



## **CONSUMERS COMMITTEE**

Wednesday, June 22, 2011, 2- 4PM

Hispanic Federation, 55 Exchange Place, 5<sup>th</sup> Fl. Conf. Rm., New York, NY

**Planning Council Members Present:** Victor Benadava (Co-Chair), Gerald DeYounge, Alexander Hardman, Keith Kaiman, Munying Hunt, Deborah Marcano, Pastor Jerome Payne

**Planning Council Members Absent:** John A. Eddie (Co-Chair), Brent Backofen, Felicia Carroll, Steve Hemraj, Kali Lindsey, Hilda Mateo

**Community Members Present:** Randall Bruce, Colombia Fierro, Linder Ford, Yves Gebhardt, Ron Joyner, Joey Lopez, Myron Gold, Mallory Marcus, Glen Phillip, Jacqueline Williams

**Staff:** DOHMH: Rafael Molina, Kelly Piersanti, Erin Roberts, Darryl Wong

**Guests:** NYS DOH/AIDS Institute: Daniel Bellanger, Tracy Hatton

### **MEETING MATERIALS DISTRIBUTED:**

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- May 18, 2011 Draft Meeting Minutes;
- ADAP Watch List, NASTAD, June 17, 2011;
- FDA Announcement of Bogus STD Products;
- AIDS Institute July 14, 2011 Listening Forum Announcement;
- NYSDOH AIDS Institute Quality Management 101 Training Announcement;
- Latino Commission on AIDS statement on restoration of Nutritional Supplements;
- Positive Voice, National Association of People With AIDS (NAPWA), June 5, 2011;
- NYCDOHMH Table of Organization a/o June 2011;
- NYCDOHMH Div. of Policy & External Affairs Organizational Chart a/o January 2011;
- Announcement of 2011-12 Consumer At Large Election;
- June 2011 Planning Council Calendar & Month at a Glance; and
- Steps on the Quality Improvement Journey (Powerpoint presentation, 6/23/11, NYS DOH/AIDS Institute.

### **INTRODUCTIONS:**

Victor Benadava opened the meeting, followed by Committee member introductions. Pastor Payne led the moment of silence and the meeting participants reviewed the Rules of Respectful Engagement. Darryl Wong introduced Ms. Erin Roberts and Ms. Kelly Piersanti, interns working on the Ryan White Part A CAB Best Practices survey this summer and reviewed the meeting agenda and meeting materials. The minutes of the May 2011 meeting were reviewed and approved, with one minor change.

### **PUBLIC COMMENT:**

Myron Gold noted that nutrition services, as a service category, had formerly been held harmless from cuts. Currently, funding of a major provider of nutrition services is in

jeopardy, despite its necessary role in sustaining PLWHAs. A rally, attended by some members of the Planning Council leadership, was organized protesting these potential cuts.

### **PLANNING COUNCIL, FEDERAL/STATE & CITY HIV/AIDS POLICY UPDATES:**

Darryl Wong announced that as of 6/22/11, the NYCDOHMH has not yet received its Notice of Grant Award (NGA); notice is usually received in March. New York City has been notified that we will not receive an announcement of award until at least July of this year. The Executive Committee will be convening to discuss various funding scenarios, including cuts greater than 8%, which will warrant additional discussions to re-allocate funds, as well as blanket permission to use the existing spending plan and allocations ranking, should both the Base and MAI awards receive decreases in awards, in order to expedite contractual modifications which will not delay contractors' reimbursements.

Victor Benadava announced the call for nominations in July of the 2011-12 Consumer At Large to the Executive Committee, noting that the nominee must be an appointed member of the Planning Council as well as a member of the Consumers Committee. It was underscored that this Consumer At Large position represents an additional seat on the Executive Committee (in addition to the two Co-Chairs of the Consumers Committee). Ron Joyner pointed out that a one year term as Consumer At Large does not factor in the learning curve associated with this position.

### **PRESENTATION- QUALITY IMPROVEMENT:**

Tracy Hatton, Office of the Medical Director at the New York State DOH AIDS Institute introduced Daniel Bellanger, Director of the NYS State Quality Program, noting that consumers were very receptive last year to the introductory training on principles of quality improvement; the current presentation will provide opportunities for more in-depth discussions of the model for improvement, an overview of Quality Improvement Project Steps, evaluating pilot test group exercises and group exercises designed to increase consumer involvement. She stressed the direct role of consumers in the provision of services and announced the availability of several incentives and take-home items, including protocols of care.

Mr. Bellanger introduced the "Make a Wish" icebreaker, which entailed the enumeration of consumers' wishes with respect to improvement of services where they receive care. Responses included: greater sensitivity and more culturally appropriate training, the availability of exercise facilities and massage therapy (2x), the timing between laboratory and provider visits, shorter waiting times at appointments (4x), more frequent physical examinations, the availability of physician's assistants to respond to questions, increased focus on quality improvement incentives from pharmaceuticals for providers who provide high quality care to consumers, greater professionalism and atmosphere, a more welcoming, less clinical environment (2x), appointment reminders (the day before), more female physicians who understand issues affecting females and greater continuity of care.

Steps of a Quality Improvement project include 1) collecting and analyzing data, 2) convening a project team, 3) investigating the process, 4) implementing the PDSA (Plan, Do, Study, Act) model, 5) evaluating the test results, and 6) systematizing the changes identified. The remainder of the presentation focused on the specific activities involved in order to achieve each of the above-mentioned steps. For greater detail, please refer to the NYSDOH/AI handout, [Steps on the Quality Improvement Journey](#).

Scenarios developed by consumer teams were presented to the Committee, after a brainstorming activity and an action plan for implementation had been developed, which articulated the individual action steps or activities to be accomplished, who the responsible party(ies) is/are, the time deadline involved and the resources needed. Steps included in

holding the gains after implementation address communication, documentation, measurement, education and training and leadership issues.

The dimensions of increasing consumer involvement were then articulated, ranging from, in ascending order of involvement:

- routinely soliciting PLWHA input from the broadest spectrum of recipients of services, to
- ensuring that discussions about quality are included in all CAB meetings, to
- formalizing active PLWHA involvement on internal QM teams and supporting them through the process, to
- routinely informing PLWHA of evolving Quality Improvement activities via multiple communication venues, to
- annually assessing the programmatic level of PLWHA involvement through the HIV program.

Victor Benadava suggested that the NYCDOHMH consider convening consumer focus groups on services, as well as focus groups specifically addressing the Care Coordination program and exploring the barriers of clients who have dropped out of medical case management services. Darryl Wong responded that currently there are fiscal constraints which limit the scope of qualitative research. It was suggested that a motion be made at either the Executive Committee or the full Planning Council in order to gain programmatic and research support for these activities and that such activities should be undertaken sooner rather than later.

***ACTION: A motion was made and passed that focus groups be convened for clients of the Care Coordination contracts.***

**ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:30PM.