

Meeting Minutes
Viral Hepatitis Council meeting
January 25, 2007

Attendees:

Council members:

Jamie Barnes
Charles Dennis
William Chen
Andi Thomas
Phillip Styne
Frank Johansen
Bob Keane
Debbie Barnes
Jennifer Bourgeois
Michael Amidei

Guests:

Nosipho Beaufort
April Crowley
Phil Reichert
Maureen Merckle
Sterling Whisenhunt
Tuo Ming
Gordon Lacotta
Thomas Liberti
Lucretia Jones
Peggy St. Croix
Marc J. Konechy

Council Business:

There are currently five slots open – April is working on a list with vacancies and term dates.

Need to review the bylaws – no provisions for what happens when both co-chairs are absent

Minutes from last meeting were accepted.

Original members should be approaching the end of their term – no term limits.

Concern about term limits – so few people that are interested, are we limiting?

Need to list which specific slots are available.

Bylaws will be revisited (membership – Article IV, section 1)

- Council should be geographically diverse – should be included in the bylaws.

Program update (Phil Reichert)

Meaghan – FCPN (PPG, PCPG, VHC) – community planning groups

- group leadership met in July to discuss mutual issues. (annual meeting)
- need to pick a new community co-chair to replace Barbara

PCPG – wants more communication across the group and want to move the quality planning position into O&M for more of an overall look at the groups instead of a focus on patient care.

Hepatitis B Elimination Initiative (317 letter in packets)

- MMWR released to address eliminating HBV in adults.
- Released 317 letter on the same day as the MMWR
- CDC wants to do vaccination of 25-49 YO in certain venues (substance abuse, STD clinics, jails, prisons etc) to eliminate HBV within 7-8 years
- 317 funding – vaccines for children or adults, usually goes to children. Had 3 months of excess \$\$, FL gets extra 2.4 mil, of that
 - o Immunization will use their \$ to distribute HPV vaccine
 - o Trying to distribute as much HBV vaccines as possible (targeting 25-39, but some counties have asked to do 18 and older)
 - o Not requiring testing to get vaccine, but would prefer to have testing.
- Also have 20,000 doses of HBV (expire in October) and 10,000 doses of HAV from Katrina money
 - o Refugee program will use short dated vaccines and replace
 - o Working with the central pharmacy
- Is there money for testing? Yes.
 - o Does it include C markers? Yes

Hepatitis Coordinators meeting – November 2006

- Next meeting is April 12-13 in Orlando
- Visited all 13 funded counties in 2006 and one unfunded (Orange)
- Going to start visiting nonfunded counties in 2007
 - o Want to get all 67 counties on board with the 09 program
 - o Visiting Duval in February

South by Southwest meeting (HCV coordinators)

- CDC funds one coordinator per state. (ELC grant)
 - o FL unusual in having legislative funding.
- Discussed issues and unmet needs

- Want to do more HCV testing and provide treatment
 - CDC is “working” towards providing funding – federal legislation
- CDC and NASTAD were represented at the meeting.
- Discussed best practices
- By the end of the year, probably a separate hepatitis cooperative agreement (October)

April does Hepatitis Health quarterly – let her know if you want something to be included.

STD newsletter also distributed statewide

Hepatitis Day at the Capitol will be held May 1.

- The week of May 1 is the last week of the session.
 - Can’t make appointments, but along with a proclamation, we will get a resolution and have a legislator read it (becomes part of the official record, gets filed, and guests can be recognized – sitting in the gallery).
 - Second floor rotunda is reserved.
 - Lots of media will be present due to the time of year.
 - Leon CHD will offer HAV and HBV vaccines as well as HCV testing (Home Access)
 - Will work on a theme incorporating HBV Elimination
 - Will send a save the date email including information on how to contact your local legislator.
 - Potential theme – the other vaccine that prevents cancer
- 2008 – world hepatitis awareness week will be first week of May
- Chris Taylor is the North American liaison for world hepatitis awareness week
- Debbie can get panels from the hep C quilt to display at the rotunda.
-

Hepatitis Educational Conference – June 28-29, 2007

- save the date upcoming
- have started getting speakers
- Considering asking Gov. Crist – should we? Yes
- Dr. Styne might be able to work with Florida Hospital – new transplant program
- Roche will provide grant money and can cover Christopher Lawford
 - Can help provide CMEs
- Dr. Styne suggested a sliding scale for registration fees for CMEs and CEUs
- Can you run a counselor’s course of hepatitis for HIV 501?
 - Tools to implement integration within the counseling session.
- After bob’s presentation at PCPG – were interested in the universal risk assessment
 - Counseling intake form instead of counselor completed risk assessment
- Fun things – sexologist?
- Andi Thomas – basic hepatitis A/B/C

Update and discussion on revised strategic plan (Bob Keane)

