INTEGRATION OF CARE COMMITTEE

May 28, 2008
Public Health Solutions, 40 Worth Street, 5th floor conference room
9:30 am-11:30 am

DRAFT MINUTES

Members Present: Felicia Carroll, Joan Edwards, Ivy Gamble-Cobb (Chair), Maria Gbur, MD, Elaine Greeley, Deborah Greene, Roberta Greengold, Geraldine Joseph (alt. for Theresa Mack, MD, MPH), Peter Laqueur, Fabienne Laraque, MD, MPH, Jun Matsuyoshi, Gonzalo Mercado, Carline Numa, Jan Carl Park, Terry Troia (alt. for Brent Backofen), Ed Viera, Jr.

NYC DOHMH Staff Present: Rafael Molina, Nina Rothschild, DrPH, Anthony Santella, DrPH, Monica Sweeney, MD, MPH, Darryl Wong

Materials Distributed: The materials distributed included the agenda; the minutes from the previous IOC meeting on April 15, 2008; and a transportation proposal.

Welcome and Introductions: Ivy Gamble-Cobb welcomed everyone. Members introduced themselves.

Review of Minutes from the April 15, 2008 Meeting: The minutes from the previous IOC meeting were accepted.

Review of Meeting Materials: Dr. Rothschild reviewed the contents of the meeting packet.

Choices in Care Study: Jan Carl Park introduced Dr. Bruce Rapkin of Memorial Sloan-Kettering Cancer Center and also noted the presence of Ira Feldman of the New York State AIDS Institute. Mr. Park stated that the presentation addresses a lot of issues addressed by the Integration of Care Committee regarding a comprehensive care model for PLWHA in New York City.

Dr. Rapkin has been in the field with this evaluation of Special Needs Plans (SNP) since 2003, collecting data on representative sample of HIV-infected individuals who are enrolled either in a Special Needs Plan (SNP) or a Fee for Service (FFS) plan. The interviews were designed to evaluate a program created to address multiple needs while being sensitive to issues of trust, class, and race. The researchers monitored patient outcomes, defined barriers and needs, offered feedback to providers, used their work to

formulate and monitor quality improvement efforts, and provided information to consumers. They looked at enrollment in order to understand what influences some people to join a SNP and whether these individuals understand the nature of the program in which they are enrolling; examined whether patients enrolled in SNPs are better able to reduce their risky behavior; and examined patients' experiences in care, bearing in mind that the data being collected is subjective.

The research was designed to examine discrete episodes in care. The investigators asked people to define their problems; asked about subjects' help-seeking behaviors -- were they looking for care? -- and asked about barriers to seeking care such as stigma, denial, and fear. The study employed a longitudinal design and was intended to reflect patients' experiences prior to entering the SNP and during their time in the SNP and to look at the process of change over time.

The study had a 90%-95% retention rate from wave to wave, and over the course of the year the researchers held on to 75% of the sample. In the data presented by Dr. Rapkin to the IOC, 265 patients participated in a SNP and 302 participated in FFS care. SNP patients averaged 44 years of age; 54% were African American; 38% were Latino; 61% were high school graduates; and 17% were unstably housed. FFS patients averaged 46 years; 62% were African American; 33% were Latino; 68% were high school graduates; and 11% were unstably housed. A large proportion of all patients had a history of drug use, and roughly one-half had a history of interaction with the criminal justice system. Roughly 35% had an issue with treatment adherence, and approximately 35% had other medical problems.

SNP clients were slightly more likely to be looking for help, had more informational needs, and were more likely to receive a referral from a primary care provider. Among the SNP clients, 77% had gone to a DAC, 39% had gone to an HHC facility, and 37% experienced any barriers (such as language difficulties, transportation, accessibility, inconvenient hours, and costs); among the FFS clients, 74% had gone to a DAC, 21% had gone to an HHC facility, and 31% had experienced any barriers. Overall, SNP patients had a better experience in care, but that better experience did not translate to differences in satisfaction: about 20% of both groups stated that they were less than fully satisfied. SNP clients, however, were slightly more optimistic about having their problems solved and had greater success with adherence.

In summary, the researchers learned that SNP enrollees had a greater need for specialty care, were more likely to be seeking help, encountered fewer barriers, were more likely to receive referrals, and had more positive communication.

Methodological challenges included difficulty in obtaining the sample; difficulties associated with investigating needs, which are a moving target, in a diverse population; the difficulty in investigating the SNP programs which also evolving over time; and the problems of investigating subjective experiences. The researchers did not engage in chart review and, therefore, did not obtain data on actual health outcomes. Generally, however, SNP clients are comparable to FFS patients and have similar outcomes.

Comprehensive Case Management for HIV in NYC: Transportation Services: Ms. Gamble-Cobb noted that the IOC Committee approved the integrated model of care at its last meeting. At today's meeting, the Committee is charged with examining transportation services. Although the Planning Council currently allocates money to a centralized transportation contractor to provide services via a sole source contract, IOC is contemplating folding transportation into case management in the integrated model of care. If the transportation proposal is approved, patients will be able to use Access-A-Ride or car services or whatever transportation mode best suits their needs. The money will be proportionately allocated to the agencies with case management contracts.

Mr. Laqueur noted that transportation services started in the days when car services would not transport people with AIDS. He suggested looking at the proposal in the context of changes in the epidemic and noted that the time of a centralized transportation system may be past.

Ms. Joseph asked why transportation is currently sole-sourced, to which Ms. Gamble-Cobb responded that DOHMH uses a sole source because of the limited number of contractors.

Mr. Viera asked where the Ryan White money for transportation actually goes; he wanted to be sure that the money actually goes to transportation services, not to administration. Ms. Gamble-Cobb noted that when the RFP is released, organizations applying for funding will have to show that the money will go to its intended destination, and the master contractor is responsible for ensuring that the money is spent correctly. Under a fee-for-service system, the money will go to providers who spend their grants well. Dr. Laraque noted that DOHMH will have a database which will facilitate the monitoring of services.

According to data from Public Health Solutions, approximately $4370 is currently being spent per client on transportation services at a cost of $71 per trip.

Mr. Laqueur asked why, according to data prepared by NYC DOHMH for the meeting, services are used more in the Bronx than in other boroughs, and he also asked whether a reconfigured system would be able to meet the needs of clients in the Bronx. The probable explanation is that the Bronx is very hilly and there are long distances between subway lines.

Ms. Carroll stated that she would like the transportation category to continue to operate under the current model, rather than being folded into case management. Ms. Troia, who operates the current sole source of transportation, stated that centralization provides leverage with costs, because the provider can negotiate with different car companies more efficiently.

A proposal was made to fold transportation (currently a stand-alone category) into an integrated model of care. All present voted in favor of this proposal, with three abstentions (one for cause).

Ms. Gamble-Cobb reminded IOC members of their primary goal -- to maintain PLWHAs in care – and noted that we may have to shift resources in order to create a comprehensive system of care in the City.

Public Comment: Ms. Troia noted that both the volume of clients and the demand for services may increase.

Mr. Wong noted that new member applications for the Planning Council are available on the website at nyhiv.org.

Next Meeting: The Integration of Care Committee will meet again on June 24th from 3:30-5:00.