

**HIV/AIDS Section Workgroup on ADAP  
Meeting Summary  
March 16, 2016**

**Representatives:** Martha Buffington, Jose Castro, Michael D'Amico, Earl Hunt III, Kamaria Laffrey, Leonard Jones, James Talley, Bonnie Tiemann, Matthew Tochtenhagen, James Talley, Gregory Timmer, Susan Williams

**DOH Staff:** Paul Arons, Steven Badura, Jeffrey Beal, James Easton, Annie Farlin, Marlene LaLota, Joe May and Debbie Taylor

**Guests:** Kim Molnar, Lavell Pryor, Michael Ruppel, Michelle Scavnicky and Debbie Tucci

Annie Farlin conducted roll call and Dr. Jeff Beal confirmed a quorum. Dr. Beal welcomed the representatives and guests.

**Old Business - Dr. Jeffrey Beal**

December 9, 2015 minutes approved by member votes January 18, 2016 and introduced Joe May, Patient Care Program Manager.

**Patient Care Update – Joe May**

HRSA Site Visit Update – February 9-11, 2016

- 6 consultants and staff came to Tallahassee to review the Part B Program
- Comments from the reviewers centered around four areas: Fiscal, Administration, ADAP and Quality Management:
  - Administration-(community programs offices, contracts, program policy development)
    - Acknowledgments
      - Good and frequent communication with field staff and stakeholders
    - Findings:
      - Should perform annual site visits to all areas in the state – had been focusing on areas of the state where county health departments that function as lead agencies.
      - Work on reducing the number of staff vacancies
      - Development of more policies and procedures. Create a formalized staff orientation plan
  - ADAP
    - Acknowledgments:
      - Continued improvement since 2013
      - Good job of ensuring that ADAP is the payer of last resort
      - Commended the ramping up of the rebate process and generation of revenue
      - The incorporation of insurance operations into ADAP (i.e., not administered as a separate operation)

- Findings:
    - Need to establish a baseline expectation on client access to services with ADAP. Need to have uniform expectation of how long it takes to be determined eligible (or ineligible) for services.
    - Need to finalize the ADAP policy manual
    - Need to streamline eligibility process. The new database will help facilitate this.
    - Continue to expand the utilization of ADAP insurance services. Enroll more clients.
  - Quality Management
    - Had requested technical assistance over a year ago on developing a more rigorous and impactful quality program for Ryan White
    - Findings:
      - Florida did not have an adequate QM program.
      - Spoke with Lorraine Wells, Quality Manager, as she is working on developing an infrastructure and program plan for approval and review by DOH management.
      - Need to ensure that we develop quality measures for each of the funded categories.
- The summary of findings will be distributed to the group when it becomes available at the end of March.
- Question from Dr. Arons about outsourcing operations. Q: Don't we still outsource ADAP insurance services? A: Yes, with Broward Regional Health Planning Council for fiscal services to pay the insurance premiums for the marketplace. The reviewers were not as concerned with this type of outsourcing. They were pleased to see the ADAP insurance programmatic operations were not outsourced.

### **ADAP Program Update – Jimmy Llaque**

#### **Movement of Clients to the Insurance Marketplace**

- Closed on January 31, 2016. 3,100 clients enrolled statewide—transitioned over 1,000 during this enrollment period.
- Continue to work on challenges with individual carriers.
- Will conduct a SWOT analysis of the current open enrollment period during the upcoming HAPC meeting.
  - Goal is to possibly expand insurance options that are compliant with HRSA federal guidelines, to more eligible ADAP clients.

#### **Internal Staff Reorganization Update**

- Serve over 5000 insurance clients, over 1/3 of the ADAP clients
- Mr. Paul McKeel - ADAP Benefits Manager, with a team of 3 with oversight of all of the insurance coordination functions under the ADAP program
  - Mr. Steven Badura - ADAP Operations and Compliance manager, will lead a team of 3 to oversee the day to day operations of the ADAP program which include the direct dispense program for the uninsured as well as quality management, policy and procedures, and medication adherence.

### Workgroup on ADAP Workforce Update

- Examining infrastructure statewide – service delivery model, increase access to and retention to care. Goal is to simplify the client enrollment process and eliminate unnecessary steps that could potentially create barriers or deter clients from adherence to their medication adherence.
- Workgroup was established to:
  - define ADAP staff function including roles and responsibilities in an effort to establish a standard model of service around the state.
  - examine staff ratios with county health department caseloads
  - examine the possibility of regionalizing ADAP services statewide
  - identify future administrative budget needs.
- Workgroup convened in Orlando in February. Britten Pund, NASTAD, provided an overview of common factors we should consider in workforce assessment. Will keep momentum going by hosting monthly calls with the workgroup.
- The workgroup members were also asked to compile a list of all the roles and related functions within a typical ADAP office in an effort to create a warehouse of job functions so that we can review them and create a model of standardization for the state.

