



Meeting of the

HIV Health and Human Services Planning Council of New York

November 15, 2007

3:10-5:10 PM

LGBT Center, 208 W. 13th Street

MINUTES

Members Present: J. C. Park, MA, MPA (Governmental Co-chair), S. Elcock (Community Co-chair), S. Adams (for M. Brune), B. Backofen, E. Camhi, R. Canosa, A. Etienne, I. Feldman, I. Gamble-Cobb, F. Laraque, M.D., J. Irwin, V. Jarvis, M.D., G. Joseph (for T. Mack, M.D., M.P.H.), J. Leandry-Torres, J. Lehane, Ph.D. (for T. Petro), M. Lesieur, F. Machlica (for L. Fraser), D. Marder, M.D., G. Mercado, L. Freddy Molano, M.D., A. Perry, G. Philip, A. Quinones, L. Scaccabarozzi, S. Self, Ph.D., E. Viera, Jr.

Members Absent: A. Aviles, M.D., M. Bacon, L. Bishop, R. Bramble Weed, F. Carroll, H. Cruz, T. Faulkner, A. Hardman, R. Jackson, W. Okoroanyanwu, MD, D. Ng, A. Richardson, R. Spellman, E. Telzak, MD

Staff Present: *DOHMH:* D. Klotz, D. Wong, R. Molina, N. Rothschild, C. Murrill, Ph.D.; *MHRA:* R. Miller;
CHAIN: Angela Aidala, Ph.D.

Agenda Item #1: Meeting Opening/Minutes

Ms. Elcock opened the meeting.

Mr. Philip introduced the moment of silence.

Ms. Etienne reviewed the rules of respectful engagement.

The minutes of the October 18, 2007 meeting were approved with no changes.

Mr. Park reviewed the agenda and meeting packet.

Agenda Item #2: Public Comment, Part I

M. Gold: GMHC's legal services gave me critical assistance in an eviction case against me. They saved me from being evicted, which shows how important Ryan White legal services are.

Ms. Etienne: New York was well represented at the recent US Conference on AIDS recently. Dan Tietz gave a great presentation on the graying of HIV. I also ask that everyone send their blessings to Latino Commission on AIDS President Dennis DeLeon. Finally, we need more PLWHA to be part of this process. Please let your clients and peers know about this Saturday's PLWHA Advisory Group meeting. Also, all Planning Council members are invited.

D. Miller: World AIDS Day is coming up, as well as important meetings, like the Presidential Advisory Council on HIV/AIDS and the 17th Intl AIDS Conference. This Council should be informed of these so that we can influence them and be represented.

Ms. Miller: It should be noted that Ryan White legal services can not be used for housing issues. GMHC's services were provided through HOPWA funds provided by DOHMH.

Agenda Item #3: PLWHA Advisory Group (AG) Report

Ms. Etienne: The AG Policy Sub-committee discussed smoking and HIV and HASA for all. The Recruitment & Membership Sub-committee discussed recruiting youth to participate in the AG and inviting Council members to attend. Our committees are devising work plans and timelines and we discussed having meetings in different boroughs, so an agency that is open on Saturday would be welcome. There will be an educational component of every meeting, and a Spanish interpreter will be available. We can get other language interpreters if needed. Thanks to Mr. Park, Mr. Wong and Mr. Molina for their support. Also, congratulations to Felicia Carroll, who had a baby yesterday.

Agenda Item #4: Planning Council Committee Structure and Assignments

Mr. Park: After three years, we have reconstituted the Council's committees. We tried to get the best balance we could of demographics and skills, but we were limited to the applications we received. Ms. Etienne and David Miller have been elected co-chairs of the AG, Mr. Camhi is returning as chair of Priority Setting & Resource Allocation (PSRA), Ms. Gamble-Cobb has agreed to chair Integration of Care (IOC), Ms. Irwin has agreed to chair the Needs Assessment Committee, Ms. Carroll and Mr. Perry will co-chair the Consumers Committee (CC), Dr. Telzak has been elected to chair the Finance Committee (FC), Mr. Lesieur will chair the Policy Committee, and Dr. Okoroanyanwu and Mr. Ng will co-chair Rules & Membership (R&M).

The handout in the packet provides the list of members of the committees, a description of the roles and responsibilities of the committees as outlined in the Council's bylaws, and draft outlines of each committee's work plan. Committee meetings have already begun or are scheduled for this month and next month. We look forward to beginning the work of strengthening the system of care and meeting new challenges.

Agenda Item #5: CHAIN: Client Satisfaction Data

Dr. Aidala: The CHAIN researchers attempted to answer the following questions: Are PLWH in NYC and the Tri-county region satisfied or dissatisfied with their medical care? Are PLWH satisfied/dissatisfied with social services? Are there differences in satisfaction according to patient/client characteristics? What predicts satisfaction with care and services? What are the reasons for dissatisfaction?

We asked about satisfaction with primary HIV medical care provider as well as service settings, and asked about case management and services in ten different service areas. Overall, satisfaction with services has remained high in both NYC and Tri-county. At each interview period, CHAIN participants were generally more satisfied with health services than with social services (e.g., only 13% of clients were not satisfied with private doctor visits). Service areas with greatest dissatisfaction (defined as less than "very satisfied") are the same across interview periods, and in both NYC and Tri-county. There are few differences in areas of greatest dissatisfaction by patient characteristics. For example, Tri-county clients were more dissatisfied with community clinic-based medical services than in NYC. Complaints often centered around insensitivity or perceptions of incompetence. The medical service with the highest dissatisfaction rate was emergency room visits.

