

ADAP Advisory Workgroup Web Meeting
Minutes Summary-Draft
March 29, 2012

Workgroup member attendance: David Brakebill, Mark Corentin, Michael Dey, Mitchell Durant, Mike Ehrens, William Green, Dr. Allison Nist, Michael Rajner, Joseph Lennox-Smith and Dr. Michael Wohlfeiler Members

Department of Health staff: Dr. Jeffrey Beal, Joe May, Lorraine Wells, Kate Goodin, Jimmy Llaque, Sherry Riley and Debbie Taylor

Absent: Elicia Coley, Karen Edwards, Brenda Sowell-Smith and Stephanie Brown

Guests and other attendees: Cynthia Albert, Lyzza Archipov, Ken Bargar, Kettly Benoit, Robert Bobo, Judy Buchanan, Marsharee Chronicle, Bobby Davis, John Eaton, Earl Hunt, Karen Jaeger, Vicki Kenyon, Leonard Jones, Chris Lepore, Sean McIntosh, Alelia Munroe, Debbie Norberto, David Poole, Maros Restrepo, Ed Richards, Elizabeth Rugg, Michael Ruppel, Michelle Scavnicky, Mick Sullivan, Donna Sabatino, James Talley, Debbie Tucci, Rita Volpitta, Lonnie Wooten, Joey Wynn and Maribel Zayas

Dr. Beal welcomed the members of the call and explained the features of the Adobe® Connect™ meeting. He explained that the focus of the call was to finalize the Workgroup by-laws. (A draft version of the by-laws with the most recent approved changes highlighted was presented on the screen.) Dr. Beal introduced new ADAP member: Dr. Wohlfieler and provided a brief background.

Dr. Beal reviewed the agenda and introduced Joe May who addressed the following questions submitted via email for the **Public Comments** section of the agenda:

1. When can we realistically see the waiting list is cleared?

Joe responded that the Bureau is close to being able to clear the wait list. As of last Friday there were 506 persons. Once the Bureau receives their notice of grant award, they will be able to determine if and when the ADAP wait list can be fully cleared.

2. What efforts has the bureau made in quality control of decreasing duplication of ARV ADAP scripts between Patient Assistance Programs (PAP), Welvista, AIDS Healthcare Foundation (AHF), and waiting list patient access points?

Joe responded that as persons are transferred, ADAP staff carefully considers how much medication the client has on hand at the time of ADAP enrollment. Welvista is notified when persons are taken off the wait list. When patients use other PAP's, a form letter is completed and mailed to the patient assistance program informing them that the person no longer needs the medication. ADAP staff tries to be very comprehensive and notify partners when clients are taken off the wait list.

3. Will ADAP services be contracted out to a private sector contractor?

Joe explained that the department of health is exploring the outsourcing of possible components of the ADAP program through the competitive procurement process. However, as of today, no final decision has been made and it is still being explored.

4. Please provide an update on the specific changes to Florida's ADAP recommended in a report issued in March 2011 by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA).

Joe explained that of the 45 action items that HRSA identified in their report, 25 action items/recommendations items have been fully completed and reported to HRSA as such. This equates to a 55% completion rate overall.

Some of the main activities that were accomplished for ADAP include:

- 1) Insurance services have been fully integrated into the ADAP program.
- 2) Currently submitting rebate requests for insurance co-pay (have collected over \$400,000.)

3) The Pharmacy Benefits Management contract was executed for the ADAP managed Medicare Part D population.

Joe suggested a follow-up call once the notice of award was provided to the state addressing in particular how the ADAP wait list will be impacted.

Michael Rajner suggested that the action items that HRSA required be posted to the ADAP website and cite all 45 items including those completed and what action items were taken.

Joe agreed to provide the action plan and relevant updates.

5. *Are we seeing a trend of increased economic activity (theme park area) which shows revenue disparities easing? Will ADAP funding crisis be alleviated as the tax rolls return back to a more normal level?*

Joe commented that the Bureau relies on economic projections prepared outside of DOH. Our impression is that economic activity is slowly improving around the state.

6. *What is the state of ADAP now and the foreseeable future? What about managed care?*

Joe responded that they have seen considerable improvements in the reduction of the ADAP wait list and once they get their notice of grant award, they will see additional reductions to the wait list. Joe explained that in 2014, The Affordable Care Act will have a significant impact with the clients and how they receive their care.

7. *I need clarification on what happens to persons living with HIV in Florida who have not qualified for Disability. I thought they qualified for ADAP.*

Joe responded that in generally speaking all persons in need of assistance are encouraged to apply for the ADAP program however there is eligibility requirements for the programs. If they are identified eligible, they would be placed on the wait list and receive their medications through Pharmaceutical Assistance Programs (PAPs) such as Welvista, until actual ADAP enrollment can occur.

