



Meeting Minutes  
**NEEDS ASSESSMENT COMMITTEE**  
Jennifer Irwin and Juana Leandry-Torres, Co-Chairs

Tuesday, November 18, 2008  
Cicatelli, 505 Eighth Avenue, Oak Room  
3:00-5:00 pm

**Members Present:** Guillermo Garcia Goldwyn, Jennifer Irwin, Juana Leandry-Torres, Rosemary Lopez, Frank Machlica, Freddy Molano, MD, Jan Carl Park, Kate Sapadin, PhD

**Members Absent:** Angela Aidala, PhD, Felicia Carroll, Kecia Gaither, MD, MPH, Lenore Hildebrand, DSW, Rebecca Kim, Julie Lehane, PhD, Donald McVinney, Glen Philip, Dena Quinones, Luis Scaccabarozzi, Howard Schwartz, Robert Steptoe, Troiyle Sanon, PhD, Ricardo Vanegas-Plata

**DOHMH Staff Present:** Mary Irvine, DrPH, Nina Rothschild, DrPH, Anthony Santella, DrPH, Jessica Wahlstrom

**Public Health Solutions Staff Present:** Derek Coursen, Lauren Feldman Hay, Roberta Scheinmann

**Others Present:** Elizabeth Howe

**Materials Distributed:**

- Agenda
- Minutes from the previous meeting of the Committee on Oct. 21, 2008
- Draft Comprehensive Strategic Plan for HIV/AIDS Services 2009-2012
- Quality performance indicator definitions and calculations (for Part A HIV case management, food and nutrition, harm reduction services, mental health, and treatment adherence)

**Welcome/Introductions:** Jennifer Irwin and Juana Leandry-Torres welcomed participants. Members introduced themselves.

**Review of the Meeting Packet:** Nina Rothschild reviewed the contents of the meeting packet.

**Review of the Minutes:** The review of the minutes from the previous meeting of the Needs Assessment Committee was tabled because of the absence of a quorum of members.

**Discussion of the Draft of the 2009-12 Comprehensive Plan:** Dr. Santella opened the discussion by inviting Committee members to send comments on the draft to Nina Rothschild by November 24<sup>th</sup>.

Jennifer Irwin stated that the previous comprehensive plan, reviewed during a joint meeting of the Needs Assessment and Integration of Care Committees in July of 2008, expires in 2008. The Department of Health and Mental Hygiene (DOHMH) is taking the lead in developing drafts of new goals and objectives. The draft of the comprehensive plan under discussion at today's meeting represents the collective work of NYC DOHMH, the Westchester County Department of Health, and several Planning Council Committees.

Ms. Irwin inquired about the process by which HRSA would review the plan. Mr. Park responded that the EMA submits the plan, and HRSA accepts it. If an element of the plan really stands out, HRSA may call us on it. DOHMH and the Planning Council will review the implementation of the plan on a routine basis.

Jan Park noted that several reviewers of the plan, including the Tri-County Part A Steering Committee, the Consumers Committee, and JoAnn Hilger of the Ryan White Care Services Program all commented that it is very medically-focused.

**Data Sources:** Committee members discussed the list of data sources for the plan beginning on p. 53. Data sources include:

- surveillance data
- the CHAIN study
- the Part A Quality Management Program
- the Medical Monitoring Project
- required client-level Ryan White data from contractors and
- required reporting data from Prevention-funded rapid testing providers

All of these data sources have limitations. Surveillance data do not include some of the measures in which we are interested such as mental health status, and there is a lengthy time lag between when the data are collected and the data are released such that we only obtain access to 2006 data in 2008.

