



Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Nancy Cataldi and Christopher Joseph, Co-Chairs

December 4, 2013
McSilver Institute at NYU
41 East 11th Street, 7th Floor, Room 741
10:00 am - 12:00 pm

Members Present: Peter Campanelli, PsyD, Nancy Cataldi, Christopher Cunningham, Michael Ealy, Dorothy Farley, Zach Hennessey, Janet Goldberg, Deborah Greene, Graham Harriman, Christopher Joseph, Jun Matsuyoshi, Jan Carl Park, Mary Poupon, David Price, Bobby Rallakis, Brenda Starks-Ross, Lisa Zullig

Members Absent: Moya Brown, Joan Edwards, Sandy Guillaume, Terry Hamilton, Tracy Hatton, Daphne Hazel, Peter Laqueur, Julie Lehane, PhD, Gina Quattrochi, JD, Andresa Person, Alexandra Russo, Robin Wilder

NYC DOHMH Staff Present: Stephanie Chamberlin, Rafael Molina, Kate Penrose, Nina Rothschild, DrPH, Wilbur Yen, Darryl Wong

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Randall Bruce, Billy Fields, Mallory Lowenstein

Material Distributed:

- Agenda
- Minutes from the July 17, 2013 IOC Committee Meeting
- Contact Information for IOC Members
- Selections from the Comprehensive Strategic Plan for HIV/AIDS Services in the NY EMA for 2012-2015
- HRSA Review of Comprehensive Plan
- NY EMA 2012-2015 Comprehensive Strategic Plan 2013 Annual Update -- Highlights
- NY EMA 2012-2015 Comprehensive Strategic Plan Annual Update – short version

- NY EMA 2012-2015 Comprehensive Strategic Plan Annual Update – long version
- Material from Planning Council Bylaws on Duties and Composition of IOC Committee
- Sample Service Directive: Supportive Counseling and Family Stabilization Services
- Planning Council Calendar for December 2013

Welcome/Introductions/Moment of Silence/Review of the Meeting Packet/Review of the Minutes: Nancy Cataldi, Committee Co-Chair, welcomed meeting participants. Attendees introduced themselves. Deborah Greene led the moment of silence. Nina Rothschild reviewed the contents of the meeting packet. The minutes from the previous meeting on July 17, 2013 were accepted for posting on the Planning Council website at nyhiv.org.

Overview of the Integration of Care Committee: Jan Carl Park, Governmental Co-Chair, provided an overview of the work of the Planning Council, as prescribed by the Health Resources and Services Administration, and addressed the impact of federal funding cutbacks. All federal programs are subject to sequestration. The Planning Council has already sustained an \$18 million cut. We are also operating with service models that are, in some cases, outdated and are, therefore, developing new service directives. Mr. Park reviewed the material in the Planning Council Bylaws on the duties and composition of the Integration of Care (IOC) Committee, noting that IOC examines the whole system of care and works to strengthen it, engage and retain clients, and move them toward positive health outcomes.

Mr. Park referred to the continuum of care, showing number of people presumed to be living with HIV, number tested, number linked to care, number retained in care, etc. and emphasized that we need to know more about what is not in the continuum – i.e., the people whose needs are not being met and who fall out of care. He also suggested that IOC meet with the Needs Assessment Committee. That committee's assessment of need drives the work of IOC, and IOC drives the work of the Priority Setting and Resource Allocation Committee.

Comprehensive Plan: Stephanie Chamberlin of the Research and Evaluation Unit (REU) in the Bureau of HIV/AIDS Prevention and Control presented on the New York EMA 2012-2015 Comprehensive Strategic Plan Annual Update. The Comprehensive Plan was developed with input from multiple stakeholders. Today's presentation focuses on progress toward targets. Each year since 2008, REU staff has reported on trends over time, looking at whether we are meeting targets for indicators and why we may be seeing trends. A copy of the presentation is posted on the Planning Council website.

New York City has approximately 115,000 PLWHA and roughly 16,000 Ryan White Part A clients. REU staff makes every effort to include data on Tri-County when available. Ryan White clients include a higher proportion of females, Blacks, and Bronx residents than the HIV-infected population of the City as a whole.

A handout accompanying the presentation shows whether we are meeting our targets or are headed in the right direction. A few highlights:

- HIV testing in the EMA is increasing from the baseline but trending down. Primary care providers in the EMA are offering Medicaid-funded HIV testing, but we don't see these test results from testing funded by Ryan White.
- The Ryan White HIV positivity rate in New York City is .55%.
- Rikers Island has recently refocused its testing efforts on individuals who previously refused testing.
- On linkage to care, we have not met our targets either within the Ryan White client population or for the City as a whole, but we are headed in the right direction.
- We are seeing a large increase in clients who are retained in care in Ryan White. For retention in care, we have exceeded our target of 80%.
- Retention is high for nonwhites, but viral load suppression is low. One possible explanation is that people who are not feeling well go to the doctor but are not taking their medications. This is a reverse disparity.
- Geographically, too, retention is higher and viral load suppression is lower for PLWHA in DPHO areas – i.e., in the sites in the City where NYC DOHMH has district public health offices because of excess morbidity and mortality from a variety of causes.
- For viral load suppression and for immunological health, we have not met our targets for the Ryan White population but have met them for the EMA as a whole and are headed in the right direction.
- For the EMA as a whole, emergency department visits are trending in the wrong direction.

Committee members and staff discussed the presentation. Regarding retention, Chris Cunningham noted that some clients come in for their pain medications and are thereby retained in care. Zach Hennessey noted that different insurance plans cover different numbers of visits.

Nina Rothschild raised the question of incentivizing outcomes: what might happen if clients were paid for undetectable viral loads? Randall Bruce noted that incentivizing could draw patients away from a provider with whom they have a good relationship if he or she is not offering incentives. Mr. Hennessey commented that PLWHAs who are employed have an incentive not to get sick

because they want to keep their jobs. Incentivizing outcomes might be cost effective because it may lead to reduced hospitalizations and use of acute care. Stephanie Chamberlin asked whether a reduction of any size would be considered success, or whether a specific, target viral load would be considered successful. The gold standard, we know, is an undetectable viral load. Janet Goldberg asked whether Ryan White permits the offering of incentives. Each incentive has to be approved by HRSA.

Next Steps: IOC will begin work at its first January meeting on the mental health service directive. Our current model for mental health services fills gaps. As of last year, mental health services includes patient advocacy. Going forward, IOC will attach a dollar figure to service provision.

The grantee has asked HRSA whether Ryan White funds can be used for Hepatitis C testing and is awaiting a response.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.