Among social services, dissatisfaction was highest with legal, housing and financial services (ranging from 30-40%). Dissatisfaction with providers does not differ by gender, age, race/ethnicity, foreign birthplace, education, income or risk exposure group. There was some correlation between dissatisfaction and lower mental health scores and current drug use. In Tri-county, there was much higher dissatisfaction with case managers in urban Westchester than other parts of the region.

The most common reasons for dissatisfaction with both medical providers and case managers refer to lack of provider concern, and poor interaction and communication. Other reasons direct attention to organizational features of service delivery as well as service outcomes. Response to patient/ client concerns is important since dissatisfaction is associated with lack of service use, dropping out of care, changing providers, and non-adherence to treatment.

Ms. Etienne: As a PLWHA, it takes time to develop a relationship with a primary care provider. PLWHA deserve the best services possible and we expect doctors and case managers to be knowledgeable. Agencies often do not hire appropriate staff who are committed to helping a diverse population of PLWHA. Also, now that we have this data, what do we do with it.

Dr. Aidala: The study confirms that clients often know more than their providers about HIV-specific issues.

Mr. Park: The appropriate committees need to review this data more closely and develop strategies for addressing the issues raised.

Mr. Camhi: It would help to know if the service provider is an HIV-specific one or a mainstream provider serving PLWHA. Also, data by payer would be helpful (e.g., Medicaid, SNP, mainstream managed care plan, etc.). Memorial Sloan-Kettering has done a study that answers some of these questions and could be helpful to us.

Dr. Laraque: More specifics about the types of providers would be helpful (e.g., is the hospital a designated AIDS center). Also, it is important to note that most clients are satisfied with their services, and while any dissatisfaction is a bad thing, we can address the specifics of that.

Ms. Irwin: Data broken down by geographic area would also be helpful.

Dr. Aidala (in response to a question from Ms. Quinones): The CHAIN cohort is a randomly selected, representative sample of PLWHA receiving services.

Agenda Item #6: Medical Monitoring Project

Dr. Murrill: The Medical Monitoring Project (MMP) is a multi-year, CDC-funded project with annual multi-stage probability samples of U.S. adults in medical care for HIV/AIDS. It collects data with matched interview and medical record abstraction on behaviors, clinical outcomes, type and quality of care received from a locally and nationally representative samples of HIV-infected adults in care. The main objective of MMP is to better understand the health-related needs of people living with HIV/AIDS. MMP's goals are to: provide local and national estimates of behaviors and clinical outcomes, describe health-related behaviors, determine accessibility and use of prevention and support services, increase knowledge of care and treatment provided, and examine variations of factors by geographic area and patient characteristics. The data will help estimate resource needs for treatment and services for HIV-infected persons and can provide data for the Council to use in resource allocation.

489 facilities providing HIV medical care in 26 states and cities are participating, with 1000 patients selected per sampling cycle. Data is being collected on demographics, access to health care, adherence, sexual behavior, drug use behavior, access to prevention services, health and well-being, insurance status, opportunistic illnesses, antiretroviral therapy, laboratory data, and substance abuse/mental health referrals to other facilities/services.

MMP data adheres to the same rigorous confidentiality and security requirements as core HIV/AIDS surveillance data and there is informed consent. There are national and local advisory bodies, and in NYC, the Council's Consumer Committee is the community advisory body. In NYC, 25 facilities are participating and data collection will begin next month.

Agenda Item #7: Federal Policy Update

Mr. Lesieur: The CDC's estimate of new cases per year nationally has been same for a decade (40,000), and they are about to issue a revised estimate, possibly up to 80,000. We do not know when they will announce it and if the

current number was incorrect all along. The new estimate will not be broken down by state or demographic group, but will be just one national number. The US Dept. of Health and Human Services is having a webcast tomorrow on broad HIV issues and there is some indication that the CDC might release the estimate there.

The health and human services appropriations bill was vetoed by President Bush because it was \$10 billion over his request. The House of Representatives is voting on an override, but that is expected to fail. They will need to renegotiate it with the White house, but Speaker Pelosi and Senate Majority Leader Reid said that they will come up with a large omnibus bill allowing for \$11 billion in non-defense spending to be cut. The same process is going on with the housing appropriation bill.

Agenda Item #8: Grantee Report

Dr. Lehane: Tri-county issued a re-RFP of case management, outpatient medical care and treatment adherence, all combined as Medical Case Management including Treatment Adherence. We received 13 proposals, which are being reviewed. The total amount requested in the proposals is \$2.3M and we have \$2M to distribute. We expect programs to begin March 1, 2008. We have also done service enhancements to housing, mental health and other services to keep under-spending low, using funds recouped from agency under-spending. We will do another enhancement in December with funds going to ADAP.

Agenda Item #9: Public Comment, Part II

J. Livigni: Medicaid is going to mandate enrolment in managed care plans, but there is no accountability for them.

D. Miller: Concerning the CHAIN data, it is important to know why there are medical providers without HIV-specific qualifications who are providing care to PLWHA, particularly in poor neighborhoods. The City does nothing to ensure continuing medical education credits for HIV medical providers.

M. Ducret: Some clients are not honest with their doctors (e.g., about substance use), and so those doctors are not responsive to those patients, particularly in large clinics, which may explain some client dissatisfaction.

Agenda Item #10: New Business

Ms. Etienne: Iris House is having a fundraising event, and also we are looking for holiday gifts for clients.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council December 20, 2007.

Jan Carl Park, MA, MPA
Governmental Co-chair