



Meeting Minutes
INTEGRATION OF CARE COMMITTEE
Damian Bird and Charles Shorter, Co-Chairs

April 8, 2011
Cicatelli Associates
505 Eighth Avenue at 35th Street
10:00 am – 12:00 pm

Members Present: Damian Bird, Rosemary Cabrera, Nancy Cataldi, Jose Colon-Berdecia, Deborah Greene, Ricki Mann, Carline Numa, Jan Carl Park, Charles Shorter, Kimberleigh Smith, Brenda Starks-Ross

Members Absent: Brent Backofen, Victor Benadava, Christopher Cunningham, John Anthony Eddie, Joan Edwards, Janet Goldberg, Sarah Gonzalez, Steven Gordon, Elaine Greeley, Terry Hamilton, Tracy Hatton, Peter Laqueur, Fabienne Laraque, MD, MPH, Julie Lehane, PhD, Kelsey Louie, Jun Matsuyoshi, Gonzalo Mercado, Steven Varnadore, Lisa Zullig,

NYC DOHMH Staff Present: Linda Fraser, Yoran Grant, PhD, Marybec Griffin-Tomas, Rafael Molina, Nina Rothschild, DrPH, Ellenie Tuazon

Public Health Solutions Staff Present: Bettina Carroll

Others Present: Mallory Marcus, Columbia Sierra

Material Distributed:

- Agenda
- Minutes from the March 11, 2011 Meeting
- Presentation by Yoran Grant, PhD, on the 2009 Comprehensive Strategic Plan Annual Analysis
- Ryan White Planning Council Application
- April Planning Council Month at a Glance
- April Planning Council Calendar

Welcome/Introductions/Moment of Silence/Review of the Minutes/Review of the Meeting Packet: Damian Bird and Charles Shorter

welcomed meeting participants. Members observed a moment of silence. Participants reviewed the minutes from the March meeting, requested one change, and passed them by consensus. Nina Rothschild reviewed the contents of the meeting packet.

HRSA Site Visit: Jan Park informed Committee members about the recent site visit from HRSA. Participants discussed the Memorandum of Understanding (MOU) -- the agreement between the Planning Council and the Grantee about the assignment of duties -- and a number of changes proposed by HRSA including the extension of terms on the Planning Council from two to three years to take advantage of members' expertise and the elimination of alternates. The Planning Council's Rules and Membership Committee is reviewing the proposed changes and will send a package to the Executive Committee next week. Also under discussion is the withdrawal of financial support for the PLWHA Advisory Group and the beefing up of the Consumer Committee. The MOU will come back to the Planning Council within a month and will include a discussion about the legislative authority of the Council and will identify timelines and more clearly specify the parties responsible for various assignments. Council members have the final say in Planning Council products and need to stop up and take ownership.

Brenda Starks-Ross asked how the PWA Advisory Group (AG) would react to losing its voice. Jan Park noted that he was the first AG staffer in 1994 but that the group has become personality-driven and that we have other options for consumer input such as the CHAIN study, focus groups, the standing Consumer Committee, and the Planning Council itself (40% of members are HIV-positive).

2009 Comprehensive Strategic Plan Annual Analyses: Mr. Park noted that one function of the Planning Council is to develop a comprehensive strategic plan that is very clear and direct and sets reasonable milestones. He noted that we have compared our goals with the National HIV/AIDS Strategy (NHAS) and have found that we meet or exceed the NHAS goals. Today, Dr. Yoran Grant of the Research and Evaluation Unit in the Care, Treatment, and Housing Program will present data to show members how well we are meeting the strategic plan goals.

Dr. Grant stated that the analysis of the extent to which we are meeting the goals articulated in the Comprehensive Strategic Plan uses data from several sources including:

- contractually required material from contractors (AIRS and electronic medical record data)
- HARS data from NYC DOHMH
- rapid testing data from HIV prevention programs

- CHAIN
- The Medical Monitoring Project (a collaboration between DOHMH and CDC).

