



## INTEGRATION OF CARE COMMITTEE

October 28, 2008

Latino Commission on AIDS, 24 West 25<sup>th</sup> Street  
3-5pm

### MINUTES

**Members Present:** Victor Benadava, John A. Eddie, Soraya Elcock, Elaine Greeley, Deborah Greene, MPH, Fabienne Laraque, MD, MPH, Kelsey Louie, Theresa Mack, M.D., M.P.H., Gonzalo Mercado, Katya Padron (for Vincent Jarvis, M.D.), Jan Carl Park, Dena Rakower, Jim Shields (for Lisa Zullig), Charles Shorter, Philomena Ude, M.D.

**NYC DOHMH Staff Present:** David Klotz, JoAnn Hilger, Nina Rothschild, DrPH, Anthony Santella, DrPH, Jessica Wahlstrom, MPH

**Materials Distributed:** The materials distributed included the agenda; the minutes from the previous IOC meeting on May 28, 2008 and the joint IOC/NAC meeting on July 15, 2008; a committee contact list; the Planning Council bylaws and org chart; a PowerPoint on the 2009-2012 Comprehensive Strategic Plan.

**Welcome and Introductions:** Mr. Park and Ms. Elcock welcomed everyone, followed by introductions. Mr. Park and Ms. Elcock explained that the Committee is meeting despite a delay in the appointment of new Council members by the Mayor's Office because of the need to proceed with the work of the Council. Mr. Klotz reviewed the contents of the meeting packet.

Mr. Park gave an overview of the role of the IOC: Regularly review and recommend ways to strengthen the system of care in the New York EMA; Ensure that planning is integrated and comprehensive; Describe services that will address needs identified by the Needs Assessment Committee, and that will ensure access to and maintenance in HIV-related primary care and supportive services; Coordinate with other CARE Act programs and non-Care AIDS/HIV services; Oversee the development of a comprehensive plan for the organization and delivery of HIV services.

Mr. Park explained the attendance requirements for members: failure to attend three consecutive meetings or 50% of the meetings in a 12-month period without a valid excuse (e.g., illness) shall be grounds for potential removal. He encouraged all members to select alternates to represent them at the meeting when they are unable to attend. Alternates should be from the same HRSA membership category (e.g., consumer, health care provider, etc.).

Mr. Park reviewed the Council's conflicts of interest guidelines, as described in the bylaws.

**2009-2012 Comprehensive Strategic Plan for HIV/AIDS Services.** Dr. Santella reviewed the 2009-12 Comprehensive Strategic Plan for HIV/AIDS Services, due to HRSA in January 2009. The plan includes strategies, goals and timelines for improving the Ryan White system of care in the EMA. Prevention, HOPWA and contract-specific data are not included. The plan supersedes the 2005-2008 plan, which is still available on the Council's website. HRSA issued guidance for the new plan in July, after which there was a joint IOC/Needs Assessment meeting to begin discussing draft goals and objectives. The HRSA guidance has a greater emphasis on quality management, oversight and accountability.

The focus of the plans is: availability and quality of all core and support services; reducing disparities; identifying people who know their HIV status but are not in care; incorporating clinical quality measures; addressing HIV treatment and care for those not in care; coordination of programs. The plan is divided into 4 major chapters: where we are now (mostly taken from the annual Part A grant application), where do we need to go (vision), how will we get there (goals, objectives and action steps) and how will be monitor our progress.

The Care, Treatment & Housing Program is responsible for drafting the plan in partnership with the Planning Council. IOC will work on the plan's vision, principles and goals/objectives, and the Needs Assessment Committee will work on the monitoring and evaluation plan. The Consumers Committee & Advisory Group will review it from a PLWHA perspective, and the Executive Committee and full Council will approve the whole document. The Tri-county Steering Committee & Westchester DOH are working on the development of the Tri-county portion of the plan. Other participants include the AIDS Institute, CHAIN, Public Health Solutions and writer Mike Isbell.

#### *Comments on Draft Vision and Guiding Principles*

- Move the phrase "and control of the HIV epidemic" from the 2<sup>nd</sup> guiding principle to the end of the vision
- Make the distinction between the vision and guiding principles clear
- Add a definitions page that includes the meaning of the word "socio-demographic" so that it is clear that it includes race/ethnicity, gender, age, etc.
- Leave out the word "disadvantaged", as it may have negative connotations
- Define "coaching" (active counseling – enabling a client to do for themselves) as well as other words new to the lexicon in the definitions page

#### *Comments on Draft Planning Principles*

- Clarify "evidence-based" so that it means not just strategies based on current evidence, but also creating new evidence by monitoring and evaluating new potentially innovative strategies
- Change "consumers and clients" to "PLWHA"

#### *Comments on Draft Goals and Objectives*

- Goal 1: delete the word “enhanced”, as this might imply a commitment to increased funding for testing and outreach activities
- Objective 2A: entry into care within 4 months is consistent with data reported to HRSA
- Objective 2B: Define “gaps” in care
- Objective 3A: Literature shows that 95% adherence is the threshold for virological suppression and preventing drug resistance
- Objective 3D: Although this objective is meant to measure how clients are stabilized through medical case management, the measures of hospital admissions and ED visits should be separated
- Goal 4: Race/ethnicity are indicators in all of the disparity-related objectives
- Objective 5A: Quality measures apply to all services (including support services), but it can be added to other goals to make quality of care more prominent throughout (although it must be something that can be measured). Quality should be specifically built into Goal 2

There was discussion on whether or not the Plan will guide priority setting and allocation decisions. The consensus is that the Plan is the basis for future planning decisions, but that it is flexible and can respond to changes in the epidemic and environment.

It was noted that baseline data will be needed for the first year, and so the time horizons for implementing the objectives will be in 2010 or later. Also, people should keep in mind that the goals are population-based, not individualized.

Measures and indicators for monitoring progress in implementing the goals and objectives will be brought to the Committee at the next meeting.

**New Business.** Mr. Park reported that HOPWA-funded outreach and early intervention contracts that target street youth and SRO residents will be losing their funding, and that Ryan White can pick up the costs of these programs, starting in July 2009. IOC will provide input for a potential RFP for these services at a future meeting.

**Minutes.** The minutes of the May 28<sup>th</sup> and July 15<sup>th</sup> meeting were approved.

**Next Meeting:** The Integration of Care Committee will meet again on November 25th from 3:00-5:00 at 220 Church St., room 1601.