INTEGRATION OF CARE COMMITTEE

February 9, 2005
9:40-11:40am
GMHC, 119 W. 24th Street

M I N U T E S

Members Attending: D. Ng (Co-chair), S. Abramowitz, Ph.D., P. Avitabile, S. Forlenza, MD, W. Okoroanyanwu (for I. Gamble-Cobb), M. Gbur, MD, E. Greeley, H. Hernandez, C. Kazanas, J. Lehane, Ph.D., E. Levine, L. Morrison, J. Omi, R. Quattrochi, A. Richardson, B. Starks-Ross, T. Troia, S. Caba (ex-officio), R. Ortiz (ex-officio), M. Villacis (ex-officio)

Staff Present: D. Klotz, G. Moon

Guests: M. McClain, S. Lehrman, Ph.D.

I. Meeting Opening/Minutes/ Data Day Report/Charge to Sub-Committees

After introductions, the minutes of the January 12, 2005 meeting were approved with no change.

Mr. Ng reported that the Comprehensive HIV Care Continuum Model, ratified by the IOC on its January 18th conference call (attended by 13 members, with others giving their assent later), was presented by the co-chairs at Data Day 1 on January 21st. The discussion with the Data Day audience of over 100 people (including most members of the Access to Care (ATC) and Maintenance in Care (MIC) sub-committees) closely reflected the discussions that the IOC had held in the development of the model. They ultimately voted, without prompting, to accept the IOC model. The model is not perfect (for example, the core services do not depict client pathways, only overlap), but it is the best that could be developed and is a good conceptual framework for planning. ATC and MIC are already using the model for mapping services and are free to interpret the model more fully and provide detail.

Ms. Quattrochi congratulated the co-chairs on their excellent presentation at Data Day. Dr. Abramowitz noted that there were some attendees who preferred a model closer to the one originally presented by David Abramson, showing supportive services leading to medical care to outcomes. The sub-committees are primarily responsible for interpreting and fleshing out the core services (ATC and MIC) and the client engagement sections (ATC), with the Needs Assessment Committee primarily responsible for the System Oversight pieces.

The committee discussed the set of questions for considering the model, particularly the questions concerning the description of "core services". There was a consensus that, given the varying definitions of "core services", the question would be refined to ask the sub-committees to describe the "elements" of the various components of the model. The new wording for Question 2a is "Describe the elements of services that are the most efficacious modes (as they exist and how they could be) of ensuring access to and maintenance in care, and how they are - and could be - coordinated."

II. 2005-2008 Comprehensive Strategic Plan

Mr. McClain and Dr. Lehrman presented an overview of the process for developing the 2005-2008 Comprehensive Strategic Plan for HIV Services in the New York EMA, beginning with the approval of planning principles. Proposed principles were that the plan should: 1) be rooted in the changing environment; 2) be evidence-based; 3) be expressed in streamlined language; 4) be realistic; 5) inform the yearly allocation process; 6) be revisited and adjusted as needed; 7) focus on outcomes, not processes; 8) be consistent with HRSA guidelines; 9) reflect coordination with the Prevention Planning Group.

Highlights of the discussion on the principles included:

- Rather than "realistic", say "achievable". The 2002-2005 plan had lofty goals based on ideals that were not achievable, particularly by Title I.
- The plan should be clear on its scope (Title I, New York City, etc.).
- In addition to consistent with HRSA guidelines, it should be informative to HRSA on local needs.
- Change "people living with HIV disease" to "people living with HIV/AIDS". Consult with PLWHA Advisory Group on language.

The major products to be developed for the plan are: 1) overarching goals (IOC, 2/9); 2) subsidiary goals that contribute to the overall goals (IOC, 2/9); 3) objectives related to the goals (IOC, 3/9); 4) action steps to achieve objectives (IOC, 3/9); 5) measures to determine success (McClain & Assoc.). To develop objectives and action steps, the IOC will be provided with a "starter kit" for each goal that will: 1) state the extent of the problem; 2) provide key research findings and planning implications; 3) provide possible measures. At the March IOC meeting, the committee will break up into smaller groups to work on each starter kit (members will be asked in advance to choose which starter kit they wish to work on and drafts will be sent in advance. The IOC's products will be presented to the ATC and MIC on March and to the full Planning Council at its April meeting.

The proposed overarching goals presented were: 1) Improve health outcomes and quality of life for people living with HIV/AIDS; 2) Reduce HIV transmission. Proposed subsidiary goals presented were: 1) Increase number of individuals who are aware of their HIV-positive status; 2) Increase the number of newly diagnosed HIV-positive individuals who receive timely HIV care; 3) Ensure people with HIV disease are maintained in HIV care once they enter the system; 4) Ensure the continuum of HIV/AIDS services is integrated, comprehensive and of high quality.

The following is the summary of the discussion on the goals and follow-up:

- Broad goals lead to narrower, achievable objectives.
- Action steps are only for Title I. They can advocate for other entities and fill gaps, having a broader system influence.
- A work plan can be developed for implementing the action steps.
- Objectives should be data driven, with the most current data (e.g., the NYC Housing Needs Assessment) and not rely solely on CHAIN data.
- Measures should include quality of care and outcomes of Title I services.
- Add "responsible parties" to action steps as additional column on table in starter kit.
- Care-related goals also have prevention outcomes (e.g., viral load, mental health). They need to be integrated. One way to do that would be for the IOC to develop its overarching prevention goal with the PPG (e.g., increase HIV testing).
- Quantify goals (i.e., set targets), define "timely".

Changes that the IOC agreed on to the goals are:

- Make "Increase the number of people who are aware of their HIV status" an overarching goal (this has both care and prevention implications).
- Subsidiary goals are revised to be: 1) Increase the proportion of newly diagnosed HIV-positive individuals who enter into timely HIV care; 2) Increase the proportion of people living with HIV/AIDS maintained in HIV care once they enter the system; 3) Ensure the continuum of HIV/AIDS services in integrated, comprehensive and of high quality; 4) Ensure that PLWHA who fall out of care are re-engaged in a timely manner.

The committee voted to accept these changes.

III. Public Comment/Other Business

J. Livigni: Take into consideration coming changes in Medicare and Medicaid. Look at why people fall out of care.

H. Beltran: Be aware that PLWHA as they live longer are subject to many illnesses.

Ms. Moon reminded the committee that the next full Council meeting is on February 17th at Borough Hall in Queens, preceded by a community forum.

There being no further business, the meeting was adjourned. The next meeting will be held on Wednesday, March 9th, 9:30-11:30am at GMHC.