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County Executive

Department of Health

Joshua Lipsman, M.D., M.P.H.
Commissioner

**TRI-COUNTY RYAN WHITE HATMA
PART A STEERING COMMITTEE MEETING
Wednesday, September 10, 2008
Nyack Hospital**

APPROVED MINUTES

Members Present: T. Aliotta, D. Anderson (for K. Scott), C. Archbald MD, C. Ardizzone (for B. Ilardi), B. Bennet, B. Bento-Fleming, C. Brazil, L. Butler (for R. Schiffrin), C. Carroll, M. Cubria, M. Donoghue, H. Jones, R. Maher, M. Mahoney, R. Meyer, R. Nathan, A. Otisi, J. Park, J. Ruiz-Perez, H. Sherwin, A. Shurin, S. Sullam, and G. Yarn

Members Absent: V. Alvarez, M. Bannister, L. Beal, C. Burwell, D. Capasso, D. Garcia-Egan, H. Fitzgerald, S. Havelka, D. Kittell, R. Leandre, S. Levine MD, M. Littles, J. McGovern, A. Paige-Bowman, S. Pemberton, M. Piazza, S. Riordan, D. Scholar, K. Slade, and M. Velazquez

Guests Present: M. Amatulle (Part B Network), P. Dominique (HACSO), L. Jacobs (FSW), and P. Messeri (CHAIN)

Staff Present: F. Avellanet, L. Hakim, J. Lehane, and T. Petro

I. Approval of July 9, 2008 Steering Committee Minutes

A motion (C. Carroll, R. Maher) to approve the minutes of the July 9th meeting as presented passed unanimously.

II. Announcements

- As a result of a re-bid, the NYS AIDS Institute established six new Clinical Education Initiative (CEI) centers to provide education and training throughout the state. The centers cover: 1) HIV educational resources and referrals; 2) on-line HIV clinical education/technology; 3) post-exposure prophylaxis, HIV testing and diagnosis; 4) mental health; 5) prevention and substance use; and 6) clinical education for upstate providers. For general information about the CEI, visit www.hivguidelines.org or call 518-473-8815.
- On Friday, November 14, 2008 St. Vincent Hospital and Montefiore Medical Center's Clinical Education Initiative, in collaboration with Westchester County Department of Health, is sponsoring a day-long training, "Improving your Clinical Service." This training is offered to clinical staff working in medical facilities and will focus on new strategies for making HIV testing routine, identifying and treating acute HIV infection, and implementing post-exposure prophylaxis. Breakfast and lunch will be provided and CME credits are offered free-of-charge. Register online at www.ceitraining.org/hivconference/.

- Greyston Health Services' Maitri Adult Day Program is hosting an Open House on September 25. Providers and consumers are invited to take a tour of the program and facilities, ask questions, and have lunch. This will be the last official event organized by Charlie Carroll as he will be leaving Greyston at the end of the month to assume responsibilities in his new position at Harlem United in NYC.
- ARCS has moved its Rockland office to 86 Route 59 East, P.O. Box 416, Spring Valley, 10977. (Phone: 845-356-0570)

III. CHAIN Reports (P. Messeri, Ph.D., Columbia University)

Dr. Messeri presented the following findings of two PLWHA satisfaction surveys, the data for which was drawn from interviews conducted with CHAIN participants in NYC and the Tri-County region (TCR) between 2002 and 2007:

Satisfaction and Dissatisfaction with Medical Services and Primary Medical Provider

1. The overwhelming majority of participants reported high rates of satisfaction with their primary HIV medical provider.
2. At each wave of interviews, in both NYC and TCR, the highest levels of dissatisfaction with medical services are associated with emergency room visits and inpatient hospital stay.
3. Satisfaction and/or dissatisfaction with primary medical care was not associated with patient sociodemographic characteristics (gender, age, race/ethnicity, education, income), risk exposure group, or current health status as indicated by CD4 count. In the TCR, the area of residence was associated with dissatisfaction with medical care, with greater dissatisfaction seen in residents of suburban Westchester and Putnam County.
4. The quality of the patient-provider relationship was the primary factor determining satisfaction or dissatisfaction with a medical provider. Patients who perceived that their physician spends enough time with them, understands them, and shows interest and concern for their well-being were most likely to be completely satisfied with their medical care.
5. Satisfaction or dissatisfaction with medical provider was also related to organizational features of medical care systems. Patients were more satisfied with comprehensive primary care (coordinated, accessible for emergencies, meets clinical practice standards, and does not require long waits to see a provider). Limited ability to choose a medical provider was also associated with greater dissatisfaction.

