HIV/AIDS Section Workgroup on ADAP
Meeting Summary
September 21, 2016

Roll Call
Paul Arons, Steven Badura, Jeff Beal, Carol Broxton, Martha Buffington, Jose Castro, Valentino Clarke, Christine Collis, Tammy Cuyler, Michael D'Amico, Annie Farlin, Leonard Jones, Marcia King, Kamaria Laffrey, Jimmy LLaque, Dominic Matthews, Joe May, Kim Molnar. Michelle Scavnicky, Elizabeth Sherman, James Talley, Debbie Taylor, Bonnie Tiemann, Gregory Timmer, Suzanne Williams

Absent
Lorenza Haines, Earl Hunt, Deidre Kelly (Retired), Karen Creary, Paul McKeel, Matthew Tochtenhagen

New Business – Members to Vote on June 15, 2016 Meeting Minutes
Three corrections on the spelling on names – Kristine Collins should be Christine Collis, Tammy Kyler should be Tammy Cuyler, and Marsha King should be Marcia King.

Motion to Approve with correction made by Leonard Jones
2nd – Elizabeth Sherman
Minutes unanimously approved

Patient Care Update – Joe May
Change in HIV/AIDS Section Administrator
It was announced that Laura Reeves is serving as the new Acting Section Administrator since Marlene LaLota's departure.

New Community Programs Supervisor
Shelley Taylor-Donahue joined as the new supervisor of the Community Programs Unit on July 5, 2016. With her hire, the Community Programs Unit is fully staffed.

Change in Reporting Unit Structure
Lina Saintus, supervisor of the Reporting Unit, left in July. Instead of keeping the Report Unit as a separate entity within Patient Care, the staff was split between the Community Programs Unit and the Data Integration Team.

HRSA Site Visit
- The timespan of the Corrective action plan is for one year and will conclude in May 2017.
- Weekly meetings have been conducted to address the findings and provide HRSA with a progress report on what has been done.
- Joe May to provide additional details of the activities on the next call.

Patient Care Needs Assessment Survey

- As part of the planning process and Statewide Coordinated Statement of Need (SCSN) the Patient Care section is required to conduct a comprehensive patient care needs assessment every three years.
  - There was a slight delay this cycle due to the completion of the Integrated HIV Prevention and Care Plan.
- The University of Florida (UF) is working on the needs assessment through a patient survey.
- Targeted dates for distribution are October 3, 2016 – January 2017.
- The survey will be available electronically and in paper format
- UF staff is working with local areas to provide more regionalized information about initiatives and to encourage participation.
- Joe May will provide a summary of the analysis and findings once the survey is completed.

Comments:
Paul Arons wanted to acknowledge Marlene LaLota's support of the Workgroup.
Debbie Taylor introduced Dominic Matthews as the new nurse in the HIV/AIDS Section.

Q: (Paul Arons) Has any progress been made on the Section's lack of budget authority on rebate dollars?
A: (Joe May) Internal discussions have taken place and they have put together a request for additional budget authority. This request has the support of the Department of Health and has moved on to the Governor's office and the legislature. They are considering the request which is positive because they could have declined the request immediately. If this is approved, there would be additional budget authority effective July 2017.

Q: (Paul Arons) Do you see them reducing budget for what we are getting back in rebate dollars?
A: No, we do not get a lot of general revenue dollars to begin with.

(Paul Arons) Our case is based on the need to have additional budget dollars. It is very likely that whatever package we get will include what we already get and then authorize additional authority.

Q: (Jeff Beal) Is the request that was put forth now (current fiscal year) as a test begin before July 2017 or after?
A: We are looking throughout the department to see if there is unused budget authority that already exists and we will utilize those funds first.

Q: (Paul Arons) What are our opportunities with this money?
A: Best opportunity to find unused budget authority might be within Central Pharmacy. If that is confirmed, then purchasing additional medications would be one of the few things that could be done. We might also explore the opportunity for a possible formulary expansion, additional Hep C drugs, or a combination of both.

Q: What languages will the needs assessment survey be available in?
A: English, Spanish and Creole.
Q: Electronic and paper?
A: Yes.

Dr. Beal asked all members to be advocates in their community and to rally support to distribute the survey to as many people as possible, especially focusing on those who are disenfranchised from being able to participate electronically by reminding them that there are also paper forms that can be mailed directly back to UF.

