular meetings. We began the year with two in-person meetings in January and March but had to transition to full virtual due to lack of available funds. This also meant that we had to cancel both HPG Townhall's for 2025 but did still hold a short virtual meeting in September so we could stay on track with things such as reviewing the plan and preparing for Priority Settings that takes place in November. While this has been a challenge, the HPG has been excellent in adapting to these changes in meeting structure and has continued to get all the necessary work done that has been requested of them.

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The most significant and pressing challenge at the moment is balancing the provision of services to as many individuals as possible while working within the funding that is available through the Ryan White grant and drug rebates available to support those services. On-going discussions with the advisory council have been occurring regarding various topics and cost savings initiatives.

What solutions to these barriers and challenges have you come up with?

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The HPG has utilized the virtual platform to the best of it's ability to ensure that work is still getting done. HPG also can offer Ad hoc meetings as needed and the Division of HIV Health stands ready to provide any additional HPG members, planning partners and stakeholders need.

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The SPBP has applied for and received funding in addition to the Ryan White base grant. This includes an additional \$4.8 million in ADAP supplemental funding. The application for emergency relief funding has been submitted and we are anticipating up to \$7 million total. The SPBP also has implemented various cost savings measures including a change in income eligibility limits and on-going revisions to the non-HIV meds on the drug formulary.

If you had to give a percentage of how close you are to completing this goal(s), what would it be and why?

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HPG is on track to complete all meeting goals for 2025!

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Review and approval of new drugs at each advisory council meeting is an on-going initiative that will occur indefinitely as new drugs are available.

What are your next steps? What is the sustainability of this effort (if applicable)?

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HPG will continue to discuss what the future of meetings looks like at the November meeting. Division staff will continue to facilitate meetings and provide support as needed. Post-meeting surveys will continue to be distributed and all results will be reviewed by HPG steering committee and addressed as needed.

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In addition to the review of new drugs available, the advisory council is reviewing a number of drug classes at each meeting over the next few meetings until all non-HIV drugs are reviewed and revised to make the drug formulary as cost-effective as possible. After each meeting, the updated list of covered drugs will be made available on the SPBP website.

Is there anything additional you'd like the HPG Evaluation Subcommittee to know?

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While mentioned above, I just want to again convey that we welcome any and all who wish to be involved in these meetings. We like adding people to the distribution list, so if you know of others who we can include through that method of engagement, please have them email Kyle Fait at c-kyfait@pa.gov so they will receive regular HPG updates and meeting materials.

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The SPBP Advisory Council quarterly meetings are open to the public and anyone that is interested in participating in the meeting is welcome to join us.

Are there any other individuals associated with the program you'd like to recognize?

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We'd like to thank all those who are involved as current members as well as past members. We understand how busy everyone is and realize that a lot of time and effort goes into being an active member of the HPG. I'd also like to single out specifically Sonny Concepcion, Michael Tikili, Gary Snyder, Rachel Schaffer and Lupe Diaz who have taken on leadership roles this year as co-chairs of the HPG, sub-committee's and workgroups.

In addition, a big thank you to all our planning partners and other stakeholders who provide their expertise and help to move the mission and vision of the HPG forward.

65. Convene and support SPBP Advisory Council to review and update the SPBP formulary.

I'd like to recognize the members of the advisory council who give their time and expertise to the program in addition to the Division staff who provide important information and updates at each meeting.

This section is for Evaluation Subcommittee purposes only

