Meeting of the
PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE
Eli Camhi and Darryl Ng, Co-Chairs

June 5, 2008, 12:00-5:00
Cicatelli Associates, Inc., 505 Eighth Avenue, 2nd Floor

DATA DAY

Members Present: Sean Cahill, PhD, Felicia Carroll, Gregory Cruz, Sharen Duke, Terri Faulkner, Linda Fraser, Marya Gilborn, Steve Hemraj, JoAnn Hilger, Fabienne Laraque, MD, MPH, Hilda Mateo, Jan Carl Park, Tom Petro, John Samuels, Edward Telzak, MD

DOHMH Staff Present: Monique Nicole Anthony, Jackie De Vagvar, Folake Eniola, Mary Irvine, David Klotz, Rafael Molina, Nina Rothschild, DrPH, Anthony Santella, DrPH, Christopher Williams, Darryl Wong

Public Health Solutions Staff Present: Bettina Carroll

Members Absent: Eli Camhi, Lloyd Bishop, Joan Edwards, Soraya Elcock, Antionettea Etienne, Terry Hamilton, Jennifer Irwin, Patrick McGovern, Darryl Ng, Walter Okoroanyanwu, MD, MPH

Materials Distributed: Agenda; minutes from the previous PSRA meeting on May 1, 2008; revised PSRA tool; draft FY 2008 reprogramming plan; calendar; presentations on: payer of last resort analysis tool and spreadsheet, supportive care and primary care access, CHAIN 101 and 2-page background paper on CHAIN, access to care/maintenance in care, service needs and consumer reported barriers, preliminary return-to-care survey results, emerging trends in HIV/AIDS in New York City, age-related differences in service need and use among the CHAIN cohort, housing stability/instability and entry and maintenance in medical care, preliminary consumer focus group results, and satisfaction and dissatisfaction with medical services. Copies of all presentations are available on-line at the Health and Human Services Planning Council website (www.nyhiv.org) and in the Planning Council office at 40 Worth Street in room 1502.

Welcome/Introductions/Moment of Silence/Overview of Data Day: The meeting opened with a welcome and a round of introductions. Hilda Mateo led the moment of silence. Mr. Park reviewed the contents of the meeting packet and noted that the meeting

will be an interactive session to provide PSRA Committee members with data as background for populating the cells of the revised PSRA tool. He noted that the tool is organized by criteria factors and service categories, and the agenda for Data Day matches the criteria factors: the first presentation is on the payer of last resort tool, the second presentation is on access to care/maintenance in care, followed by presentations on service gaps/emerging needs, consumer priorities, and a brief recap on core services.

Outpatient/Ambulatory Care and Transportation Service Categories Discussion: Dr. Fabienne Laraque noted that outpatient medical care as defined by HRSA means ambulatory care provided by a licensed professional. Approximately 75% of the care provided to New York City patients within this service category, however, is really care coordination and wraparound services, rather than ambulatory care. Dr. Laraque already presented to the Integration of Care Committee her request to redefine outpatient medical care, spend most of the money on medical case management, and use the rest for actual ambulatory care that is not covered by ADAP.

Dr. Laraque also discussed her proposal to transform the transportation services category. Currently, the New York EMA funds a centralized van service throughout the five boroughs via a sole source contract for approximately 350 clients who cannot use public transportation. After an analysis of service utilization and cost, Dr. Laraque decided to relocate transportation services within case management programs and create more flexibility in the actual provision of services: programs could use Access-A-Ride, a car service, or whatever mode best suits their patients.

Dr. Telzak noted that most of ambulatory care is paid for by Medicaid and that Ryan White-funded ambulatory care has actually been used for behavioral counseling, case management, care coordination, and treatment adherence. Ms. Hilger noted that the Planning Council had agreed not to touch the ambulatory medical care service category at the time when Ryan White was being reauthorized, but the present time is appropriate for a re-examination.

2008 Reprogramming Plan Discussion: Mr. Park noted that the reprogramming document in today's packet of materials contains a list of items, including restoring a portion of underspending to the ADAP and ADAP+ pools; food and nutrition; transportation; giving the master contractor the flexibility to move 10% of funds between service categories; and purchasing rapid test kits, all of which the Planning Council can fund with uncommitted dollars. Mr. Samuels asked why one of the items gives the master contractor the flexibility to move only 10% of funds. Dr. Telzak noted that some service categories are underspending and that the Council should perhaps give the grantee more flexibility so that it can spend money quickly. Dr. Telzak proposed giving the grantee the flexibility to move up to 15% of funds between service categories. The proposal passed unanimously. A motion was also made to accept the rest of the reprogramming plan and passed unanimously. The reprogramming plan will now move to the Executive Committee for approval.

Payer of Last Resort Analysis Tool Presentation and Discussion: David Klotz noted that Ryan White funds cannot pay for any health-related services covered by other payers (such as Medicaid). The Planning Council commissioned the New York Academy of Medicine to create a tool by compiling information about alternative providers and payers from electronic and printed sources and from interviews and then mapped the information to the Ryan White service categories. The tool, however, does not address issues of capacity, eligibility, accessibility, quality, appropriateness, and gaps. It is not all-inclusive (i.e., it doesn't include data on other payers not yet known to us); it leaves open the possibility of a mismatch between the services identified as covered by other payers and the Ryan White service categories; and the data itself on what is and isn't covered by whom is constantly changing. The next steps in updating the tool involve focusing on the larger service categories, examining databases, and conducting key informant interviews.

Public Comment: A member of the public noted that the information on legal services in the payer of last resort tool is out of date.

