



Meeting of the

HIV Health and Human Services Planning Council of New York

June 17, 2010

3:10-5:00 PM

LGBT Center, 208 West 13th Street

MINUTES

Members Present: J. C. Park (Governmental Co-chair), C. Shorter (Community Co-chair), S. Hemraj (Finance Officer), S. Adams, V. Benadava, D. Bird, S. Cahill, Ph.D., M. Brooks (for M. Bacon), F. Carroll, N. Cataldi, K. Clemons, G. DeYoung, J. A. Eddie, J. Edwards, A. Gabor (for T. Hamilton), M. Gilborn, J. Gonzalez, S. Gordon, L. Grugett (for D. Rakower), A. Gutkovich (for D. Marder, M.D.), A. Hardman, D. Henley (for M. Hunt), L. Hildebrand, DSW, J. Hilger, (for F. Laraque, M.D, M.P.H.), K. Kaiman, P. Laqueur (for I. Feldman), J. Lehane, Ph.D. (for T. Petro), M. Lesieur, F. Machlica (for L. Fraser), H. Mateo, G. Mercado, L. Freddy Molano, M.D., Pastor J. Payne, G. Philip, M. Piñón, A. Vergara, E. Viera, Jr., D. Walters

Members Absent: B. Backofen, A. Cohall, M.D., M. Irizarry D. Marcano, D. Ng, S. Wayne

Staff Present: *DOHMH:* D. Klotz, D. Wong, N. Rothschild, R. Molina, G. Harriman, T. Wilder; *Public Health Solutions:* G. Kaloo

Guests: M. Gusmano, Ph.D., *Hastings Center;* H. Berliner, Ph.D., *SUNY Downstate*

Agenda Item #1: Welcome/Introductions/Minutes

Mr. Park and *Mr. Shorter* opened the meeting, introducing new Council members José Gonzalez and Steve Gordon, who were appointed to fill mid-term vacancies, followed by member introductions.

Mr. Mercado led the moment of silence. *Mr. Vieira* read the rules of respectful engagement. *Mr. Park* reviewed the meeting packet.

The minutes of the May 20, 2010 meeting were approved with one change from *Mr. Shorter*. *Mr. Shorter* announced that, due to new work commitments, he will not be able to continue as community co-chair in the next Council term, thanking the Council for a rewarding experience as co-chair.

Agenda Item #2: Public Comment, Part I

M. Gold: It is important to keep in mind people, like myself, who have AIDS, not just HIV or who have more advanced illness and need additional services. Also, Ryan White does not pay for wheelchairs or scooters, and disabled PLWHA are having problems with agencies that provide them and need assistance.

D. Walker: I have been an advocate for years, but when I lost my job, I could not get case management or HASA services. The system encourages people to not take their medications in order to get sick enough to qualify for services.

Agenda Item #3: Methodology for Economic Analysis of Part A Programs

Mr. Park stated that the Council has identified the need for an economic analysis of services in its strategic plan. Given that we do not know what Ryan White will look like after health care reform is implemented, data on the cost effectiveness of services will help us plan for the future. *Mr. Park* introduced *Dr. Gusmano* and *Dr. Berliner*, consultants hired by DOHMH through administrative funds to develop a methodology to conduct an economic analysis of Ryan White Part A services. *Dr. Gusmano* investigates health care equity around the world and is widely published in health policy and other areas. *Dr. Berliner* is a professor of health policy and management at SUNY Downstate School of Public Health. *Dr. Gusmano* presented the following on the project:

- The project goal is to develop a methodology that will allow DOHMH and the Planning Council to identify Ryan White Part A base and MAI services that provide the greatest net benefit for their clientele.
- The project reviewed and synthesized previous evaluations of Ryan White Part A Services; Conducted focus groups with contractors; and Developed recommendations for methodologies that can be used to complete an economic evaluation of the program.
- The goals of an economic evaluation are: Calculate “return on investment”; Assess whether public spending is worth the investment; Track the efficiency of service delivery over time; and Understand the costs associated with inequalities in access.
- Information is needed to conduct an economic evaluation to identify and measure the benefits associated with: early entry into and continuity of HIV care; optimal management of HIV infection; improved health outcomes among PLWHA; reduction of transmission risk; reduction of HIV/AIDS health disparities.
- Information is available regarding spending on each service category and change over time, but information about the benefits associated with each Ryan White Part A service is limited.
- The AIDS Institute Reporting System (AIRS) provides data on patient demographics (e.g., age, gender, race/ethnicity, etc.), various outcomes (viral load...etc.) that are identified in the Comprehensive Strategic Plan; services received by clients; and where and when they received these services, but was not designed for outcome-focused evaluation.
- CHAIN provides even more data (demographics; access, utilization and satisfaction with health and social services; use of antiretroviral therapies, specific medical care services, and viral load and CD4 levels and more), but does not restrict the survey to Ryan White clients.
- Recommendations for the use of existing data include: 1) Use AIRS and (soon) the eSHARE data system to track the cost per person associated with each Ryan White Part A service over time; Use CHAIN and outcome data to estimate the impact of Ryan White Part A services on Quality Adjusted Life Years (QALY); and Conduct a cost-utility analysis to assess the cost per QALY associated with Ryan White Part A services.
- Once the administrative data system is able to track unique clients over time and identify all of the services they receive, DOHMH should: replicate the QALY analysis proposed using the CHAIN survey; Generate updated and more accurate estimates of the benefits associated with Ryan White Part A services; and Update the cost-utility analysis proposed above.

