



## INTEGRATION OF CARE COMMITTEE

April 19, 2006  
10:10am-12:00pm  
GMHC, 119 W. 24<sup>th</sup> Street

### MINUTES

**Members Attending:** J. Grimaldi, MD (Co-chair), C. Craig, M. Gbur, MD, H. Hernandez, K. Huang-Cruz, P. Laqueur, E. Levine, J. Matsuyoshi, P. Meissner, D. Ng, J. Omi, A. Richardson, J. Shields, D. Williams

**Staff Present:** DOHMH: D. Klotz, J. C. Park, S. Bailous, D. Wong; AIDS Institute: M. Nass

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#### **I. Meeting Opening/Minutes**

Dr. Grimaldi opened the meeting. After introductions, the minutes of the March 17, 2006 meeting were approved with no changes. Mr. Klotz pointed out a letter from the Planning Council's Community Co-chair to Commissioner Frieden regarding the legal services issue, which includes the language on PRUCOL approved at the last meeting.

#### **II. 2006 Planning: Program Guidance**

The IOC broke up into two sub-committees to consider the program guidance for the categories still to be re-bid. The following is a summary of the discussion and decisions made:

##### *A. Social Services Sub-committee*

1. The sub-committee reviewed the goals and program guidance for the 24-hour Drop-in Center for Prison Releasees. Recommended changes in program guidance include:

- Encourage the program to develop a relationship with DOC and DOHMH/Correctional Health so that there is greater coordination for HIV-positive inmates who are ready to be released. Educate DOC/DOHMH workers at Riker's about the availability of the program's services.

- Clients should be linked to emergency shelter as quickly as possible.

2. The sub-committee reviewed the goals and program guidance for Case Management.

Recommended changes in program guidance include:

- Move language on eligibility to the targeted population column: For PLWHA and their families who are not eligible for HASA, COBRA or other case management services
- Maintain general description of case management as an umbrella service to coordinate services, ensure continuity of care, link to other services/benefits, etc. Streamline bullets to refer to spectrum of services
- Maintain separate bullets on continuation of services for orphaned children, and for specialized case management for people with special barriers (e.g., physical disability)
- Add bullet to incorporate prevention/risk reduction/harm reduction when possible

3. The sub-committee reviewed the goals and program guidance for Food & Nutrition Services.

Recommended changes in program guidance include:

- Revise goal: include promoting access to/maintenance in HIV primary care; add health outcomes to quality of life
- Make provision of nutritional counseling mandatory for all programs; counseling should include nutrition's relation to treatment adherence and maintenance in care

The sub-committee began discussion of the issue of nutritional assessment and whether they should be mandatory, for which programs and how often. This discussion will continue at the next meeting.

#### *B. Health Sub-committee*

1. The sub-committee reviewed the goals and program guidance for Oral Health/Dental Services.

Recommended changes in program guidance include:

There was agreement that the content of the goals and program guidance was adequate; however, the language should be changed to reflect an emphasis on the following elements which should be made a priority (these are not listed in order of importance):

- ongoing provider education not only about HIV specific dental care but also about availability of resources and user-friendly mechanisms for referring and tracking patients;
- patient education designed to eliminate barriers to access to and maintenance of optimal oral health (e.g., structural and personal barriers);
- more effective and integrated linkage and referral systems between primary care and dental care providers;
- access to specialty dental care such as oral surgery;

- access to same day HIV primary care services and oral health services; elimination of other structural barriers such as provision of services 5 days/week and elimination of wait lists;
- Include oral health among services that case management providers facilitate and coordinate with HIV primary care.

2. The sub-committee reviewed the goals and program guidance for Home Care. Recommended changes in program guidance include:

- It was proposed that we rethink the model. For example, home care has primarily involved nursing services. There was a discussion about possibly including medical services as well; for example, should a physician go into the home to assess medical necessity and help formulate treatment plan.
- Additionally, a barrier to home care is the physical environment in the home. For example, providing home care services in an SRO (to clients who may be most in need of these services) presents real logistical problems.
- The Committee agreed that it was important to keep home psychiatric visits as part of the service model.

The issue of including physician home visits for evaluation purposes will require further discussion after input from sources such as MHRA and HHC.

The sub-committees, including Housing, will continue their work at the next meeting, which will include a presentation to the entire committee from the Title I Quality Management program on effective models of care. In addition, program-specific presentations (e.g., home care) may be made to either the entire committee or just the relevant sub-committee.

### **III. Public Comment**

J. Livigni: There is a high percentage of false negatives with the new rapid tests.

The next IOC meeting will take place on Fri., May 12, 10am-12pm at GMHC, room 230.

There being no further business, the meeting was adjourned.