Dr. Grant provided the following descriptive statistics about the demographics of Ryan White clients:

- In 2009, 26,578 HIV+ Ryan White clients were served.
- 63% were male
- 47% were Black
- 38% were Hispanic
- 9% were white, non-Hispanic (a smaller proportion than the percentage of HIV-infected white, non-Hispanic MSM in the City as a whole because Ryan White tends to draw on a lower socioeconomic status demographic)
- A higher concentration of Ryan White clients lives in the Bronx compared with the percentage of Citywide HIV-infected individuals living in the Bronx
- 50% of the sample is between 30-49 years of age

Dr. Grant also addressed several of the goals and objectives articulated in the comprehensive plan for HIV/AIDS services:

- Goal 1 called for increasing the number of individuals who are aware of their HIV status. Objective #1A calls for increasing the number of individuals who receive rapid tests. Using RW funds, a total of 60,132 individuals were tested. Citywide, a total of 291,804 rapid tests were administered, but the Citywide numbers are not de-duplicated, whereas the RW numbers are de-duplicated. Of the 60,132 individuals tested with RW funds, 1.2% had a preliminary positive result.
- Objective #1B called for reducing the number of concurrent HIV/AIDS diagnoses (i.e., the number of AIDS diagnoses within 90 days of an HIV test). In 2008, 24% of Ryan White individuals had a concurrent HIV/AIDS diagnosis. In 2009, only 17% had a concurrent diagnosis – but this difference is not statistically significant.
- Objective #4A called for reducing the disparities in the number of individuals with delayed HIV diagnosis. 17% of Ryan White clients had a delayed diagnosis, and 19% of female RW clients had a delayed diagnosis. This delay may occur because women may not consider themselves to be at risk for HIV infection and may not seek out testing.
- Goal 2 called for promoting early entry into and retention in care. Objective #2A focuses on prompt linkage to care. The focus here is on the newly diagnosed – looking at what proportion is linked to care within 90 days but removing concurrent diagnoses because we don't know whether their linkage was because of Ryan White-funded linkage

efforts or because these patients were really sick. In 2008, 31% of Ryan White clients were linked within 90 days, and in 2009, 43% of RW clients were linked within 90 days. This increase is significant. The new data system known as e-SHARE, initially rolled out to medical case management providers and ultimately to be extended to all RW-funded providers and to providers funded through the HIV Prevention Program, will allow us to match our data with Citywide data.

- Objective #4B called for reducing disparities in linkage to care. The data show that persons under 30 years of age are doing well, possibly because they are more energetic and mobile, have fewer co-morbidities, and may be better able to navigate the health care system -- but we have a ways to go for the larger pool of RW clients.
- Objective #2B concerns retention in care. In 2008, 66% of our clients had a gap greater than 4 months in their care, but we are getting better at capturing these clients before they go for 6 months without care. Persons under age 30 are, again, less likely to have a gap in care.
- Objective #2C called for reducing emergency room visits. Unfortunately, we cannot currently track whether ER visits and hospitalizations were or were not HIV-related, but we will be able to track emergency department visits when e-SHARE is fully rolled out.
- Goal #3 calls for promoting optimal management of HIV infection, including adherence to anti-retroviral therapy. CHAIN clients were significantly more adherent in 2009 than in 2008.
- Objective #3B calls for improving viral suppression. We are interested in determining the proportion of clients who can either start and remain undetectable or improve from detectable to undetectable. Among Ryan White clients, there was no significant change in the proportion with viral suppression from 2008 to 2009, although the increase for Citywide clients was significant. Reducing community viral load is an overall goal for HIV prevention, but there is no set threshold at which transmission is expected to drop.
- Objective #3C relates to immunological health. From 2008 to 2009, we saw a significant increase from 70% to 75% in the percentage of individuals with improved immunologic function.
- Objective #3D calls for reducing the number of hospitalizations. The changes from 2008 to 2009 were not statistically significant.
- Goal #5 calls for an evaluation of the cost effectiveness of Ryan White services. The plan was developed by a team from Downstate and may be implemented with CHAIN data or eSHARE data.

Dr. Grant also noted a few caveats about the data. For example, we only track linkage within our programs. If a client is tested using RW funds but is linked to care by a non-RW Part A provider, we wouldn't know about it. With performance-based contracting, however, contractors will not be paid if they do not document linkage – so they will have more of an incentive to ensure

linkage. Even with the flaws within our system, however, we did see improvement in linkage. Overall, Dr. Grant noted, while there is room for improvement, we are doing better than we were previously.

Next Steps: Mr. Park discussed the Committee's next steps. We are about to begin a vigorous examination of mental health services. We will review the professional literature to derive best practices and develop a new service model. We will identify some experts who can address mental health and HIV issues and will talk with programs that we currently fund to find what works and what doesn't work. We want to bring the Committee into this process – this is Committee members' opportunity to own this work. We should be close to a new services directive by the summer.

Public Comment: No members of the public commented.

Adjournment: The meeting was adjourned.