A summary of the ensuing discussion follows:

- QALY tries to account for how healthy added years are (i.e., maximizing health and quality of life, not just added years). This measure was not created for HIV specifically, but has been used for it. Data may not capture quality of life perfectly, but will control and adjust for factors like age and other chronic diseases.
- DOHMH cost data will be used to derive spending information. The methodology will try to tease out as best as possible if clients are getting care from Medicaid or other sources.
- Cost-effectiveness does not necessarily correlate with need for services. For example, expensive to provide services (e.g., home care) might be needed for people with very advanced disease. Providing this kind of service will also depend on the values and goals that the Council considers important.

- The methodology may include review of HIVQual and Quality Management data, but does not make any conclusions concerning the quality of specific programs because the data does not allow for that. That would require a different methodology that this study was not asked to evaluate.
- DOHMH has yet not begun to use the methodology to analyze any data. This will be done after a consultant is hired to conduct the analysis.
- There needs to be sensitivity to the limits of what the data can provide, such as the interaction among services (e.g., how housing impacts maintenance in care).
- There is concern that the data can be interpreted to say that certain services should not be provided because they are too expensive. The data should be used to see how services can be provided most effectively and efficiently. Also, if the analysis shows that services are cost-effective, that could be an argument for investing more in that service. Again, values play a part in decisions to fund particular services.
- In order to provide a complete analysis of medical and social services, there would need to be a way to capture with a unique identifier the services that clients receive in different locations.

Agenda Item #4: Committee & Grantee Updates

Mr. Hemraj reported that the Finance Committee met last week to review the FY 2009 base close-out report. Under-spending for FY 2009 was a negligible \$2,371, almost 0%. The record low underspending for FY 2009 marks a significant milestone for the NY EMA since it was the first time in the EMA history of receiving Ryan White funds has it spent the entire award. A majority of the reprogrammed funds went to local community-based programs to provide more services, rather than state-run programs, meaning that programs were, for the most part, performing above initial projections. This is due to the fact that performance-based programs are now mature and are being paid to serve clients. Mr. Hemraj thanked the staff of DOHMH and Public Health Solutions for their excellent work. Credit also goes to the Council's efficient passing of early reprogramming plans, which has helped the grantee and master contractor spend the grant award. If this pattern continues, there will be less money for reprogramming in the future, particularly for the ADAP pools. MAI spending is generally on track. Because of the overlap in funding for the five month period March 2010 – July 2010 due to the synchronization of the FY 2009 and 2010 awards, contract commitments were divided between the two grants to maximize the awards. There was a total of \$275,615 in uncommitted funds, mostly from underspending for programs that ended November 30, 2009, and several EIS contracts that were negotiated for less. Most of the uncommitted funds will go to cover \$219,200 overspent in the Medical Case Management as of February 2010. *Ms. Hilger* said that 100% of the MAI award is expected to be spent.

Ms. Carroll reported that the PLWHA Advisory Group (AG) met last evening. Ms. Gilborn presented on the FY 2010 spending plan, which the AG understood perfectly, thanks to Ms. Gilborn's presentation. She also thanked Mr. Vergara and Mr. Shorter for attending AG meetings, and thanked the Council staff for their support. Finally, the AG is having its picnic on July 10th in Central Park; everyone is invited, along with family and friends.

Mr. Lesieur reported that the Policy Committee approved a letter to the HRSA administrator regarding the Ryan White housing policy, which had been a 24 month cumulative lifetime cap. That policy was suspended for future revision. The unsolicited letter asks for as much flexibility at the local level as possible in creating a housing policy. A motion to send letter was made, seconded and approved. Mr. Lesieur also reported that the Committee will discuss the end of the exemption for Medicaid-eligible PLWHA for enrolment in managed care.

Dr. Hildebrand reported that the Needs Assessment Committee has refined its recommendations on AOD populations for the Integration of Care Committee (IOC), and will next return to considering immigrants.

Mr. Bird reported that IOC is continuing its discussion on the revised guidance for Harm Reduction programs. At the last IOC meeting, there were presentations from several current programs on issues they face serving this population.

Mr. Benadava reported that the Consumer Committee met yesterday and discussed the letter sent recently by Public Health Solutions to all contractors to find out who their CAB liaison is, in order to begin learning how they are functioning.

Ms. Gilborn reported that the Priority Setting & Resource Allocation Committee (PSRA) met last week to begin planning for the preliminary FY 2011 application spending plan. PSRA will decide whether the priority setting and ranking tool needs to be updated.

Ms. Walters reported that the Rules & Membership Committee is interviewing candidates for new appointments and will present a slate to the Executive Committee next month.

Ms. Hilger introduced Graham Harriman, a new member of the DOHMH Care, Treatment & Housing staff. She reported that DOHMH has met with Public Health Solutions on implementation of the FY 2010 spending plan. It is expected that it will take through September to change all the contracts, but it will be retroactive to beginning of the fiscal year. Also, additional Care Coordination contracts will begin as of August 1st.

Dr. Lehane reported that the Tri-county (TC) consumer advocacy group is having their picnic on Saturday. Also, the State is giving the TC Early Intervention Services programs training on social networking strategies for help improve the programs' ability to find HIV-positive people.

Agenda Item #5: Public Comment, Part II

J. Perez: There is a need for more housing and youth services. Also, agencies need training on providing services for transgender people.

Mr. Clemmons reported a concern with the release of his medical records and his inability to rectify the situation. Mr. Park said that staff will assist in the matter.

There being no further business, the meeting was adjourned.

Minutes approved by the HIV Planning Council on July 29, 2010



Jan Carl Park, MPA
Governmental Co-chair