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**TRI-COUNTY RYAN WHITE
HIV/AIDS TREATMENT EXTENSION ACT (of 2009)
PART A STEERING COMMITTEE MEETING
Wednesday March 9, 2011
Planned Parenthood-White Plains**

APPROVED MINUTES

Members Present: V. Alvarez, B. Bento-Fleming, R. Blain (alt. for L. Bucknor), L. Bucknor, E. D'Aquino (alt. for M. Shelley), M. Donoghue, M. Fede (alt. for T. Saari), B. Ilardi, H. Jones, J. Kim (alt. for C. Douaihy), R. Maher, R. Meyer, K. Palencia-Lua (alt. for A. Ruggiero), K. Slade, S. Thomas, T. Otisi, S. Riordan, D. Scholar, K. Scott, S. Sullam (alt. for M Donoghue), A. Straus, G. Yarn, and R. Zopf (alt. for J. Ruiz-Perez)

Members Absent: M. Bannister, C. Brazil, M. Diaz, A. Hardman, D. Kittel, J. McGovern, M. Piazza, L. Reid, H. Sherwin

Guests: D. Bell (CHAIN), H. Easterling (UL), C. Lemus (PP), M. Lesieur (Village Care), P. Messeri (CHAIN), P. Moorer (CHAIN)

I. Review of the February 9, 2011 Steering Committee Meeting Minutes

A motion (B. Ilardi, A. Straus) to accept the minutes of the meeting as presented was unanimously approved.

II. Introductions/Announcements

- Planned Parenthood of Hudson-Peconic has a vacant position for coordinator of the "Smart Wheels Program." For more information contact Human Resources at 914-467-7300.
- Donna Bell will be leaving the CHAIN project at the end of March 2011. Donna has been working with providers in the Tri-County Region (TCR) recruiting CHAIN participants and reporting on the progress of the study for some time and she will be missed. Phyllis Moorer will replace Donna as the CHAIN representative in the TCR beginning April 1.
- Donna Bell reported on the progress of recruitment in the TCR. CHAIN is currently working with Urban League and will begin with Sound Shore Medical Center later in March. The work with Sound Shore will be slower as CHAIN trains new staff members. In the First Wave 197 participants were recruited and the goal is to meet or exceed that number as Wave 2 begins.

III. CHAIN Report Presentation: Mortality Experience in the HAART Era
*Peter Messeri, Ph.D., Columbia University Mailman School of Public Health,
CHAIN Project*

The most recent CHAIN report focused on the mortality experience in the HAART (Highly Active Antiretroviral Treatment) era. The purpose of this report was to analyze data that will assist in the delivery of HIV services for PLWHA in the five boroughs of New York and in the TCR, with the goal of extending and enhancing the quality of life for all, and reducing health care disparities.

The analysis of data focused on answering a number of study questions:

- Has the sharp decline in mortality among PLWHA during the HAART era been sustained through the first decade of the 21st century?
- What are the leading causes of death as the HIV/AIDS population ages?
- Do mortality rates during the first decade of the 21st century differ by cohort, gender, and ethnicity?
- How much excess mortality do PLWHA continue to experience?

The methodology for this report included searching out confirmation of death of participants in the CHAIN study who had been lost to contact. To confirm a death and ascertain the cause of death the study team performed an online search of the SSI death registry. Once the death was confirmed, the death certificate for those participants who lived in NYC between 1998 and 2009 were obtained. In addition, an online search was conducted in the winter of 2010 for all members of the NYC-1994 CHAIN cohort and the TCR 2001 cohort. These procedures resulted in a complete enumeration of deaths through the end of 2009.

Summary of Results

1. All cohorts have sustained the relatively low level of mortality characteristic of the HAART era.
2. The lower mortality has been accompanied with an increasing proportion of non-HIV related causes of death. By the end of the observation period, HIV and non-HIV causes are of roughly comparable magnitude.
3. Leading non-HIV causes of death include substance use-related causes, as well as chronic conditions associated with aging, heart disease and cancer.
4. Deaths from opportunistic infections remain common particularly among minority populations.
5. After adjusting for age, ethnicity, and gender, NYC-2002 cohort experienced a 20% to 30% higher mortality rate than the general population in NYC and in the TCR.
6. Mortality rates are between 20% and 30% higher among males than females.
7. Minority cohort members have a higher mortality risk than whites, although ethnic differences are more evident in the NYC-2002 cohort than in either the NYC-1994 or the TCR cohorts.
8. Despite the sharp reduction in mortality risk, the CHAIN cohorts suffer substantial excess mortality relative to the general population. Excess mortality is not simply the result of HIV related risks, but non-HIV-related causes as well.

