



INTEGRATION OF CARE COMMITTEE

February 24, 2009

Latino Commission on AIDS, 24 W. 25th Street

4:00-5:00pm

MINUTES

Members Present: Damian Bird (Co-chair), Maria Irizarry (Co-chair), Victor Benadava, Alwyn Cohall, M.D., Soraya Elcock, Deborah Greene, MPH, Terry Hamilton, Geraldine Joseph (for Theresa Mack, M.D.), Fabienne Laraque, MD, MPH, Carline Numa, Jan Carl Park, MA, MPA, Charles Shorter, Terry Troia (for Brent Backofen), Lisa Zullig, MS, RD

Members Absent: I. Gamble-Cobb, M. Gbur, M. Gilborn, E. Greeley, R. Greengold, V. Jarvis, MD, P. Laqueur, J. Lehane, K. Louie, J. Matsuyishi, W. Okoroanyanwu, E. Viera

Staff Present: *NYC DOHMH:* David Klotz, JoAnn Hilger, Anthony Santella, DrPH, Jessica Wahlstrom, E. Vazquez; *PH Solutions:* Bettina Carroll

I. Welcome/Introductions/Minutes

Ms. Irizarry and Mr. Bird welcomed members, followed by a moment of silence and a review of the agenda and meeting materials. The minutes of the January 27, 2009 meeting were approved with no changes. Dr. Santella explained that, contrary to the decision of the IOC at the last meeting, Food & Nutrition Services (FNS) will be presented before Outreach because the research on that service category was much further along. Research on Outreach will be ready for the March meeting. Ms. Elcock thanked Ms. Irizarry and Mr. Bird for taking on the responsibility of chairing the committee.

II. Service Category Guidance: Food & Nutrition Services

Ms. Wahlstrom presented data on the FNS program, which has not been re-bid since 1998. Topics covered included: current HRSA and EMA service category definitions; background on local RW ranking/allocations for FNS; current service model and service types; service goals, objectives and indicators from the EMA's implementation plan and quality management program; client eligibility; geographic distribution of service sites and clients; other funders of similar services (e.g., food stamps, ADAP); aggregate contract data (units of service/performance); primary care status measure data from 2004 (before it became mandatory for all FNS contractors); program models and priority ranking in other EMAs; and best practices identified through literature search (e.g., nutritional screening, diet planning, coordination with treatment adherence and other programs, etc.).

The presentation included consideration of how best FNS and Care Coordination can be linked, and possible changes in need for service due to economic conditions and funding. The NYC DOHMH Care, Treatment & Housing Program is recommending that, while components of the current service model are consistent with best practice guidelines, it can be updated based on new data on need and best practices, and provider and consumer input. Proposals for models in conjunction with care coordination programs and for food/meals-only providing agencies were discussed. Standardization of program eligibility, screening tools, and evaluation tools was proposed, along with recommendations on staff training and linkage to other FNS programs.

Discussion followed, with the following points raised:

- Indicators of performance are needed (e.g., body mass index) and will depend on program design
- Options for program models should include food, meals and nutrition services at agencies that do not provide care coordination
- PSRA will examine the allocation for the category, but IOC is charged with revising the program model; other models should be examined
- What is the true need for the program, given restrictions on RW dollars as payer of last resort
- Some data is outdated (e.g., PCSM) or incomplete (CHAIN)
- The NY and National Associations of AIDS Nutrition Providers should be consulted for additional data

The following additional data was identified as needed to continue the discussion of revising the program model:

- client demographic data (including socio-economic information)
- consumer focus group results (including difference between priority rank and satisfaction)
- CAB survey data; service category score card (modeled on Baltimore planning tool) with data on funding, spending and contractual issues; provider input (e.g., client satisfaction surveys)
- aggregate program data (including how programs obtain food from other sources in addition to RW dollars).

III. Meeting Schedule

The Integration of Care Committee will meet on the 4th Tuesday of each month from 3-5pm. The next meeting is on March 24th, location TBD.

There being no further business, the meeting was adjourned.