- Met to revise and condense the strategic plan (in folder)
- Need to work on gaps in services, barriers in services, and unmet needs sections – designated time for discussion during this meeting.
- Andi would like to revise the background statement – too slanted towards HCV and injecting drug use. Maybe add a brief appendix with hep A, B, C. Will type up her recommended changes.
 - o Goals are really objectives and objectives are really activities
 - o Recommend cutting down to four goals
 - Health communication and policy
 - Goal 1 and 2 objectives
 - Increase technical capacity for providing hepatitis services statewide
 - Collaboration and services to increase internal and external collaborations
 - Access to lab, testing, vaccine,
 - Internal – county support, internal government interactions
 - Goal 3 has many passive objectives
 - Improving the level of surveillance and information management
 - QI program for case reporting
 - Identify barriers to reporting at provider and CHD level
- Dr. Styne – not enough in the document about treatment and educating the community about treatment. Mission statement for hep prevention program is about preventing transmitting but doesn't mention treatment. "treating disease is the way to prevent disease."
 - o Need to expose the public to the fact that there is treatment for HBV and HCV
- School based vaccination is not implemented across the country – may not work to focus on 25 and older. Migrant population is rarely vaccinated. Should focus on 18 and older.
 - o Saw this with Katrina migrants.
- Mission is the HPP mission, not VHC. Program needs a broader mission – only prevention no treatment – should be broader.
- Can oversee case reporting by monitoring the database.
 - o Chronic HCV – hardly any states report it. Dr. Hopkins looked at data and found that FL reports about 25%.
- Why called a comprehensive plan when listed for 3 years. Need to include primary, secondary, and tertiary prevention plans and must include treatment and set goals and objectives oriented with those levels.
 - o Need to be specific in the introduction about the limits
- Need to include integration as a goal and/or objective.
 - o Andi included in her potential changes.
- Should address the potential for treatment in jail facilities. Prisons are a separate system from the jails.
 - o Not every jail has the capacity to treat.

- Will take changes and suggestions and incorporate into another version of the draft for review.

Special guest star – Tom Liberti

- Working on CDC strategic plan – last one ended, didn't meet goals. Decided to extend the plan to 08/09.
 - o Need to set realistic objectives.
- Advocates at the federal level for funds, but can try to get people from other agencies.
- Letters from inmates asking for help – after physicians started doing treatment have decreased and there is a higher quality of care. HCV is the elephant in the room. Have laws that pressure DOC to do more HIV testing and there are some legislators who are interested in having more communicable disease testing in jails and prisons. Bill in legislature to mandate condom distribution in prisons.
 - o Work with Sheriff's Association to deal with jail issues and DOC for prison issues.
- Is the hepatitis program funding in danger because of the changes in tobacco \$?
 - o \$20 billion, frontloaded for 20 years
 - o Recurring GR – gold; tobacco – silver; nonrec GR – copper.
 - Most of hepatitis money is recurring GR
 - o Looking for a hepatitis advocate after turnover in the legislature.
 - Senator Crist of Tampa – may be an advocate
 - Senator Saunders of Collier CHD
 - Senator Dorsey (D) – Ft. Lauderdale is chair of committee
- Let us know about policy issues that we need to bring up to CDC. Hill visits mid April.
 - o Possible for VHC members to go depending on the visit.
- Monica Regan is the top budget office person in DC for Gov. Crist.
 - o Governor's office has a full office in DC.

Utilizing your CHD – Debbie Barnes

- Charlotte CHD – Hope Clinic
- Work closely with Charlotte CHD, Monroe CHD, etc
- Have a harder time getting access to Hillsborough CHD but working on it.
 - o Get access through HIV or Family Planning people if necessary.
- Most members of the public don't know what the CHD has to offer.
- If you need help getting to the CHDs – call HQ to contact lead person
- Board of governors of Florida Medical Association (represent county medical societies) called for increased hep testing. Next step is a resolution calling for increased hepatitis funding.
- HPP maintains a list of hepatitis contacts for all counties. Phil attends all HAPC meetings and does a hep update.

Andi – Medicaid has changed their formulary – one HCV is preferred and the other has a preauthorization requirement.

- Would like to have a motion from the hep council asking the bureau to look into the change

ACTION ITEM:

Andi Thomas motioned that DOH and HPP look into Medicaid's recent change moving one drug to preferred status and one to preauthorization status and report back.

- Charles seconded.
- Unanimous in favor.

AMA is having an immunization conf in Chicago February 27-March 1
Natl Immunization Conference is in March in Kansas City

Jennifer thanked Schering Plough, Roche and the Chance Center for funding.

