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2 Meeting of the  
3 **PRIORITY SETTING AND RESOURCE ALLOCATION COMMITTEE**  
4 Eli Camhi, Chair  
5

6 July 7, 2008  
7 2:00-5:00  
8 GMHC, 119 West 24<sup>th</sup> Street, NY, NY  
9

10 **Members Present:** Victor Benadava (alt. for Antionettea Etienne), Sean  
11 Cahill, PhD, Eli Camhi, Sharen Duke, Soraya Elcock, Marya Gilborn, Steve  
12 Hemraj, JoAnn Hilger, Jennifer Irwin, Peter Laqueur, Fabienne Laraque, MD,  
13 MPH, Hilda Mateo, Jan Carl Park, Tom Petro, Edward Telzak, MD  
14

15 **Members Absent:** Lloyd Bishop, Felicia Carroll, Antionettea Etienne, Joan  
16 Edwards, Terri Faulkner, Linda Fraser, Terry Hamilton, Patrick McGovern,  
17 Walter Okoroanyanwu, MD, MPH, John Samuels  
18

19 **NYC DOHMH Staff Present:** Nina Rothschild, DrPH, Anthony Santella, DrPH,  
20 Darryl Wong  
21

22 **Public Health Solutions Staff Present:** Bettina Carroll, Gucci Kaloo  
23

24 **Material Distributed:** Agenda; minutes from the previous PSRA Committee  
25 meeting on June 20, 2008; new PSRA tool; proposed Ryan White Part A service  
26 category descriptions: 2009-10; payer of last resort data overview; old PSRA  
27 tool; annotated guide to data sources; Medical Monitoring Project summary  
28 document; CHAIN report data on access, maintenance, and return to  
29 “appropriate” medical HIV care; table on self-reported need for services and  
30 lack of problem resolution in the New York City CHAIN cohort 2; CHAIN  
31 “delayers” fact sheet; Ryan White Planning Council calendar for July 2008.  
32

33 **Welcome/Introductions:** Eli Camhi welcomed all participants and explained  
34 that the group would use the new PSRA tool to set priorities, after which  
35 members will work on the spending plan. Committee members introduced  
36 themselves.  
37

38 **Review of the Contents of the Meeting Packet:** Jan Carl Park reviewed the  
39 contents of the meeting packet distributed to Committee members in advance  
40 of the meeting.

1 **Review of the Minutes from the June 20, 2008 Meeting:** One change to the  
2 minutes from the previous PSRA Committee meeting on June 20<sup>th</sup> was  
3 requested. The minutes were accepted by all present with two abstentions  
4 and no objections.

5  
6 **Review of Additions to the Meeting Packet on the MMP, Access to and**  
7 **Maintenance in Care, Need for Services and Problem Resolution, and**  
8 **Delayed Entry into Care:** Dr. Anthony Santella reviewed the material on the  
9 Medical Monitoring Project, noting that most people are accessing care in a  
10 timely fashion and that factors including mental health issues, denial,  
11 substance abuse, refusal, or being told by their doctors that they don't need  
12 medication explain why some individuals are not in care or on antiretroviral  
13 treatment. Dr. Santella also reviewed slides contributed by Dr. Angela Aidala  
14 of the CHAIN project, noting that an individual receiving mental health  
15 services is almost two times as likely to access any medical care and 1.38  
16 times as likely to access appropriate medical care as someone who is not  
17 receiving mental health services. A Committee member inquired about the  
18 negative association or lack of significance of the association between some  
19 services such as medical case management and access to medical care. Dr.  
20 Laraque responded that the current portfolio of services includes case  
21 management but not true medical case management; appropriate medical  
22 case management would probably show a strong association with access. Dr.  
23 Telzak noted the possibility that some people who receive medical case  
24 management are at higher risk, and the complexity of their cases may explain  
25 the lack of significant association between receipt of case management and  
26 medical care. Mr. Camhi acknowledged the usefulness of CHAIN for  
27 examining consumer satisfaction and expressed interest in seeing a different  
28 type of data report from CHAIN in the future. Dr. Santella also noted the  
29 inclusion in the handouts of a table showing the self-reported need for  
30 services and lack of problem resolution in the NYC CHAIN cohort II (with a  
31 most recent interview in 2005-2006) and the CHAIN fact sheet on reasons for  
32 delay in entry into care; all these materials provide additional information to  
33 which Committee members can refer during the scoring process.

34  
35 **Priority Setting:** Steve Hemraj reminded Committee members that they  
36 would never have 100% of the information they would like in order to make an  
37 informed decision about prioritizing service categories. Committee members  
38 were also reminded that they can express their opinion about the relative  
39 value of a service category by assigning a score of 1, 3, 5, or 8. The majority  
40 rules in assigning a score to any service category. Mr. Camhi noted that the  
41 process requires Committee members to evaluate how they would rank a  
42 particular category relative to the entire portfolio: is it a low, medium, or high  
43 priority? Another way to approach the service categories is to think about  
44 what the impact would be if this particular category did not exist.

