



Meeting of the
NEEDS ASSESSMENT COMMITTEE
Daniel Castellanos, DrPH, Chair

November 13, 2014
Cicatelli Associates
505 Eighth Avenue on the 20th Floor

Members Present: Angela Aidala, PhD, Fay Barrett, Randall Bruce, Daniel Castellanos, DrPH, Jeanine Costley, Timothy Frasca, Guillermo Garcia-Goldwyn, Graham Harriman, Jennifer Irwin, Ignacio Juareligorda (alt. for Rosemary Lopez), Anne Lyster, Antonio Munoz, Jan Carl Park, Glen Phillip, Marcy Thompson

Members Absent: Maria Caban, PhD, Carrie Davis, Sabina Hirshfield, PhD, Frank Machlica

NYC DOHMH Staff Present: Emily Alexy, Merline Jean-Casimir, M. Bari Khan, Kate Penrose, Nina Rothschild, DrPH, Jacinthe Thomas, Wilbur Yen

Public Health Solutions Staff Present: Derek Coursen, Brittany Newton

Others Present: Billy Fields, Esther Lok

Material Distributed:

- Agenda
- Minutes from the October 9, 2014 Meeting of the Needs Assessment Committee
- List of Needs Assessment Committee Responsibilities and Member Names and Affiliations
- Contact Information for Committee Members
- Presentation by Jacinthe Thomas: Overview of Ryan White Part A Service Data Collection and Feedback Mechanisms for NY EMA
- Planning Council Calendar for November 2014

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

Packet/Review of the Minutes: Dr. Daniel Castellanos welcomed meeting participants. Committee members introduced themselves. Guillermo Garcia-Goldwyn led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The October minutes were accepted for posting on the Planning Council website at nyhiv.org.

Governor's Task Force to End AIDS: In response to a question from Marcy Thompson about Governor Cuomo's Task Force to End AIDS, Jan Park stated that he and Dr. Castellanos will invite task force members to present to the NA Committee.

Current Focus of the Needs Assessment Committee: Jan Park noted that this year's focus will be on data: how to enhance quality and identify gaps in data collection. Questions include:

- Why are providers required to input data into multiple collection systems all asking similar questions?
- What is the impact on provider productivity?
- What is the impact on the clients of repeatedly responding to very similar questions?
- How do our data collection systems loop back to assist clients and organizations, and does all this data collection translate into improved health outcomes?
- What are the gaps in our data collection?

Mr. Park noted that he was in Washington, DC for a meeting on the future of the Ryan White legislation with representatives from CDC, SAMHSA, HRSA, and other agencies. Everyone is interested in a universal data system with locally derived questions.

Overview of Data Collection and Feedback Mechanisms for CBOs and the Planning Council: Jacinthe Thomas of the Research and Evaluation Unit provided an overview of data collection and feedback mechanisms. Her presentation is posted on the Planning Council website at nyhiv.org. Committee members discussed the following points:

- The client – not the collection of data – should be the focus.
- Limiting the burden of data collection and entry is important. Although we need to protect confidentiality, we should also discuss means of sharing data.
- Within the present data collection system, data can only be seen within an agency. Ensuring that the client agrees to data sharing is important. And if the client doesn't agree, might that mean that he/she does not receive a service?

- If a client is enrolled in services, life happens, and he stops going to his housing services provider -- how is that information shared with other agencies where the client is enrolled?
- Sharing information between agencies is a substantial issue – but providers also face questions from clients about why they are answering some questions over and over for agency staffers who sit two cubicles away from each other.
- Providers don't have a way of knowing that primary care status measures have been updated.
- If you want an engaged client, he or she should have input into and access to the data collected. Do EMRs have a patient portal so that clients can access the notes written by providers?
- We will confront a lot of issues regarding uploading and interoperability of data. Every agency is creating its own electronic medical record (EMR), and each agency's records will need interoperability with eSHARE.
- E-consent is preferable to a hard copy of a client's consent.
- The University of Pennsylvania and Dennis Culhane have looked at the issue of sharing data concerning persons who are multiply diagnosed and chronically homeless.
- Complaints about current data collection include:
 - Data requested is not well tailored to the needs of NYC providers, and some of the data quality is poor
 - There is a long lag before information is available
 - One of the primary motivators of eSHARE was to have programs linked to health outcomes, but the data collected doesn't adequately measure outcomes
 - PCSM data is poor quality
- HRSA's Ryan White Program does not specify the use of a particular format for data collection, as long as the data collected reflects HRSA's request.
- Every Ryan White provider is required to support the client with maintenance and adherence.
- Canned reports are already available on eSHARE. Data extracts are on the priority list.
- What are the political barriers to having all providers use one system for data?
- We are the largest EMA. Our data from eSHARE and CHAIN can be shared with Congress to bolster our argument for continued Ryan White funding. We do not have Medicaid data. Issues to consider going forward include data burden, data access, and integration.
- Committee members agreed to request the following reports from the grantee (some of which are already routinely made available):
 - RSR
 - Grant application to HRSA

- Client satisfaction survey
- Provider satisfaction survey
- Annual enrollment report
- HRSA progress report

Public Comment: Esther Lok, a member of the Planning Council’s Policy Committee, urged the NA Committee to focus on disparities by race, gender, class, etc. She is concerned that HIV services for women and girls are being cut. Thirty percent of the HIV+ population in New York City is comprised of women. She recommended that the NA Committee examine how women are diagnosed and the services they receive.

Randall Bruce stated that the ten questions for PLWHAs to use when applying for insurance under the Affordable Care Act, as developed by the Policy Committee, helped a friend obtain coverage.

Future Meeting Dates/Times: NAC members agreed to continue regular meetings on the second Thursday of each month from 9:30-11:30. We hope to have more meetings by conference call.

Adjournment: The meeting was adjourned.

Items for Follow Up:

- Jan Park and Daniel Castellanos will invite members of Governor Cuomo’s Task Force on AIDS to address the NAC.
- Daniel Castellanos will send a survey monkey to committee members asking them about other issues they would like the committee to address.
- Planning Council staff will examine work done by the University of Pennsylvania and Dennis Culhane on sharing data concerning persons who are multiply diagnosed and chronically homeless.
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