



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

December 3, 2014
McSilver Institute at NYU
41 East 11th Street in Room 741

Members Present: Michael Ealy, Dorothy Farley, Deborah Greene, Daphne Hazel, Christopher Joseph, Jan Carl Park, Bobby Rallakis, Brenda Starks-Ross, Lisa Zullig

Members Absent: Peter Campanelli, PsyD, Christopher Cunningham, Joan Edwards, Janet Goldberg, Terry Hamilton, Graham Harriman, Tracy Hatton, Zach Hennessey, Peter Laqueur, Julie Lehane, PhD, Jun Matsuyoshi, Andresa Person, David Price, Gina Quattrochi, Lenny Vicente

NYC DOHMH Staff Present: M. Bari Khan, 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 October 15, 2014 IOC Committee Meeting
- Presentation by Wilbur Yen on L2C in NYC
- PowerPoint Presentation of Article by Gilman et al. on Successful L2C Programs
- Article by Gilman et al. on Linkages to Care for Newly Diagnosed Individuals Who Test HIV Positive in Nonprimary Care Settings
- Linkage to Care Group Exercise
- Program Guidance for Early Intervention Services Approved by Planning Council on January 20, 2011
- Planning Council Calendar for December 2014

Welcome/Introductions/Moment of Silence/Review of the Meeting

Packet/Review of the Minutes: Lisa Zullig and Christopher Joseph welcomed meeting participants. Committee members introduced themselves. Randall Bruce led the moment of silence. The minutes from the October meeting were approved by consensus for posting on the Planning Council website at nyhiv.org.

Testing and Linkage to Care in Three Large EMAs:

- Nina Rothschild contacted several large EMAs to learn about their testing and linkage to care programs and received responses from Baltimore, Houston, and San Francisco. Findings:
 - Linkage is defined differently in 3 EMAs
 - Various incentives provided, either in the past or currently: money, accompaniment, transportation, text messaging, phone calls, e-mails.
 - Part A funding not used for testing.
 - Referral for Health Care/Supportive Services: two EMAs do not fund this service category. The third EMA funds one program in this category but not with RW money.

L2C in NYC:

- Two meeting participants work at organizations providing HIV testing and linkage.
- Wilbur Yen delivered a presentation on linkage to care in New York City. A copy will be posted on the Planning Council website.
- There are two big drop-offs on the HIV care continuum in NYC: one drop-off is between tested and linked to care, and the second drop-off is between linked to care and retained in care.
- The cascade assumes a sequential process, although some people skip a step: they may, for example, remain in care but not take medication or not be 100% adherent.
- In NYC, we pay for confirmatory testing and linkage for all programs offering HIV testing. Most people with a positive rapid test will be positive on their confirmatory test. Initiating the conversation about linkage should happen ASAP. Testing using blood is more accurate than testing with an oral swab.
- If linkage is not achieved in 90 days, an agency can obtain payment for linkage navigation.
- In NYC, linkage = 1 visit to a medical provider.
- Proof that a doctor actually saw a patient can be achieved in different ways – for example, a stamp on a pad – but obtaining the proof can be an administrative nightmare.

- The current structure of testing and linkage isn't working well in NYC. One option might be to change the system to use EIS funds for linkage to care for everyone who tests positive, regardless of whether they were tested with Ryan White funds or with funds from another stream. Other funders pay for testing but do not cover linkage, meaning that we would not bump up against payer of last resort issues. And within Early Intervention Services (EIS), there are no income or residency requirements.
- Last year, 288 individuals tested newly positive in Ryan White programs here. Right now, we only do linkage to care for roughly 10% of people diagnosed in NYC.
- Citywide, timely linkage to care among newly diagnosed persons is 72%. In Ryan White, timely linkage to care is 72%-85%.
- Very few EMAs use Ryan White dollars for testing. The three large EMAs discussed earlier – Baltimore, Houston, and San Francisco – do not use Part A dollars for testing.
- In some of our funded agencies, linkage is done within care coordination. An agency with a care coordination program shouldn't be able to obtain a separate contract for linkage.
- Clinical facilities offering testing do better with linkage to care than CBOs. More experienced CBOs might be able to partner with less experienced CBOs to improve their linkage statistics.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.