Satisfaction and Dissatisfaction with Case Management and Social Services

1. CHAIN study participants across all four waves of data collection, regardless of their background characteristics, tend to be less satisfied with the social service system than with medical care.
2. The overwhelming majority of participants reported high rates of satisfaction with their case manager. For all interview periods, in both NYC and TCR, between 68% and 75% were "very satisfied" with their case manager.
3. Housing and assistance with financial needs elicit the most consistently high levels of dissatisfaction from study participants among all social service areas examined. Dissatisfaction with housing and financial assistance was lower among TCR residents at the most recent interview period.
4. Satisfaction or dissatisfaction with their case manager shows few differences with client characteristics. In TCR there seems to be greater dissatisfaction among residents of suburban Westchester and Putnam County compared to those in urban Westchester or Rockland County. The same geographic pattern of dissatisfaction was seen in the evaluations of HIV primary medical care provider.

5. Satisfaction with social services was related to both the process of getting assistance (the steps involved, treatment by providers, etc.), as well as to the outcome of one's attempt to get assistance, whether or not problems got solved.

IV. Update Reports

Living Together (G. Yarn)

- The annual Living Together (LT) picnic was held on Saturday, September 6th at FDR Park in Yorktown. Though there was a hurricane predicted and rain did arrive late in the afternoon, more than 60 people attended and enjoyed good food, a beautiful setting, and a wonderful time with friends and family.
- The next LT meeting to be held in October has not yet been scheduled.

HATMA Part B (B. Bennet)

- Michelle Amatulle has recently joined the staff of the Part B Network and will be working as assistant to Barbara Bennet. Michelle can be reached at mamatulle@arcs.org or 914-785-8274.
- On September 17th the NYS AIDS Institute will be hosting a "Listening Forum" in Fishkill. Humberto Cruz, Director of the AIDS Institute, will be meeting with consumers and providers from the Hudson Valley region to hear about local service needs and gaps and other issues that PLWHA are currently facing.
- On September 23rd the Part B Network will host an orientation for its "Consumer Involvement Committee" at 280 Broadway in Newburgh.
- On September 26th the Part B Network "Executive Committee" will meet at the Thayer Hotel in West Point.
- On October 7th the Part B Network "Care Coordination Committee" will hold its first meeting. This committee of consumers and providers will identify resources to facilitate the continuum of care and facilitate the system of services in the seven Hudson Valley counties. For more information contact Barbara Bennet at bbennet@arcs.org or 914-785-8275.
- On October 24th the Part B Network will host the first "General Membership" meeting at the Fishkill Holiday Inn. The agenda will include discussion of recent changes to Medicaid funding and Managed Care as well as a review of NYS budget cuts and the effect on HIV services in the Hudson Valley. Lunch will be served. For more information contact Barbara Bennet at bbennet@arcs.org or 914-785-8275.

Revised HIV Infection Rate (T. Petro)

The Centers for Disease Prevention and Control (CDC) recently announced a revised methodology for measuring the rate of new HIV infections in the U.S. For many years the CDC has been citing 40,000 as the estimate for new HIV diagnoses each year. CDC's new methodology takes several new factors into account, including innovative testing technology which identifies older infections from newer ones. The revised national rate is 56,300 new HIV infections per year (calculated as of 2006), but does not represent an actual increase in HIV infections, but rather a more accurate estimate. NYSDOH is using the same methodology to calculate the rate of HIV infection for the state and should release that number soon. (The method is not applicable at the county level.) It should also be noted that the revised rate is not related to the number of people estimated to be infected but who do not know their status.

That CDC estimate remains at 25% of the total number of all people living with HIV disease in the U.S. (In October the CDC subsequently lowered the infected, but unaware percent to 21% based on new research.)

