



Meeting of the
NEEDS ASSESSMENT COMMITTEE
Carrie Davis, MSW and Daniel Castellanos, DrPH, Co-Chairs

May 14, 2015
LGBT Center
208 West 13th Street

Members Present: Fay Barrett, Randall Bruce, Maria Caban, PhD, Amber Casey (alt. for Graham Harriman), Daniel Castellanos, DrPH, Jeanine Costley, Carrie Davis, Timothy Frasca, Guillermo Garcia-Goldwyn, Sabina Hirshfield, PhD, Jennifer Irwin, Frank Machlica, Jan Carl Park, Glen Phillip, Robert Steptoe (for Rosemary Lopez), Marcy Thompson, Maiko Yomogida (for Angela Aidala, PhD)

Members Absent: Anne Lyster, Antonio Munoz, Mary Poupon

NYC DOHMH Staff Present: Kate Penrose, Nina Rothschild, DrPH, Eric Rude

Public Health Solutions Staff Present: Derek Coursen

Material Distributed:

- Agenda
- Minutes from the April 9, 2015 Needs Assessment Meeting
- Presentation on HIV/AIDS and Hepatitis C in NYC
- Needs Assessment Committee Plan to Enhance Dissemination of Information
- Spreadsheet Listing Report Titles and Links
- Spreadsheet Listing CHAIN Titles and Links
- May 2015 Planning Council Calendar

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Carrie Davis and Daniel Castellanos welcomed meeting participants. Attendees introduced themselves. Dr. Maria Caban led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the April 9th meeting were accepted for posting on the Planning Council website at nyhiv.org.

Hepatitis C Virus (HCV): Introduction: The Needs Assessment Committee is formally beginning its examination of need among Ryan White clients who are co-infected with HCV for assistance in accessing the new generation, very expensive, curative HCV medications. The Committee will define gaps, the population in need, and the services potentially provided. Carrie Davis noted that she has lost three staff members to HIV/HCV co-infection.

Jan Carl Park introduced Eric Rude, Director of Viral Hepatitis Policy and Development at the NYC DOHMH, to provide information on the epidemiology of HCV for PLWHA in New York City with the goal of addressing the barriers for Ryan White clients in accessing medications. Mr. Park made the following points:

- HRSA has defined a service category known as a Local Pharmaceutical Assistance Program (LPAP) which can help Ryan White clients obtain some medications that may not be on the ADAP formulary
- 32 other cities have LPAPs
- This is a discovery process in which we will identify and quantify need and begin to address disparities

HIV and HCV: Status of the Disease and Barriers to Care:

- The new generation HCV drugs are not on the New York State ADAP formulary because of their high cost
- Only 10,000 out of 150,000 potential patients have been treated
- The old generation HCV meds are on the ADAP formulary
- Goal now: PEG-interferon-free regimens
- HCV cure rate for individuals co-infected with HIV and HCV who receive the new medications: 100%
- Different insurance companies have preferred drugs
- Medicaid places restrictions on access to HCV meds:
 - Patient has to demonstrate readiness to adhere to the drug regimen and must be abstinent from illicit drugs/alcohol for 6 months to 1 year
 - Baseline HCV RNA must be submitted
 - Patient must be stage 3 or 4 fibrous
 - Patients who are co-infected with HIV must have an undetectable HIV viral load
- Medicaid's restrictions on access for HIV patients are not based on medical evidence and should be removed.
- All of the new HCV meds are on the Medicaid formulary, but patients who have fee-for-service Medicaid can only have Viekira Pak.
- NYC DOHMH is doing a demonstration project with the Center for Medicare and Medicaid Services (CMS) with the aim of reducing costs

using a care coordination model. The name of the initiative is Project Inspire.

- Some patient assistance programs (available through pharmaceutical companies) cover co-pays and some cover deductibles.
- HRSA, our Ryan White federal funder, does not allow us to use Early Intervention Services (EIS) dollars for HCV testing – but we can cover HCV awareness when discussing health promotion topics and can do directly observed therapy (DOT) for HIV and HCV medications.
- Although we can only use Ryan White funding to pay for the components of medical care covered by Medicaid, we may not be bound by the same restrictions that Medicaid places on access.
- Thirty-two (32) local pharmaceutical assistance programs in this country negotiate directly with pharmaceutical companies.
- Community members should engage in advocacy around the issue of profiteering by pharmaceutical companies and place pressure on them to lower prices. The Planning Council's Policy Committee could advocate regarding the restrictions associated with viral load.

Some of the questions associated with this information are:

- How is abstinence determined – by a drug test? By self-report?
- Given that we have limited resources and may only be able to help a relatively small number of clients, on whom should we focus?
- What components of care can we fund?

The Needs Assessment Committee will provide background information on the HCV issue; make a case for using Planning Council funding to address the problem; and bring its assessment to the Integration of Care Committee for use in developing a service model.

Small Group Work: Committee members participated in brief work groups focused on the end products for which they signed up: fact sheets, new reports based on data from CHAIN and eShare, and a half-day community briefing.

Fact Sheet Work Group: The group working on fact sheets discussed the context and format and how to increase participation and diffusion.

- The fact sheets should not have too many charts or graphs or confidence intervals in order to enhance usefulness to consumers
- The appropriate target audiences need to be identified
- Some of the CHAIN reports are focused on the Needs Assessment Committee and the Planning Council – but we want to disseminate to a wider community and also include some action steps.

- Planning Council staff agreed to send out copies of Kaiser Family Foundation and Planned Parenthood fact sheets as examples of the intended quality and format of products.
- Topics to be addressed include data display; how to mobilize resources from CHAIN and the Research and Evaluation Unit; and how to produce the fact sheets.

Reports Work Group: The group working on reports based on data from CHAIN and eShare discussed:

- How the reports would differ from the fact sheets
- Potential readers
- Tackling the topics (one by one or all together)
- Questions about whether Committee members would be asked to do a meta-analysis or to seek out different datasets

Half-Day Community Briefing: The group working on the community briefing discussed:

- Briefing title
- Possible date: October 2015? A Tuesday or Wednesday afternoon?
- Location: LGBT Center? NYC DOHMH? NYU Center?
- Cost
- Topics for presentations:
 - Description of co-morbidity (HIV, HCV, current substance abuse, and/or mental illness)
 - Social vulnerability among HIV+ individuals
 - Economic vulnerability among HIV+ individuals
 - Clinical outcomes for individuals highly engaged in substance use services, mental health service, medical case management, non-medical case management, and home health services
- Include in meeting packets: listing of all the links to access the research data from the Needs Assessment Work Group

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.