Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Lisa Zullig and Christopher Joseph, Co-Chairs

December 17, 2014
McSilver Institute at NYU
41 East 11th Street in Room 741

Members Present: Christopher Cunningham, Michael Ealy, Dorothy Farley, Janet Goldberg, Deborah Greene, Velia Hernandez (alt. for Brenda Starks-Ross), Christopher Joseph, Jan Carl Park, Gina Quattrochi, Lisa Zullig

Members Absent: Peter Campanelli, PsyD, Joan Edwards, Terry Hamilton, Graham Harriman, Tracy Hatton, Daphne Hazel, Zach Hennessey, Peter Laqueur, Julie Lehane, PhD, Jun Matsuyoshi, Andresa Person, David Price, Bobby Rallakis, Lenny Vicente

NYC DOHMH Staff Present: Maureen Malave, Nina Rothschild, DrPH, Ben Tsoi, MD, MPH, Wilbur Yen

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, Billy Fields

Material Distributed:

- Agenda
- Minutes from the December 3, 2014 IOC Committee Meeting
- Presentation by Ben Tsoi and Wilbur Yen: L2C in NYC
- Article by Gilman et al. on Successful L2C Programs
- PowerPoint Presentation by Wilbur Yen on Gilman Article
- Group Exercise
- Planning Council Calendar for December 2014

Welcome/Introductions/Review of the Meeting Packet/Review of the Minutes: Committee Co-Chairs Lisa Zullig and Christopher Joseph welcomed meeting participants. Members introduced themselves. Nina Rothschild

reviewed the contents of the meeting packet. The minutes from the December 3rd meeting were accepted for posting on the Planning Council website at nyhiv.org.

Successful Linkage to Care Programs: Wilbur Yen resumed his presentation from the December 3rd meeting on linkage to care in New York City. The presentation is posted on the Planning Council website. Comments made during the discussion included:

- An intensive intervention (whether for linkage to care or for another service altogether) is never low-cost.
- ARTAS (Antiretroviral Treatment and Access to Services) doesn't address issues such as depression and substance use.
- ARTAS is harm reduction-oriented – it meets patients where they are.
- Linkage navigators have a different set of responsibilities from long term case managers.
- We don't have any documentation about what happens when people fall off of the Garner cascade.
- PLWHAs should go for care because they want to, not because they have to.
- A variety of opinions about incentives to PLWHAs for entering and remaining in care were expressed, with some meeting members arguing that incentives do not work and others suggesting that we might be able to find a sweet spot regarding incentives.
- Peer role models – people of comparable race, ethnicity, age, etc. – might help to establish a connection between the linkage navigator and the client.

Small Group Discussion and Report-Out: Meeting attendees broke out into small groups to discuss three questions:

- What aspect of linkage to care are we doing well in NYC?
- What are some perceived barriers to linkage to care, and what aspects of linkage to care could we improve?
- What are some additional strategies we can employ to reach our linkage to care goals?

Group members shared their responses to these questions. Comments included:

- Some successful aspects of linkage to care are:
    - Trained peer escorts/models
    - Choice of providers
    - Co-location

    - Incentivizing early connection to care in terms of reimbursement to agencies but allowing for a longer time to connect when necessary.
    - Not incentivizing linkage for clients – i.e., not rewarding clients for connecting with or remaining in care.
    - Requiring documentation of linkage, not just referral.
    - Cultural competency
    - Addressing comorbid conditions such as homelessness

- Some perceived barriers to linkage and aspects of linkage in need of improvement include:

    - Homelessness, trauma, and violence all contribute to people's decision to drop out of care.
    - Medicaid patients may not feel as welcome as privately insured patients.
    - Scheduling follow-up appointments for clients tested after hours on mobile vans can be technologically challenging.
    - How do you train and assess for cultural competency? (Suggestions: training should last at least two days and involve role playing, developing empathy, and being prepared to respond professionally and to set boundaries).
    - Agencies must be required to set up and maintain supervision and to ensure continuity of care.

- Some additional strategies to reach linkage to care goals include:

    - Field service specialists trained in finding people who are out of care and difficult to engage.
    - Professional navigators with 3-5 years of experience who are sensitive to past traumas and to the trauma of receiving an HIV diagnosis. This individual could supervise peer navigators and should have at least an LMSW.
    - Peer navigators who are age-matched to clients and receive training in managing barriers and creating buy-in.
    - Possible short-term housing during the linkage process.

Public Comment: Gina Quattrochi, a member of Governor Cuomo's End of AIDS Task Force, noted that the group's recommendations – some of which are controversial – are finished. A couple of the recommendations are as follows:

- Create a registry for Medicaid patients who are on PrEP to look at adherence.
- Create a single point of access (estimated cost: $100 million)

Next Steps: Planning Council staff agreed to invite the Director of the BHIV's Field Services Unit who, along with her staff, specializes in finding the hard-to-reach.