HIV HEALTH & HUMAN SERVICES
PLANNING COUNCIL OF NEW YORK
A Mayoral Council established by the Ryan White C.A.R.E. Act of 1990

CONSUMERS COMMITTEE

Wednesday, May 23, 2012, 1-3:30PM

NYCDOHMH, Gotham Center, 42-09 28th Street, Room 20-29, Long Island City, NY

Planning Council Members Present: Victor Benadava (Co-Chair), Gregory Cruz (Co-Chair), Randall Bruce, Muying Hunt

Planning Council Members Absent:, Victor Alvarez, Felicia Carroll, Gerald DeYounge, John Eddie, Steve Hemraj, Rev. Keith Holder, Deborah Marcano, Hilda Mateo, Pastor Jerome Payne

Community Members Present: Mallory Lowenstein, David Martin

DOHMH: Jan Carl Park, Rafael Molina, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- April 18, 2012 Draft Meeting Minutes;
- Health Care Reform in Your State: Making It Work for People with HIV, April 26, 2012, HIV Health Reform Powerpoint;
- Health Care Reform & People Living with HIV, FAQs, September 2011, Project Inform
- in+care Campaign, National Quality Center;
- Pilot Training (6/21-22) Application for Consumers in Quality (TCQ), National Quality Center
- ADAP Watch, May 18,, 2012, NASTAD;
- Summary of Mayor Bloomberg's HIV/AIDS Cuts in FY 13; NYC AIDS Housing;
- HIV Epidemiology in NYC, Ellen W. Wiewel, MHS, HIV Epi & Field Services Program, NYCDOHMH;
- NYC HIV/AIDS Weekly Update, 5/11/12;
- HRSA Announcement: Public Input Sought on Ryan White Reauthorization;
- Positive Voice, Series 2, Vol. 3, Issue 4, May 21, 2012, National Association of People with AIDS,
- June 2012 NY HIV Planning Council Meeting Calendar

INTRODUCTIONS:

Gregory Cruz and Victor Benadava, Co-Chairs opened the meeting and members introduced themselves. Felicia Carroll led the Committee in a moment of silence. Darryl Wong reviewed the agenda and meeting materials. Due to the lack of quorum, the minutes of the April meeting could not be approved

There was no public comment.

WEBINAR PRESENTATION I: HEALTH CARE REFORM IN YOUR STATE; MAKING IT WORK FOR PEOPLE WITH HIV

In 2014, most low-income people will be eligible for Medicaid, through expansion of eligibility criteria. The disability requirement will be eliminated for most people with incomes up to 133% of FPL , which is currently ~ $14,000 for an individual and ~$29,000 for a family of four. With this expansion are state-determined Essential Health Benefits for those newly-eligible, as well as enhanced reimbursement for primary care providers. Affordable Care Act Essential Health Benefits include: ambulatory services, emergency services, hospitalization, maternity/newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services, laboratory services, preventive and wellness services and chronic disease management and pediatric services. Services need by PLWHAs not fully covered by Medicaid include dental services, non-medical case management, nutrition services, transportation, mental health services, peer support services and insurance assistance. Medicaid will not

be available to undocumented individuals or undocumented immigrants and legal immigrants within the 5 year ban.

Beginning in 2014, consumer-friendly health insurance exchanges to purchase private insurance will be created, with no lifetime or annual limits on coverage and eliminating the possibility that health plans can drop people from coverage when they become ill or increase premiums based on gender and health status. Federal subsidies will be available for those with income up to 400% FPL, or ~$44,000 for an individual and ~$89,000 for a family of four. Plans must include Essential Health Benefits and must contract with community providers, including Ryan White programs.

Through the Medicaid Health Home Program, enhanced and coordinated care is now an option for those living with chronic medical conditions, including PLWHAs. Medicare will provide a 50% discount on all brand-name prescription drugs, ADAP contributions swill now count towards copayments and the Part D donut-hole will be phased out by 2020, improving access to prevention/screening services.

With respect to the Supreme Court challenge to the Affordable Care Act, it is important to acknowledge that the issues of individual mandate and Medicaid expansion may be challenged with the justification that Congress has broad power to regulate interstate commerce, including health insurance. Medicaid expansion is constitutional in that Medicaid expansion has been changed and expanded many times in history and that no expansion in the past has ever been found to be unconstitutional.

The program's QI Team identified areas for improvement according to results from the 2010 Annual Consumer Satisfaction Survey. The survey focused on clients' perception of several core elements: support, efficacy, professionalism, dignity, comfort, cultural sensitivity, competence, **reliability,** trust, and equity.

One question from the 2010 Consumer Satisfaction Survey,"*In an emergency do you feel confident that staff will be there for you to resolve the problem?"* received a positive response of only 71% of those surveyed. It was decided that the goal was to improve clients' perception about the program's reliability to a minimum of 85%, as clients' perceptions may impact levels of engagement and retention into services. In order to assess clients' perceptions of services, the program created mini satisfaction survey instrument, bi-weekly ongoing meetings were conducted by the Harm Reduction Team to discuss issues, the Program Director started providing monthly focus groups/community meetings at the site as part of the regular group program (minutes are sent to the QI Dept), helping assure that clients' concerns and barriers to meeting clients' needs were addressed by staff both on an individual and group level.

As a result of clients' feedback and contributions, issues affecting clients' perceptions about program's competence include lack of clarity about HR Program services from part of service providers, lack of clear expectations about program services and demands and lack of proper orientation about the benefits of comprehensive services.

In order to increase harm reduction service promotion staff should be encouraged to educate clients about HR services and increase level of knowledge about the program, each HR team member should be introduced to the client at the time of the intake, awareness and knowledge about the Harm Reduction staff availability should be increased to help instill trust and continuous focus groups should be implemented to identify clients' barriers.

An improvement strategy was developed, which created a welcoming environment and easy access to services for all within the continuum of substance use, and assess clients' needs frequently. The team created a post card to introduce the Harm Reduction program's services and team to all clients. This idea was tested and according to the program's 2011Customer Satisfaction Survey, the number respondents whose perceptions about the program's reliability increased to **94%.**

Perceived client barriers (from the providers' perspective) include disclosure risk, lack of understanding of quality management principles, competent staff is overburdened, lack of time and availability to maintain commitment, over-focus on issues that cannot be changed or inappropriate/personal issues, oppositional personalities, lack of current knowledge regarding current clinical guidelines/practice and overall lack of interest in quality improvement.

BOROUGH UPDATES ON HIV NETWORKING ACTIVITIES:

There was a Borough update for Staten Island.

PUBLIC COMMENT/ANNOUNCEMENTS

There was no public comment.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 3:00PM.