



INTEGRATION OF CARE COMMITTEE

November 10, 2004
9:40-11:00am
GMHC, 119 W. 24th Street

MINUTES

Members Attending: J. Grimaldi, MD (Co-chair), D. Ng (Co-chair), P. Avitabile, R. Canosa, S. Elcock, M. Gbur, MD, C. Kazanas, L. Morrison, R. Quattrochi, S. Caba (ex-officio), R. Ferreira (ex-officio), J. M. Garcia Orduna (ex-officio), R. Ortiz (ex-officio)

Staff Present: *OAPC:* D. Klotz, G. Moon, I. Gonzalez, S. Bailous; *DOHMH:* J. Hilger; *MHRA:* R. Rasmussen

I. Committee Roles and Responsibilities

Following introductions, Dr. Grimaldi and Mr. Ng reviewed the Council's new structure and the Committee's roles and responsibilities, as described in the report from HRSA consultant Emily McKay in her committee orientation report. The structure attempts to make the planning process more responsive to CARE Act and HRSA mandates, and to make the EMA's application for Title I funds more competitive.

One of the principal tasks for the Committee is to develop criteria for its two sub-committees – Access to Care (ATC) and Maintenance in Care (MIC) – for their planning. The Committee reviewed criteria developed by the Planning and Evaluation Committee for last year's process. In light of last year's thorough review of the entire Title I service portfolio, the Planning Council voted last month to adopt a three year planning cycle for priority setting. This will allow the new structure to spend time on development of the three-year comprehensive strategic plan and to do some foundational work, looking at the overall system of care. [Note: HRSA still requires that ranking of priorities and resource allocations be revisited every year, which will be done by the Priority Setting and Resource Allocation Committee with input from Integration of Care.]

The other principal task for this Committee is to develop a new framework for conceptualizing the ideal HIV service system and how Title I fits into that. This means creating a successor to the current "bubble diagram", developed in 1996 and still in effect, which provides a conceptual framework for the delivery of Title I services. The Committee reviewed that, as well as conceptual frameworks for HIV service delivery developed by the Council for a 1995 strategic plan, and by the CHAIN researchers in the 2004 Needs Assessment Update.

The co-chairs stressed that this year is a pilot for the new structure and that it will involve much brainstorming and experimentation. Members discussed some ideas related to the Committee's task, such as annotating the model to identify funding sources of individual services, comprehensive mapping of services, and obtaining sample models from other EMAs.

The chairs of the Council's committees will meet in two days with HRSA consultant Emily McKay to further develop the tasks and timeline for the planning cycle. The results of the session will be reported back to this Committee.

II. Timeline for Planning

Mr. Klotz reviewed the draft timeline for planning, which will be revised in light of the Planning Council's decision to move to a three-year planning cycle for priority setting. The first tasks of the Committee – development of the charge to ATC and MIC and development of the conceptual model will take place over the next two months. These products will be presented to the other committees at the first Data Day, tentatively scheduled for Friday, January 21, 2005.

The decision not to review the portfolio of individual service categories each year will allow the committees to take their time looking at the underlying system of care. However, the committees will still be able to change existing priorities or develop new ones to address emerging needs as needed. The Needs Assessment Committee will be instrumental in helping to identify emerging trends and fleshing out the identification of the population not in care. There was some discussion in the Committee about getting data from DOHMH on AIDS deaths due to causes such as heart disease that may not be reported as AIDS-related but are due to underlying HIV infection as well as other data needs (e.g., populations not in care, health care literacy).

III. Needs Assessment Update/Strategic Plan

Ms. Moon described the Update to the Needs Assessment, which synthesizes data obtained since the publication of the initial needs assessment (2002) until July 2004. She then reviewed the updated Monitoring and Evaluation report to the 2002-5 Strategic Plan, which describes the EMA's progress in meeting the goals of the service system as a whole. A new strategic plan for 2005-8 will be developed this year (it is required by HRSA and must be submitted by April 2005). A timeline for the tasks related to this is in development.

The Committee decided that the members, as a homework assignment before the next meeting, would do some brainstorming and come to the next meeting with ideas about the model of care, barriers to care and criteria for ATC and MIC. There was some discussion about the need to look at other planning documents, such as the HOPWA Consolidated Plan and CDC's Healthy People 2010.

IV. Other Business

Information regarding the flu vaccine shortage was distributed. The next meeting will be held on Wednesday, December 8th, 9:30-11:30am at GMHC.