Dr. Beal explained that there are two additional questions that came in after the closing deadline and they will be reviewed prior to thenotes summary.

Joey Wynn asked for a progress report in terms of data reporting out from the local level and the Patient Care Planning Group. Dr. Beal asked Joey to send him an email with specific requests taken from the meeting. Kate Goodin commented that the data reporting items mentioned at PCPG were in progress.

ADAP Update/Bureau Update

Joe May reported the following updates:

- Notice of Grant Award – expected April 1st, number of grant updates.
- Putting together the Part B supplemental grant - dedicated to ADAP, due April 27th. We are seeking \$8 million. We received a little over \$1 million last year.
- Grant announced in April, funds may come in July.
- General Revenue news - \$2.5 million increase for ADAP - July 1st - total GR support for ADAP is \$14 million, \$9.5 million; \$2 million redirected closing the gap, \$2.5 million new funds.
- Part A partners received their notice of grant awards - no large decreases this year.
- Overall increase in the state of \$125,000 bringing the total to over \$73 million dollars
- No final decision has been made to outsource ADAP administration, through a competitive procurement process.
- Mail order for ADAP - offering the option in Miami-Dade, possibly expand in other areas after the pilot is explored.
- Insurance services - PBM has over 600 clients, age range 41-60, compliance rate is very strong.

- In December 2011, added over \$3 million to the Health Council of South Florida contract for the AIDS Insurance Continuation Program (AICP) to clear wait list.

Michael Rajner asked if the Bureau has looked at what best practices are coming from the Pharmacy Benefits Management contract and replicating those best practices.

Jimmy Llaque responded that ADAP is currently reporting and uploading the information in real time (data reporting in real time). Michael reiterated that he is looking for specific best practices.

Jimmy explained that the rate of compliance is 98% and the clients are receptive to the idea of picking up their prescriptions, etc.

Michael suggested looking at other factors like expanded hours, convenience of location.

Joey Wynn asked if there will be a protocol for the mail order, mechanism to track if it actually reaches the client.

Jimmy commented that they are working with Central Pharmacy to ensure pharmacy standards are being met.

Joe May continued Patient Care Report:

- Pre-Existing Condition Insurance Program (PCIP) - 20 PCIP clients enrolled for insurance assistance when open enrollment was restored in December 2011. HCSF is conducting a cost analysis to determine effectiveness.
- The Department of Health reorganization was approved by House and Senate. Some components such as decentralization of the department and transitioning a number of current HQ functions to CHDs were not part of final legislation. Substantially reduces the number of divisions and bureaus
- Division of Disease Control becomes Division of Disease Control and Health Protection
- Bureau of HIV/AIDS functions will be incorporated within the Bureau of Communicable Diseases in the Division of Disease Control and Health Protection
- Many details still left to be confirmed
- RFP posted - covers lead agency activities, Part B, Consortia, Patient Care network, posted March 12th. Six areas will be performed by local health departments. The contact is Jessalyn Covell, if you have questions concerning the RFP.
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- Acknowledgement of retirement of Tom Liberti - March 31st is his last day. Sherry Riley will be acting/interim Bureau Chief.
- Acknowledgement of passing of long term staff, Theresa Rush, HOPWA Coordinator and Gail Counts, HIV/AIDS Program Coordinator, Area 8, last month.

ADAP Discussion - Lab Requirement

Dr. Beal provided an update about the request that came from an FHAAN call; it was brought to his attention that clients were being dis-enrolled due to lab requirements. Medical and the program has partnered with ADAP, to develop systems to ensure and improve linkages with other resources, electronic systems, elabs/ehars to track the clients. Patients will NOT be dis-enrolled if they don't have their labs. They are working on the mechanisms to ensure this does not occur.

Dr. Allison Nist commented that the standard of checking the labs twice yearly to ensure levels is still important to protect the patients health.

By-laws Workgroup/Membership Recruitment Subgroup

Dr. Beal introduced Michael Rajner who provided an update on the ADAP Workgroup - Membership Recruitment Subgroup activities. Michael Rajner explained that the workgroup met and their goal was 'to develop an updated ADAP Workgroup application and recommend a formalized membership recruitment process to present to the ADAP Workgroup members for their review'.

Members included: Michael Rajner, David Brakebill, Mitchell Durant and Erin Penmann who did research and provided staff support for the conference call.