Policy Implications

HAART medications and HIV health care infrastructure continue to produce substantial increases in life expectancy for a broad spectrum of PLWHA who are engaged in medical care. Nonetheless further reduction of the substantial gap in life expectancy between the CHAIN cohort and the general population will require continued efforts to find even more effective ways to manage HIV disease, as well as increased efforts to lessen the harm of substance use and management of chronic conditions of an aging population.

Next Steps

The next phase of investigation will be to take advantage of CHAIN's rich data to examine the impact of substance use, housing status, medication regimen, and engagement in health care on mortality.

IV. Committee Updates

Hudson Valley HIV Community Network (R. Maher)

The Hudson Valley HIV Community Network was formed as a result of the loss of Ryan White Part B funding (as of December 31, 2010). The committee is comprised completely of volunteers interested in keeping PLWHA and HIV service providers in the seven counties of the Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester) connected through this collaboration. The last meeting was held on February 18 and again few participated from the TCR. Rob Maher, acting coordinator, will continue to send out information about the Network to persons who are on his list server; anyone who would like to receive updates should contact Rob at 845-268-8023. (Emily Boardman, point-person for Upper Hudson is on medical leave.)

- Rob has been appointed to the State AIDS Services Delivery Consortium (SASDC). This group is comprised of representatives from all over NYS and will substitute for the defunded networks in providing input to NYSDOH.
- A Network letter was sent to the NYS Medicaid Redesign Team expressing concerns about proposed cuts to HIV services. A general letter in response was received back by the Network.
- AIDS Awareness Day in Albany will be held on Wednesday, March 18th. Brittney Allen of the New York AIDS Coalition (NYAC) is organizing transportation. NYAC will provide buses from NYC and a van from the TCR. Anyone interested in attending should contact Brittney at 646-744-1597 or ballen@nyaidsc.org.
- The next Network meeting will be held on March 25th at ARCS in Hawthorne/Newburgh from 10 am -12 pm via video conference. All are welcome to attend.

Living Together (V. Alvarez)

- Medical treatment adherence is getting better for Living Together (LT) members due in large measure to the combined efforts of the men's and women's support groups and the medical case management programs. Despite this increase in treatment mindfulness, some people face a crisis at the end of the month by waiting until the last minute to fill their prescriptions.

- The monthly groups for men and women continue to do well. More LT members are being referred to, and are experiencing the benefits of, mental health services.
- The women’s group which meets twice per month is full and continues to grow while the number of men attending the men’s group has fluctuated due in part to transportation issues. The men are not calling and reserving a ride on a timely basis.
- The annual LT picnic is in the planning stages and the date and location will be announced soon. This might be the last year of the picnic due to a loss of funding; however, other funding sources are being explored.

V. Part A Update (T. Petro)

Year 21 (3/1/11 – 2/29/12) Award & Continued Funding Applications Budgets

With no final federal fiscal year 2011 budget in place, based on the prior year’s award, the Health Resources & Services Administration (HRSA) released approximately \$46 million for the NY Part A Eligible Metropolitan Area (EMA) to keep programs funded for the first 3-4 months of Year 21, of which the TCR will receive it’s proportionate share. For Year 21, the Continuing Funding Application (CFA) budgets were based on Year 20 budgets. Agencies have been advised that they should spend very conservatively during the beginning of Year 21 (e.g., no equipment, limited supplies and incentives, etc.) in anticipation ultimately of decreased funds. Overspending at the top of the year will mean less funding available for the remaining months once the Year 21 Part A award is known.

Year 21 Priority Rankings

A summary sheet was distributed indicating the service category ranking results from the February Steering Committee meeting and a separate ranking conducted at the February Living Together meeting:

Service Category	Steering Committee Rank (n = 23)	Living Together Rank (n = 21)
Early Intervention Services	6	8
Food Bank/Home-Delivered Meals (includes nutrition services)	3	6
Housing	2	1
Legal Services	6	5
Medical Case Management (includes treatment adherence)	1	2
Medical Transportation	4	3
Mental Health	5	4
Oral Health	7	7

How the rankings might be applied in allocating a reduced Part A award was not determined.

Allocation Principles

The Committee began discussion about principles by which cuts in funding might be made. Members expressed that “across-the-board cuts,” (for example, 10% from each program to match a 10% cut in the Part A award) avoid the hard choices in acknowledging that one service is more important than another for our consumers. Percentage cuts often undercut the viability of programs; some providers would prefer that whole programs be eliminated rather than weakening all. Across-the-boards also place a huge burden on providers, as well as the Health Department, administratively in that all 30 Part A budgets would have to be amended.