V. Part A Updates/Issues (T. Petro)

Year 18 (3/1/08 – 2/28/09) Base Program Enhancements

A spreadsheet of the updated Year 18 budget which included funding added to the food (\$32,451), housing (\$12,000), and transportation (\$53,000) categories – as approved by the Steering Committee in July – was distributed. Contracts are in the process of being amended to allocate the remaining \$97,451 in unallocated Year 18 award funds (temporarily parked in the ADAP line) across these three categories. (It was noted that the spreadsheet needed to be revised to remove the \$97,451 figure mistakenly left in the ADAP line after having been distributed to the other categories.)

Enhancing Legal Services

As discussed at the July meeting, additional funding is anticipated to be available in September as a result of the first round of contract budget modifications in which some providers will be reducing their budgets because of accruals (savings) largely attributable to staff vacancies. Today the WCDH requested, and the Steering Committee approved, re-allocating up to \$22,000 of those funds to the legal services category to support a program whose budget has historically been the lowest of any Part A provider. Since the contract was first initiated with the provider in the 1990s, Ryan White has reimbursed for personnel services (PS) only, i.e., for staff and fringe benefits, and the agency has been providing all related other than personnel services (OTPS) items in-kind. Like the other contractors whose programs will be enhanced, a revised increased scope of services will be a requirement for receipt of the funds. (It was noted that the legal services category had also been enhanced last year.)

2009 – 2012 Comprehensive Strategic Plan

All Part A EMAs (Eligible Metropolitan Areas) are required to submit a long-range comprehensive strategic plan to HRSA (Health Resources Services Administration) by January 2009. NYC has again taken the lead in developing our next three-year plan. (Previous plans were submitted for 2003-2005 and 2006-2008) A draft list of five goals, each with its own measurable objectives, was distributed for Steering Committee review. The Committee was asked to submit comments to WCDH to incorporate into the discussion with NYCDOHMH and the HIV Planning Council. (Subsequently, WCDH staff submitted numerous suggested edits and comments to the City.) Other chapters in the plan being drafted for review include an overview of the epidemic and the current state of service provision in the EMA, a long-term vision statement and planning principles, and how to measure whether the plan has met its objectives and, ultimately therefore, its goals.

Federal Appropriations & HATMA Reauthorization (J. Park)

It was reported that, largely due to the upcoming presidential election as well as the intense partisanship in Congress, appropriations for federal fiscal year 2009 (10/1/08 – 9/30/09) will not be completed before October 1, and that federal agencies will likely be funded piecemeal after that date, i.e., through short-term continuing resolutions covering not more than a few months at a time. Completion of the budget will fall to the next presidential administration.

For similar reasons, the advocacy community will not attempt to make wholesale changes to the Ryan White HATMA legislation which expires on 9/30/09. Advocates, including the CAEAR (Cities Advocating for Emergency AIDS Relief), do not expect Washington to focus intensely on the Act given the changeover in administrations, but instead will lobby Congress to extend the Ryan White program with some targeted technical

“fixes” to the legislation which had been hurriedly passed in 2007 without anticipation of some of the negative impact. For example, precipitous drops in Ryan White funding resulted from former EMAs being relegated under HATMA to second-tier TGA (Transitional Grant Area) status.

Jan also reported that he attended HRSA’s annual all-Ryan White titles conference in D.C. in August and, along with Angela Aidala, Ph.D. from Columbia University’s CHAIN project, and several other contributing NYCDOHMH staff, presented on “HIV in Suburbia: Beyond the White Picket Fence,” a study of the similarities and differences in how the epidemic impacts city versus suburban PLWHA. Much of the presentation drew upon the comparison between NYC and the Tri-County region using CHAIN data.

VI. New Business: Medicaid Changes

Claire Brazil from Westchester Medical Center advised that she recently attended a meeting in NYC of the hospital-based Designated AIDS Centers which are concerned about the impending changes in Medicaid reimbursement for outpatient services, some of which are slated to begin in December of this year. Two major issues are: 1) elimination of the HIV enhanced Medicaid primary care rates, in effect lowering reimbursement for treating PLWHA, and 2) the requirement that PLWHA join a Medicaid managed care plan. The DACs questioned how such highly specialized and costly services could now be covered, the implication being a much heavier reliance to come on grant funding such as Ryan White.

The next Steering Committee meeting is scheduled for Wednesday, October 8, 2008 at Planned Parenthood, White Plains Center.