Michael explained that the following materials were reviewed by the subgroup:

- ADAP Workgroup 12/6/11 Meeting Minutes
- ADAP Workgroup By-Laws and Application
- AICP Workgroup Cover Letter & Application
- Consumer Advisory Group (CAG) Letter & Application
- State Administrative Code for:
 - Sections of NY State AIDS Advisory Council
 - Sections of TX HIV Medication Advisory Council

Michael explained that the subgroup identified three questions that needed to be addressed and/or clarification was needed:

- Ryan White Part A, B, and C "Representatives" or "Grantees" (needs more dialogue by workgroup and then represented on application)
- Category of Representation: Would all voting members be reviewed by Ad-hoc membership committee (e.g., HAPC, CHD Pharmacist, and AHCA Representative) or certain ones by the Florida Department of Health? Broken out by voting members and community vs non voting members.
- Recommend staggered terms to retain historical and institutional knowledge within the group. This would alleviate having a completely new group and losing knowledge.

Dr. Beal asked for discussion from the entire workgroup members about the questions needing clarification from the subgroup.

Michael referenced the discussion at the last ADAP meeting and suggested the need to consider changes to the membership in the By-laws and suggested this could be addressed on the next calls agenda.

Dr. Beal further explained that the goal for the call is to get a finalized By-laws document. Asked for discussion and opinions on Part A, B and C representation.

Joe Lennox-Smith commented that historically the Part A local consortia/group elected a candidate to be part of the ADAP Workgroup and that person was submitted as their candidate.

Dr. Beal explained that since it is a statewide group, a member should come from each geographic area.

David Brakebill suggested making recommendations to the workgroup members and assigning the names to a committee and assign criteria.

Dr. Beal asked if the group wanted to form an ad hoc committee that would go through the applications, develop criteria, etc.

David Brakebill further commented on the nominations and membership process of the Patient Care Planning Group (PCPG) and Prevention Planning Group (PPG) that the member is scored

based on parity, inclusion and representation using a “weighted scoring system”. A person is heavily scored based on their representation and/or planning experience. If you check more or multiple boxes (of types of experience), you had more weight towards membership as you could speak to more than one entity. Similar to PCPG and PPG applications.

Dr. Beal asked Michael Rajner to put together a SurveyMonkey tool to put out to the ADAP workgroup members, analyze results and finalize the membership application.

Michael Rajner commented that before we can finalize the membership application, we need to confirm the representation issues.

Much discussion ensued about the representatives for Part A & B and the Part A person having historically been a Grantee. It was explained that we need to focus on each Part individually. Michael asked to clarify on the Part A and maybe don't need to do survey monkey.

Michael suggested changing the application to say = Part A (Grantee). (put grantee in parentheses)

Dr. Beal explained the Part B Representative was a clinician or a patient care representative in the Bureau. Part B representatives were also affiliated with Part B in terms of consumers and clinicians, someone with Part B experience.

Michael Rajner explained that Joe May has represented Part B as a non-voting member. He referenced page one of the By-laws. He explained that when an ad hoc membership subgroup is created, they could come up with a process for how they rank the members. The membership workgroup can come up with the criteria (consumer, lead agency, grantee, etc.). In voting members section of the by-laws, it just states Part B Representative. Need to define what the part B seat role will be.

Michael explained the following Subgroup Recommendations for the ADAP Workgroup Application:

- Create a cover letter that will specify commitment expectations for Workgroup (expectations, time commitment, etc.)
- Update the application to reflect the current by-laws (Categories, Conflict of Interest statement)
- Add 2 fields in the Workgroup application: “Primary Organization” and “Employer” (If applicable/related)”
- Workgroup application questions:
 - Addition of skills list with check boxes
 - Additional questions pertaining to ADAP experience and access to technology
 - Addition of a disclosure of HIV status agreement (modeling the Consumer Advisory Group's disclosure)dd

It was also suggested that the application should include member's strengths by adding a list of skills on the application such as computer literacy, etc.

Subgroup Recommendations for Outreach

- Posting of membership opportunity should be posted at CHD pharmacies and/or include flyer in Rx bag.
- E-blast to various distribution lists belonging to HIV Planning Councils, consortiums, advocacy groups, etc.
- With the assistance of County Health Department's Public Information Officer (PIO), expand outreach efforts to include media announcements / press releases targeting newsletters and publications of interest.

- Targeted publications would help reach out to the GLBT, Latino, African American and other communities.
- Use social media such as Facebook and Twitter.
- Advertise 60 and 30 days in advance of application deadline.

Subgroup Recommendations for the Member Selection Process

- The Workgroup would create an Ad Hoc Committee to review applications for membership categories under the header of “Community Representative (voting member)” set forth in the Workgroup’s By-Laws.
- The Ad Hoc Committee would recommend candidates to the full Workgroup for consideration and a vote.

Joe Lennox-Smith commented that he agrees with the committees’ recommendations.

Dr. Beal referenced slide 4 and asked Michael if the Ad Hoc Committee is the group that will work on the following three issues:

- Ryan White Part A, B, and C “Representatives” or “Grantees”
- Category of Representation: Would all voting members be reviewed by Ad-hoc membership committee (e.g., HAPC, CHD Pharmacist, and AHCA Representative) or certain ones by the bureau?
- Recommend staggered terms to retain historical and institutional knowledge within the group.