Other members stated that terminating entire programs or categories, however, punches a hole in the continuum-of-care and disrupts the community.

It was pointed out that Living Together members based their prioritizations on those services valued most to remain in care and stay healthy, i.e., housing, transportation, case management as the top three.

It was noted that providers at the table need to leave their biases at the door and not look to maintain funding for their own programs and instead recognize the greater needs of the TCR PLWHA community.

(Subsequently, an email was sent to all Steering Committee members advising that NYCDOHMH is now expecting the Committee to adapt NYC’s priority-setting tool to score TCR service categories, an issue to be taken up at the April meeting.)

Other Funding Sources

In follow-up to the February meeting at which a spreadsheet was presented about current Part A-funded program funding and services, a spreadsheet was distributed today listing HIV/AIDS-specific funding received in the TCR from the NYSDOH/AIDS Institute (AI). It was noted that, with the exception of two Medicaid COBRA case management programs (which are underutilized and receiving few referrals), Part A overwhelmingly supports “grant-funded” medical case management (14 programs), as the AI for the most part has terminated its Part B and state tax levy grants in this category. By far the most overlap in funding appears in services to identify HIV-positive individuals and link them to primary care, i.e., across Part A Early Intervention Services (EIS) and a number of AI-funded outreach/prevention/counseling & testing contracts, though targeted geographic and special population communities differ program-to-program. There is minimal overlap in funding for housing, legal and mental health services, and no overlap for food, transportation or oral health services. (Though largely reimbursed through Medicaid and ADAP Plus, Part A oral health funds a number of specific dental procedures, e.g., bridge work and dentures, which the other funding streams do not, and members mentioned that the nutrition of PLWHA with missing teeth remains at risk.)

Though Part A may appear as the “payer of last resort” in many categories, it was noted that today’s review was only regarding NYS funding, and that at the next Steering Committee meeting support from federal sources, i.e., from the Centers of Disease Control (CDC), Housing & Urban Development’s Housing Opportunities for PWA (HOPWA), HRSA (Parts C, D, F), Substance Abuse & Mental Health Services Administration (SAMHSA), etc., will be analyzed as well.

VI. Medicaid Redesign (M. Lesieur)

The changes proposed by the NYS Medicaid Redesign Team may impact services for PLWHA at multiple levels. The drugs on the preferred drug list may be up for renegotiation and it is not clear which drugs will make the cut. Distribution of medications may be wrapped into managed care. In addition, a doctor's preference will no longer be an option. Therefore, requests for specific drugs may not be honored if the medication is not on the allowable list. There will be many changes and restrictions to home health care.

It is possible that there will be mandatory enrollment in mainstream Medicaid Managed Care Programs later this year, or any Medicaid HIV Special Needs Plans (SNPs) which may expand into the TCR. At a recent forum sponsored by Hudson River HealthCare in Peekskill, Humberto Cruz, Director of the NYSDOH/AI, fielded questions about the mandatory enrollment of people into Health Maintenance Organizations (HMOs) whose model is managed care. SNPs are working well in NYC, however they are not available yet in the TCR. Facilities providing a "medical home" for consumers may receive a higher rate of Medicaid managed care reimbursement.

COBRA Case Management (Community Follow-up Program) was in danger of removal from the NYS budget, however it remains for the time being. It is not clear what role COBRA CM will play in the future. At present, the major COBRA function is to provide case management and care coordination for the most marginalized consumers with intensive needs.

VII. Legislative Issues (J. Park)

We are currently operating under a continuing resolution (CR) while Congress debates the annual federal budget. Without a budget, the 2011 fiscal year's allocation of funds to federal departments is unknown. We are now operating on a partial award of what is needed to fund Ryan White Part A programs for Year 21. These monies are merely a stop-gap measure in anticipation of the award. Since no one knows what the award dollars might be within the current atmosphere of deep cuts to federal spending, both NYC and TCR are doing "scenario" planning, anticipating at least a 8% cut (upwards of \$300,000 in program funds for TCR) from Year 20. What is likely to happen is that Congress will pass additional CRs until both the House and Senate can agree on the level of cuts and a final budget. Once the budget is passed, HRSA will be able to inform the EMA of the award amount.

The next Steering Committee meeting is scheduled for Wednesday, April 13th, 10 AM – 12 PM, at Nyack Hospital in Rockland County.