1 Mr. Camhi broached the topic of conflict of interest, reminding Committee  
2 members that they should mention if they receive funding in a particular  
3 service category but can still vote on setting priorities.

4  
5 **Outpatient/Ambulatory Medical Care:** Committee members resumed work  
6 on the Outpatient/Ambulatory Medical Care service category. Dr. Fabienne  
7 Laraque noted that the Integration of Care Committee had voted on changing  
8 the definition of this service category and reminded Committee members  
9 about Ryan White funding coverage of services for outreach to youth and to  
10 SRO populations following the program exchange with HOPWA. Committee  
11 members contemplated renaming the category Outpatient/Ambulatory  
12 Medical Care for Adolescents and SRO residents. JoAnn Hilger asked for  
13 additional information on outpatient medical care in SROs at the Committee's  
14 next meeting. Dr. Laraque advocated for not restricting this category to care  
15 provided in SROs, noting that the money could pay for care delivered via  
16 mobile van or for a same-day service not billable to other payers such as  
17 Medicaid. Mr. Camhi, however, informed Committee members that the new  
18 Medicaid billing system will allow for more than one visit per day. According  
19 to the Payer of Last Resort tool commissioned by the Planning Council from  
20 the New York Academy of Medicine, several other payers for this service  
21 category exist. Committee members voted and assigned the following  
22 scores:

23  
24 Payer of Last Resort: 3  
25 Access to Care/Maintenance in Care: 5  
26 Consumer Priority: 3  
27 Specific Gaps/Emerging Needs: 3  
28 (Core Services: 8)  
29 Total Score: 4.2  
30

31 **Public Comment:** Cynthia Knox from the HIV Law Project spoke regarding  
32 the Payer of Last Resort criteria, noting that the majority of payers listed for  
33 legal services on the tool created for the Planning Council by the New York  
34 Academy of Medicine are not, in fact, available to PLWHA. She reminded  
35 Committee members that Ryan White funding for legal services goes to  
36 benefits advocacy, enabling PLWHAs to access other services to which they  
37 are entitled. Elizabeth Hay noted that legal services already turns away 6 out  
38 of every 7 individuals who seek services and has taken a heavy hit with the  
39 latest New York City budget. Adam Halpern, Director of Legal Services at The  
40 Family Center, noted that lawyers funded by Ryan White help patients gain  
41 access to care and urged Committee members to look favorably on this  
42 service category. Dan Barclay from South Brooklyn Legal Services noted that  
43 everyone present wants PLWHAs to benefit from seamless services and that  
44 Ryan White-funded legal services help people who would fall through the  
45 cracks.

1 **Home Care (Home Health Professional Care):** Committee members noted  
2 that this service category is not limited to supportive home care services and  
3 includes the provision of medical home care services. Moreover, some home  
4 care services are not covered by Medicaid or ADAP. Committee members  
5 noted that the nature of the epidemic has changed and that the PLWHA  
6 population may need more home care services as members grow older and  
7 develop other illnesses.

8  
9 Committee members voted and assigned the following scores:

10  
11 Payer of Last Resort: 1  
12 Access to Care/Maintenance in Care: 3  
13 Consumer Priority: 3  
14 Specific Gaps/Emerging Needs: 1  
15 (Core Services: 8)  
16 Total Score: 2.9  
17

18 **Mental Health Services:** Committee members noted that in an earlier  
19 priority-setting exercise, they identified a need for psychiatric home care  
20 services. Medicaid reform has lifted the caps on licensed mental health  
21 programs (Article 31), and more services will become available. Only small  
22 numbers of clients who do not qualify for Medicaid would utilize Part A funded  
23 programs. Ms. Hilger noted that the programs currently in operation were  
24 recently re-bid and do not have much of a track record. Committee members  
25 were also reminded that the funds for several mental health programs were  
26 voluntarily turned back to the NYC DOHMH. Committee members voted and  
27 assigned the following scores:

28  
29 Payer of Last Resort: 3  
30 Access to Care/Maintenance in Care: 8  
31 Consumer Priority: 8  
32 Specific Gaps/Emerging Needs: 5  
33 (Core Services: 8)  
34 Total Score: 6.8  
35

36 **Early Intervention Services:** Rapid testing, counseling, and linkage to care  
37 are included in this service category. CDC is funding counseling and testing,  
38 and Medicaid currently reimburses for this service, although Medicaid  
39 managed care plans often do not reimburse. Committee members voted and  
40 assigned the following scores:

41  
42 Payer of Last Resort: 5  
43 Access to Care/Maintenance in Care: 5  
44 Consumer Priority: 3  
45 Specific Gaps/Emerging Needs: 5

1 (Core Services: 8)

2 Total Score: 4.8

3

4 **Adjournment:** The meeting was adjourned.

DRAFT