Michael confirmed that it was not his recommendation to have the three issues addressed in an ad-hoc committee; he wanted them to be addressed in the full ADAP workgroup membership. He expressed the need to clarify the membership for each of the Parts.

Dr. Beal expressed concern about adding new members to the group until the membership representation issue in the By-laws is addressed. Dr. Beal asked if we could develop an ad hoc committee to address these issues.

Michael Rajner explained that it was a recommendation that the subcommittees responsibility would look at community representative seats (voting members), not non-voting seats.

Point of clarification: It would be for all voting seats under the community representative section of the By-laws. However, the only exception to that and it was not noted in my presentation and not noted in the By-laws (somehow not captured) that for the Part A representative, in Tampa, we actually specify which EMA’s would be represented (Miami, Broward and Jacksonville). So since that was already decided by the workgroup previously, that would not have to be done by subgroup. And the by-laws should reflect that representation.

Dr. Beal reiterated the motion and explained that we are excluding Part A from the Ad hoc committee and adding language in the By-laws to include the Part A (EMA, representation of the Grantee, not a community member).

Michael Rajner clarified that if you have ad hoc committee looking at the representation, then it would be best if they look at criteria for ranking.

Dr. Beal clarified for Michael that this will be an ad hoc committee formed to look at community representatives in the member section of the by-laws to outline the qualifications with specific objective ranking criteria that would then be brought back to the entire workgroup for a vote and approval.

Michael agreed to this summary for the ad hoc committee.

Michael Rajner motioned that an ad hoc committee be formed that would look at the community representative in the member section of the By-laws, to outline the qualification with specific objective ranking criteria that would then be brought back to the entire workgroup for a vote/approval. Joe Lennox-Smith seconded. Motion approved unanimously.

Michael Rajner, Joe Lennox-Smith and Michael Dey volunteered to participate on the Ad hoc committee.

Dr. Beal will ask Erin Penmann to support the group.

Michael Rajner commented that Erin was very helpful on the last call and helped prepare the summary and the PowerPoint presentation.

Dr. Beal asked for a timeline for the process.

Michael Rajner asked for 30-45 days to get the process complete

Dr. Beal requested the Ad hoc committee address the issue of staggered terms.

Mitchell Durant and the rest of the workgroup acknowledged and thanked Michael Rajner and the rest of the subcommittee for their work.

Dr. Beal advised that when the ad hoc committee completed the work, we would send out a survey monkey to the entire workgroup to vote on the results.

Dr. Beal summarized the process for the members, including the survey, analysis and then begin recruitment of new members.

Closing Remarks/Adjourn

Michael Rajner asked for an update on the Bureaus Consideration of the In Care Campaign, and as a new issue to review the NQC's partners in Care Campaign. To help consumers with adherence issues.

Dr. Beal asked for Michael to send the request via email explaining the information he would like covered.

Dr. Beal explained that they will likely host an update call once the notice of grant award is announced in April/May and the next official ADAP call will be in June.

Michael asked if Joe May could report on the AICP process; what is the impact that ADAP could possibly be absorbing? He is concerned about AICP consumers who are currently in Medicare, live in Broward, but never told about the ADAP premium plus program. The Bureau needs to look at the providers who are working with the clients and that they are explaining the program/plans in place.

Joe Lennox-Smith commented on his understanding of how AICP worked but would like some clarification on current system.

Joe May agreed to follow-up with Robert Sandrock.

Debbie commented that there was a request to invite Robert Sandrock to present an AICP update at a future meeting.

Dr. Beal summarized the following:

- 1) Action Item: HRSA response, summary of where we are at on the ADAP website, progress report
- 2) Best practices for PBM - looking at provider practice, consumer satisfaction, best practices. What we can learn about the PBM program
- 3) Consumers and locations as far as PBM access
- 4) Subgroup to finalize by-laws so we can vote
- 5) Asked Michael for more clarification regarding NQC
- 6) Update about AICP program, impact, changes to ADAP consumers

Dr. Beal thanked the members. He announced that there will be a WebEx training on May 29th, from 9am-4pm and all ADAP Workgroup members are invited to attend training and will include new changes of the ADAP program. In addition, there is a Patient Care Eligibility training scheduled for April 29, 2012. Dr. Beal agreed to send the notices to the members.

Please email Dr. Beal regarding the barriers to being on video via Adobe connect. He agreed to send a date for the June meeting, and they may allow extra meeting time during the funding update call to address other issues or concerns.

With this, Dr. Beal closed the meeting, thanked the members for their great work, and asked members to email him with any thoughts or suggestions. The meeting was adjourned.