Vaccine Initiative – Andi Thomas (ppt available)

- 123NoMi
 - o Hep-C Alert – founded in 1997
 - o Started using hep panel instead of test kits primarily in 2006.
- 81% of minority adults self-reported not ever receiving hepatitis vaccination
 - o Coverage remained low
 - o Applied for a closing the gap grant
 - Most of clients are minority
 - o Incentives for new clients in “low English proficiency settings”
 - o Only initiating vaccination for people who testing negative for hbv surface antibody antigen
 - Testing for cost effectiveness
 - o Goal is to reach 60% coverage.
 - o Good results (see ppt)
- New name: complete prevention
- How do you get your clients? Word of mouth referral.
- Did an ad campaign on BET and MTV for North Miami market.

PCPG Update – Lucretia Jones

- Created an eligibility application for patient care programs– adopted on Jan. 23.
Part of Administrative Code.
 - o When applying for any patient care services, use one form.
 - o Technical assistance and training will be provided.
 - o Trainings have started.
 - o Are the forms elec or manual?
 - Manual
 - Will they be converted?
 - o Dunno
 - o Maureen Merckle attended a training – seems like a great thing.
 - o Will this be accompanied by a resource guide?
 - Uh huh. Pam is making one.

- Finished patient care admin guidelines
 - Case mgmt training lost their trainer, but will be more in 2007.
 - There will be a online case mgmt orientation
- Ryan white grant app went out in December, will be announced in may/june. Will have a meeting to tell everybody.
- There is a ADAP program meeting in august some day.
- HOPWA contract model in production.
- Reporting unit is working on a report.
- New hires
- Lead agency meeting happened
- All titles meeting in March – Ryan White’s mom will be keynote
 - No registration fee – reg. starts mid February
 - DOH will pay for 100 DOH employees to attend AETC – only clinical staff. Call Lucretia.
 - Anything on hep/HCV/coninfection in all titles? No
 - That community doesn’t know anything about it.
 - Topics are chosen through suggestions from evaluations

ADAP can get 100 people who are coinfectd with HIV into treatment. Piloted in 6 counties last year and had recruitment problems.

Position statements from last meeting

Andi – didn’t complete

Dr Styne and Barb – don’t have it

- will get the draft and email to the group

Community Concerns

- (Amidei)Health councils and consortias – overlook issues of coinfection and hepatitis in general in their programming, discussions, and way of thinking. Need to work on reaching them and advocacy for hepatitis through the councils and consortias.
 - Do need to work on getting the word out to get those 100 into treatment.
 - Systemic problem that needs to be addressed – resources are available and absurd that it is being utilized. Systemic in the way that HIV/AIDS “industry” views HCV.
 - Bay CHD screens all HIV+ for hep and vaccinates. Checked all coinfectd and two started in the pilot and couldn’t complete the treatment regimen because of the difficulty.
 - Important to offer hope of something – it is rare that info about trials are offered to non responders.
 - Valent – talked to people at Orange CHD. Their problem with people for the program was varied: wouldn’t stop using; HIV wasn’t under control; housing was unstable; couldn’t make appointments. Hard to find a good candidate.

- Dr. Styne – doesn't see these problems in getting through treatment in the private community. Sees coinfecting HBV and HCV patients. Those patients understand that they are more likely to die of HCV than HIV.
 - Have to deal with the outside issues.
- What can the council do?
 - Have a breakout or workshop at some of the key meetings to provide education.
 - Barrier to integration – STD, testing, treatment, etc.
 - Only focus on tasks that you are funded for.
 - Hep C gets unrestricted educational grants to help fulfill mission
 - Also need to attend consortia meetings.
 - Found nothing relevant for hepatitis.
 - State does provide some guidance. There are hepatitis questions and in pilot found that people don't know much about hepatitis. If there is something needed, then need to know ASAP so that the survey can be put online.
 - Suggestions – will think it tonight and bring tomorrow.
 - Working on a oral HCV test soon.
 - Would prefer oral because blood draws are a barrier.
 - Need to get hepatitis information into the homeless shelter

PPG – Meaghan (info in folder)

- PPG talked about youth a lot.

Would it be a good idea to have someone talk about Ryan White at the conference?

- Is it the right audience?
- Silence is Death presentation in conference (cultural competency track)

Florida Hepatitis Resource guide – April (handout)

- presented and explained
- First page should include 800 number for ALF and HPP
 - Want to move away from HPP as a primary resource
- Pinellas hepatitis guide – info from HCVAdvocate.com
 - Interest from DOC in copying and distributing
- Need to update and find a fresh take – “50 Ways to Love Your Liver” is out of date
 - Need diversity of information
 - Need to develop a broader social marketing strategy – palm cards
 - One A/B/C poster – 11X17 or 16X24 (Spanish on one side, English on the other)
 - Create a unified color theme across items
 - Develop trifold for info

- Hep-C alert developed palm cards (4X6) with A/B/C
- ALF just developed a new line with vivid colors
- Andi – caution against healthy lifestyle faces or faces at all.