Access to Care/Maintenance in Care Presentations and Discussions:

Supportive Care and Primary Care Access Performance Review Data: Tracy Hatton of the New York State AIDS Institute presented performance review data on providers and programs in the large service categories. Primary care access was reviewed for patients in mental health, case management, treatment adherence, and harm reduction services. The data showed that programs have made strides in assessing clients' primary care information, and a majority of clients are now reported as being in care. However, lack of referrals for individuals not in care remains an issue across all program categories, whether hospital-based or CBO. The point of collecting the data is to address why referrals to primary care are not being made. Next steps at the AIDS Institute include looking at the referral method, increasing the number of patients who are linked to a primary care provider, and improving documentation. Dr. Fabienne Laraque stated that the NYC DOHMH is closely examining data and giving feedback to agencies and telling them that they need to refer 90% of patients. Sharen Duke remarked on data issues associated with AIRS and asked how well the data system into which CBOs report actually captures the data. Ms. Hatton responded that her data is not from AIRS but, rather, is collected by IPRO and other sources. Documentation is a big issue: staff may have entered referral information into AIRS but not into the patient's chart, meaning that the data would not be captured by chart review. Dr. Laraque noted that the importance of documentation will be underscored in the case management RFP.

Barriers to Care: Dr. Angela Aidala of the Columbia University School of Public Health introduced the CHAIN study of a sample of people living with HIV/AIDS in the New York Eligible Metropolitan Area. Predictors of connection to care include socio-demographics, health status, service need, and medical and social services received, including housing assistance and transportation. The odds of an individual being in medical care are almost twice as high for an individual who is in mental health care. For PLWHA outside of the care system, the receipt of mental health, case management for social services, and housing assistance predicted re-entry into care. Mr. Hemraj noted the

problems associated with returning to work for PLWHAs: medical appointments during the work week may cause scheduling conflicts and be a barrier to employment.

Return to Care Survey: Monique Nicole Anthony presented preliminary results from DOHMH's return to care survey. Services identified by PLWHAs as most needed include HIV primary care, help with insurance costs, prescription drug assistance, mental health services, and HIV counseling. Reasons given by PLWHA for being out of care include feeling hopeless and overwhelmed and also not feeling sick enough to see a health care professional. Reasons for coming to the clinic include not feeling well and receiving support from someone else. Recommendations to increase access to and retention in care include one-stop shopping, HIV medical care, case management, and treatment adherence.

Service Gaps/Emerging Needs Presentation and Discussion:

Emerging Needs in New York City: Chris Williams and Dr. Anthony Santella spoke about emerging trends in HIV/AIDS in NYC, noting that the total number of concurrent HIV/AIDS diagnoses has dropped recently (meaning that HIV+ individuals are being identified earlier in their infection). The only groups with increasing HIV diagnosis rates are 13-19-year-olds and 20-29-year-olds. IDUs have the greatest proportion of deaths among the various risk groups. Various emerging populations identified by the Needs Assessment Committee and supported by the literature include women, correctional inmates, and immigrants. The biggest drop in new HIV infections has occurred in Black women, and the biggest increase in HIV infections has occurred in Hispanic women.

Housing Stability: Dr. Angela Aidala spoke about housing stability/instability. In NYC, about $3,000 is required to secure housing – an amount beyond the means of most HIV+ individuals. Fifty-two percent of the 2002 cohort was homeless or unstably housed. Not surprisingly, the rates of homelessness and unstable housing are even higher among individuals unconnected to care: housing needs are a significant barrier to entry into and maintenance in care. Reasons for loss of housing include loss of income due to progressive inability to maintain employment, relationship breakup, loss of a spouse or partner to HIV, loss of shared housing options in the wake of disclosure, disease progression and an accompanying requirement for accessible facilities, and policy requirements that limit the length of time in a particular residence. Reasons for delayed entry into HIV care in addition to homelessness include denial, drug use and relapse, absence of symptoms, demoralization and fatalism, fear and uncertainty, reluctance to take HIV medications, and lack of knowledge of where to go for care.

Consumer Priorities Presentation and Discussion:

Consumer Focus Groups: Drs. Mary Irvine and Anthony Santella presented the preliminary results from focus groups conducted with PLWHAs. The purpose of the focus groups was to gather consumer input and ensure that consumers have a vehicle for speaking up during the planning process. Focus groups are a useful tool when gathering input from individuals of varying literacy levels, and they enable further probing if issues

emerge – an option not afforded by responses to a survey with closed-ended questions. DOHMH sponsored five consumer focus groups with a total of 39 participants. Two groups were comprised of men and women, one of men only, one of women only, and one of youth only. Participants were asked to select the services most important to them and settled on outpatient ambulatory care, mental health, and ADAP as the most important core medical services; housing and psychosocial support were selected as the most important non-core services. ADAP and ADAP+ were selected as particularly important because they serve undocumented individuals. Limitations of the focus groups include the small sample size, the possibility that the participants may not be representative of PLWHAs as a whole, the possibility that the rich data elicited may be difficult to analyze because it is unstructured, and the possibility of pressure within the groups for conformity, meaning that some participants may have been reluctant to express their real opinions. Next year, the Care, Treatment, and Housing Program in the Bureau plans to do more focus groups, including at least one in Spanish.

Core Services Recap: JoAnn Hilger provided a brief recap of core versus non-core services, noting that HRSA has 12 core categories, 7 of which are funded in New York City. She noted that the PSRA tool is pre-populated to indicate core vs. non-core services, with core services receiving a score of 8 and non-core services receiving a score of 0.

Adjournment: The meeting was adjourned. The PSRA Committee will continue its work at three subsequent meetings on June 20 from 9:00-12:00; on July 7 from 3:00-5:00; and on July 9 from 3:00-5:00.