### ADAP Database

- Midway through the first year of the Enterprise Software, which will allow us to track and utilize data in a streamlined way. It will not only incorporate everything in our existing database but it will also allow for more data point entry, more integration of data from other systems.
- Directly interface with third party administrator to facilitate timely and accurate co-payment and deductibles.

### PBM Procurement Update

- CVS Health received a notice of award-5 year term beginning July 1, 2016.
- RFP stated very clearly the intent was to have a pharmacy network comprised of at least 3 retail pharmacy chains.
- Mike D'Amico from Sarasota asked if they could require CVS Health to include the health departments in the pharmacy network. Mr. Llaque responded that since it was not originally included in the RFP, they couldn't add that language now. He agreed to forward the language that was in the original RFP to the members of the group.

### ADAP Policy Manual

- Acknowledged and thanked everyone for their feedback. Both a member of NASTAD and HRSA have reviewed and provided feedback that is being incorporated.
- Will be sent to Marlene LaLota and Joe May for final approval this week.
- Anticipate a public ADAP policy manual by end of this month.
- Expand face-to-face trainings throughout the state.
  - Basics of ADAP – a quick introduction and orientation for anyone who serves an ADAP client in the continuum of care.
  - Another training specifically for ADAP workers to better serve clients

### **Pilot Program for HCV Treatment-ADAP Program – Dr. Jeffrey Beal**

- Pilot Program in Pinellas and Miami-Dade Counties
- Approved by member votes, January 11, 2016
- Harvoni, Viekira Pak and Ribavirin added to the Formulary for Pilot Project Areas Only
- Dr. Beal stressed the importance of recognizing that this is a pilot project and it should not be communicated that the drugs have been added to formulary outside of the two designated counties.

### **FDA HIV Approvals – Dr. Paul Arons**

- Odefsey (emtricitabine, rilpivirine, and tenofovir alafenamide (TAF), combination tablet. The new version of Complera (Gilead). TAF is the new ingredient. This drug has less of a negative impact on bone density and renal status than TDF.
  - **Leonard Jones motioned to add Odefsey to the ADAP formulary. Mike D'Amico seconded. No discussion. Motion approved unanimously.**
- Tentative Approval – April 7, 2016 of the new formulation of Truvada (F/TAF, emtricitabine/tenofovir alafenamide)
  - **Bonnie Tiemann motioned to add the new formulation if it does become available on April 7th. Martha Buffington seconded. No discussion. Motion approved unanimously.**
- Dr. Beal discussed the fact that these are safer medications and they will be encouraging providers to make the change with their patients and contacting providers who are resistant to the change to determine why.
- The group decided to maintain a smaller availability or access to the previous formulations on formulary when it is medically necessary. Exceptions to the new formulations are based on extenuating circumstances.
- The group will still have to decide how long to maintain the older formulations containing TDF (90 days, 6 months, etc.).

### **Membership Recruitment – Annie Farlin**

- Current vacancies are for 1 Person Living with HIV (PLWH), 2 ADAP consumer alternates, and 1 RW Part C representative
- Letter and blank application was sent to the ADAP, medical care team, HAPC, and The AIDS Institute listserv. It was also distributed widely in each local area.
- Applications received to date include:
  - 4 PLWHs
  - 2-Part Cs
  - 1-ADAP consumer/alternate
  - 1-ADAP pharmacist
  - 1-ADAP manager
- Due date for applications is Friday, March 18th, 2016. All applications received will be presented to group for consideration.

### **Public Comments**

Bonnie Tiemann wanted to go back to comment that she is happy to see the progress with the workgroup and the planning of meetings for the remainder of the year.

Dr. Arons: ADAP Crisis Taskforce will be negotiating with 4 of the 5 manufacturers of hepatitis C antivirals to get a more affordable price. Lower cost would allow for access to treatment to significantly more people.

Kamaria Laffrey acknowledged that she is learning more about the work that goes on behind the scenes that make things happen. She is appreciative of being part of the workgroup.

No further business to discuss, the call ended at 4:08 PM. The next meeting is **June 15, 2016 from 3-4:30PM.**