Gaps in services/Needs assessment/ Resource inventory

- Possibility of more funding in the future (ex. 317)

Gaps:

- Updated materials
- Treatment of uninsured patients
 - Dade has north and south Broward hospitals and specialty care clinics with huge treatment practices
- Education for CHD staff on available resources
 - CHDs lack innovation – empower health departments to do it
- Case management
 - Remember: treatment does not equal drugs. Mainly medical evaluation.
 - Linkage
- Standardized protocol for CHDs and new diagnosis
 - Perhaps address at conference or CHD Directors meetings/ conference calls
- PCR Viral load if hep antibody positive
- Funding for pretreatment evaluation
- Technical assistance guidelines for hepatitis
- Training medical care professionals
- Qualified providers
- Hepatitis testing locations outside of traditional locations
- Hep program in all counties
- Infrastructure

Barriers:

- Limited Resources – case managers already overworked
- Funding
- No knowledge of hepatitis
- Testing – needle sticks vs oral
- Correct tools
- Wait time
-

Can develop a position paper about gaps in services and submit to legislature.

Expand testing, add psychosocial support.

No more than 50 miles away from services.

Day 2

ALF Update – Jennifer B.

Established a medical committee that will meet Feb 6 to advise on programs
Doing a “Think B” program (piloted in NYC, LA, SF) to target the Asian community in Hillsborough. www.Thinkb.org
Walk is coming up mid May.

Continued discussion of unmet needs/gaps/barriers/burning issues

VHC can make a position statement requesting money for clinics.

Do we need to add a section for “recommendations for a program with more money” and “recommendations for current program”?

Physicians are unaware of CHD resources – every CHD is different.

- need to streamline and standardize CHD “hepatitis opportunities”
 - o to do that, you need Dr. Sorenson to mandate and CHD Directors on board

Quality Improvement projects (with existing funding):

- standardized protocols for patients with questions for CHDs (position paper – Debbie, Bob, Dr. Styne) to empower staff through education. (Audience: professional and at risk)
 - o create a TAG for hepatitis
 - RPR HIV and hep test should be standard
 - o Referrals
 - o Encourage CHDs to include CBOs.
 - o CHDs are hesitant to test because ppl don’t come back for their results.
- updated materials
 - o how to improve surveillance?
 - Difficulty getting private sector to report
 - Simplify the case definitions to make it easier to report a case
- training
 - o CBOs, (STD & HIV/AIDS)
 - o Training of trainers
- Capacity building
- Implement integrated HIV/STD/Hep CTL
- CTL in nontraditional settings

With original funding, no standardization or coordination with state program was established.

Unmet needs - \$ required

- supply of vaccine

- Enhance funded counties
- lab budget (pcr, and qual)
 - o for cbos
- case management
 - o need regional case managers
- Expand counties that receive funding
- Medical evaluation and treatment
 - o Viral load, quant, biopsy,

Barriers:

- Lack of evaluation and recommendations for funded counties.
- Access for patients (transportation, wait time, hours, language, proximity etc)
- Shifting priorities
- No Needle exchange or condoms in prisons

Phil's plan for the plan

- will take suggestions and stick them in the plan
- email next draft for review and suggestions
- send lots of emails
- ask for approval on final version within next couple of months
- publish and add to website

Barbara Rush suggest Deborah Orr as a replacement.

Bylaws

Need roles and responsibilities of co-chairs

- Article I
 - o Change all references to “Florida Hepatitis and Liver Failure Prevention and Program” to HPP.
 - o Drop Florida from “Florida Viral Hepatitis Council”
 - o Move Article I, Section I, Item 3 to Section II
 - o 4. The VHC is a member of the FCPN.
 - o Split Item 2 at the HPP convenes the FVHC
- Article II – add:
 - o FHPP
 - o “The VHC shall write and update as appropriate the Florida Hepatitis Prevention Comprehensive Plan.”
- Article IV
 - o Section 1, Item 2
 - Change wording to “shall not consist of more than 20 and no less than 12”
 - o Section 1, Item 3

- A) public sector including
- B) private sector and NGO
 - This shall include the following:
- Strive to include parity and inclusion.
- Section II
 - Delete item 3

(see notes on bylaws)

Article V, Section I,

- The council may create ad hoc committees or standing committees.

Article V, Section II moved to article IV as new section III and combined with article IV, Section I, item 6

Article VI, Section I.

- Delete “May---.”
- Add elections will be held “latest moth of calendar year in which a meeting is held”

Community Co-chair

Bob nominated Debbie Barnes. Andi seconded. VHC unanimously selected Debbie Barnes

Deborah Orr

Nominated, Seconded, and selected.

Maureen Merckle – Bob nom, Andi seconded, VHC selected

Discussion about inclusion of pharma reps as council members. Members decided to make a final decision on the membership

The next meeting will be held sometime in August.