Although CHAIN is a good source of data, it under-represents people who are receiving care in private practices (namely, white males and white females). Part A quality management data are based on State standards for how services should be delivered. The focus is not on outcomes but on processes: was the service delivered in the way in which it was supposed to be delivered? A limitation of this kind of quality data is that it is gleaned from a selection of charts, not from all charts, and there is a time lag between when data are gathered and when data are available for use. NYC DOHMH's HIV Epidemiology and Field Services Program reports that it has not yet received data from the CDC for the Medical Monitoring Project, although staff members are expecting to receive the interview data in fall 2008. The data comes from chart reviews (for which there is a time lag) and client interviews. Mr. Park remarked that the Needs Assessment Committee would benefit from a presentation on the QM program and on the Medical Monitoring Project.

Jennifer Irwin advocated for examining data funded by other parts (e.g., B, C, D, F) of the HIV/AIDS Treatment Modernization Act (HATMA). Although the New York EMA does not do cross-title reporting, the Feds should do it.

Dr. Santella directed the Committee's attention to the vision statement on p. 36 of the draft. Following the vision statement are goals, objectives, action steps, and the parties responsible for the action steps.

**Goal 1:** Committee members discussed Goal 1: "Increase the number of individuals who are aware of their HIV status." More people should be tested early in the course of their illness. Delayed diagnosis should decrease.

**Goal 2:** Committee members discussed Goal 2: "Promote early entry into HIV care as well as continuity and coordination of care." Dr. Santella noted that with the implementation of medical case management, people should enter into care earlier in the course of disease, see their health care providers more regularly, and use the ER for primary care less frequently. Committee members acknowledged, however, that use of the ER is a problematic indicator of appropriate vs. inappropriate care because the ER is, in fact, the appropriate site of treatment for some conditions.

**Goal 3:** Committee members discussed Goal 3: "Promote optimal management of HIV infection." Objective 3A focuses on improving medication adherence. Although DOHMH does not have surveillance data on adherence, data on this topic will be provided by the MMP.

**Goal 4:** Committee members discussed Goal 4: "Reduce HIV/AIDS health disparities." Two trends are occurring in the New York EMA: on the one hand, Ryan White is becoming more focused on primary care (and the prevention of deterioration from HIV to AIDS); on the other hand, as data

improve through better reporting, we will seem to have more progression to AIDS. The ultimate hope is to diminish disparities in age, risk groups, and gender. Dr. Irvine suggested cutting back on measures where the data may appear to show regress, not progress.

**Goal 5:** Committee members discussed Goal 5: “Ensure that the continuum of HIV/AIDS care provides high-quality and cost-effective services.” Dr. Freddy Molano suggested looking at recently-released HRSA quality of care indicators for this goal. Objective 5B refers to an economic evaluation plan. DOHMH will develop a plan that looks at cost-effectiveness, cost-benefit, and/or cost-utility.

**Goal 6:** Committee members discussed Goal 6: “Ensure that key psychosocial and supportive services (both core and non-core) meet the health and wellness needs of PLWHA.” Goal 6 is followed by 4 objectives concerning need for housing services, food and nutrition, mental health services, and harm reduction/outpatient substance abuse services. Data re the need for and utilization of these services will come from the Ryan White Program and from CHAIN. These specific supportive services are emphasized because they were funded at more than \$5 million. Rosemary Lopez, however, expressed concern about omitting legal services from the list of supportive services in Goal 6, noting that at her agency 40%-50% of mental health services clients show up for appointments but 200% of legal services clients show up. Legal services set many other entitlements in motion. Committee members agreed on objectives A through D for Goal 6 with the addition of legal services to the list of psychosocial and supportive services. Dr. Mary Irvine noted that the comprehensive plan is a living document and can be adjusted on an ongoing basis.

Mr. Park commented that DOHMH and the Planning Council achieved many of the goals and objectives articulated in the last plan but didn't report back on these accomplishments to the Council. The Council will hear a report on implementation of the new plan in 2009 or 2010.

**Next Meeting:** The Needs Assessment Committee will meet again on December 16<sup>th</sup> from 3:00-5:00. DOHMH will present a last draft and may do a presentation on quality of care or on the MMP.

**Adjournment:** The meeting was adjourned.