



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

McSilver Institute at NYU  
41 East 11<sup>th</sup> Street in Room 741  
May 6, 2015

**Members Present:** Janet Goldberg, Deborah Greene, Graham Harriman, Daphne Hazel, Zach Hennessey, Christopher Joseph, Peter Laqueur, Julie Lehane, PhD, Jan Carl Park, David Price, Claire Simon, Lisa Zullig

**Members Absent:** Peter Campanelli, PsyD, Christopher Cunningham, Michael Ealy, Joan Edwards, Dorothy Farley, Terry Hamilton, Tracy Hatton, Andresa Person, Gina Quattrochi, Bobby Rallakis, Brenda Starks-Ross

**NYC DOHMH Staff Present:** Nina Rothschild, DrPH, Ben Tsoi, MD, Wilbur Yen

**Public Health Solutions Staff Present:** Bettina Carroll

**Others Present:** Randall Bruce, Felicia Carroll, Billy Fields, David Martin, Terry Troia

**Material Distributed:**

- Agenda
- Minutes from the April 1<sup>st</sup> and April 22<sup>nd</sup> IOC Committee Meetings
- Draft Early Intervention Services (EIS) Directive
- Draft EIS Directive with Track Changes
- EIS Cost Analysis
- Planning Council Calendar for May 2015

**Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes:** Committee Co-Chairs Lisa Zullig and Christopher Joseph welcomed meeting attendees. Committee members and guests introduced themselves. Dr. Julie Lehane led the moment of silence.

The minutes from the April 1<sup>st</sup> and April 22<sup>nd</sup> meetings were accepted for posting on the Planning Council website at nyhiv.org.

**Early Intervention Services Directive:**

- Committee members and guests discussed the directive and agreed that staff providing early intervention services should be trauma-informed, but this service category concerns short-term navigation and referral and does not require an in-depth assessment of trauma.
- Planning Council staff noted that this directive, similar to previous directives for home care, mental health, supportive counseling and family stabilization services, and non-medical case management, does not identify priority populations. No specific populations were prioritized by the Planning Council in the formal needs assessment, completed in 2014.

**Vote on EIS Directive:** A motion was made and seconded to accept the EIS directive. All committee members present voted to accept the directive.

**EIS Cost Analysis:** Wilbur Yen on the grantee staff presented a cost analysis for EIS. A copy of his presentation is on the Planning Council website. Rates are based on the historical performance of contracts. Although we don't set the rates, we can review them to ensure that the methodology for setting them is fair and equitable. For clarification, we can turn to HRSA.

**Next Service Categories: Legal Services and a Local Pharmaceutical Assistance Program:**

Legal Services: This service category has not been reexamined in a long time. The proposed examination of this service category was propelled by President Obama's announcement on immigration. When we examined correspondence with our funder, we discovered that immigration services could be provided within the current legal services directive. IOC will examine legal services during the remaining weeks of the current community planning cycle.

Hepatitis C:

- New drugs that can cure Hepatitis C virus (HCV) have come on the market.
- When HCV is cured for individuals who are co-infected with HCV and HIV, the outlook for their HIV infection improves.
- New York State's AIDS Drug Assistance Program (ADAP) only pays for the old, toxic HCV drug regimens. ADAP cannot afford to pay for the new generation of medications.

- One potential remedy is a local pharmaceutical assistance program (LPAP). The LPAP can provide access to drugs which are not on the State's ADAP formulary. Currently, 32 LPAPs around the country provide medications that are not available at the state level. We can work to identify funding for an LPAP.
- Pharmaceutical companies may choose to pay part of the cost of HCV meds in patient assistance programs, but the co-pays are still substantial.
- The Planning Council is proposing the development of an LPAP, including the identification of sources of funding.
- The Needs Assessment Committee is beginning to address issues such as the number of eligible individuals.
- Insurance companies will, in many cases, only pay for the meds if a patient is stable and there is no chance of becoming re-infected. Active drug users and alcoholics are excluded.
- A pharmaceutical benefits program would probably administer the LPAP.
- IOC may need to hear from a clinician. Bobby Rallakis of Evers Pharmacy is on the IOC Committee.
- Medicaid has approved payment for one of the new HCV drugs.
- One possible source of funding for an HCV LPAP is a redirecting of some ADAP funds.
- IOC Committee members motioned to ask Council staff to explore the development of an LPAP for September. Graham Harriman asked Planning Council staff to work with grantee staff on the project.
- IOC members voted unanimously in favor of planning for an LPAP for the entire Eligible Metropolitan Area.

**Public Comment:** No members of the public commented.

**Adjournment:** The meeting was adjourned.