Some additional questions were proposed regarding prevention services, but will not be included in the needs assessment survey that will begin in October. The Section will work with UF on additional surveys that are short and focused.

Q: (Valentino Clarke) Will there be a smart phone application for the survey?
A: No, just web-based.

ADAP Program Update- Jimmy LLaque
ADAP Provide System Implementation

- The new system was implemented on August 31, 2016 and is now being utilized for client enrollment and medication dispensing activities for both uninsured and insured clients.
- During the month of August nine hands-on trainings were held throughout the state with the developer Groupware Technologies. Additionally, a series of trainings took place in Tallahassee to train the central office staff which also included all of the ADAP consultants, Central Pharmacy, as well as the Medical Unit staff. Groupware Technology conducted a number of “catch-up” webinars for staff who missed their face-to-face training.
- This new system will allow for the tracking of all data elements necessary to allow leadership to make better informed decisions
- The new system will allow to for the standardization of ADAP services available throughout the state, which addresses one of the HRSA site visit findings.
- One of the key benefits of the system is its flexibility. This flexibility requires complete policy and procedures. A new manual was developed and is fully encompassed by this software. Any policy updates will be implemented through the use of this technology.
- Clients will now be able to use a web interface to apply for ADAP benefits.
- The ADAP team has been hands-on with the implementation and has been able to address issues as they arise.
- The goal was that no client would go without medication because of the implementation. There have been some noted delays throughout the state. Please contact Jimmy LLaque or Steven Badura if you experience any issues with service interruption.
- Enhancements in 2017 will include:
    - e-prescribe

- reporting module that will allow for customized reports
- data-sharing
- elimination of the prescription dispensing authorization (PDA) process and move to an electronic system
- ability to scan ADAP client records (5 years)

Expansion of the ADAP Formulary

- In 2010 reduced the number of medications available as part of a cost-containment measure and to address the client waiting list.
- The formulary was restricted to only anti-retroviral therapies and some opportunistic infection medications.
- Since the elimination of the client waiting list in 2012, the program has been able to implement measures that insure the healthy sustainability of the ADAP program.
- The HIV/AIDS Section is now considering bringing back the medications that were removed in 2010 and also considering other classes of drugs used to treat ailments with high morbidity and co-related with HIV/AIDS.
- Dr. Beal has agreed to review the 2010 formulary and will provide a recommendation to this workgroup on medications that can be included in the roll-out.
- We must ensure that this expansion is aligned with the budget and budget authority for 2017.

Q: (James Talley) What other classes of drugs are available? Are statins and depression medications included?
A: The main goal is to review 2010 formulary and bring back those drugs first. There are other categories that we might consider.

- Dr. Beal will send out the old ADAP formulary to the group as a starting point for conversation on expansion. Will be taking into consideration those drugs that are more difficult to obtain (not covered by local area programs).
- Dr. Arons suggested that HRSA might have a recommended ADAP formulary.
- Dr. Arons mentioned that statins were included in the previous formulary.

Q: (Paul Arons) Even before the expansion is addressed, is there a provision to add the flu vaccine in the existing formulary in the interim?
A: Dr. Beal has not heard of anybody not being able to access the flu vaccine. James Talley mentioned that he could not get the pneumonia vaccine. Dr. Beal noted that vaccines should be examined for possible inclusion in the formulary.

Preparation for the Upcoming Insurance Open Enrollment Period

- Begins November 1, 2016.
- Used the summer to conduct a review of the last enrollment period and address deficiencies.

- Section leadership met in Orlando in August 2016 with Area HAPCs and Ryan White Part A representatives to discuss and plan in collaboration for the upcoming enrollment period.
- It was noted that decisions made on plan selection affect the continuum of care.
- Working to increase access to care. Need to work collaboratively to address HIV and primary care needs.
- ADAP will expand insurance eligibility to 400% of the federal poverty level (FPL).
  - Clients between 100-400% will be eligible for assistance for premium coverage.
- Discussion on plan of action for clients whose income are below 100% of the FPL.
  - These clients will continue to be served through the direct dispense program for the uninsured. However, they are considering expanding the FPL criteria to include those below 100% for the 2018 benefit year.

Q: (Marcia King) Are you considering other insurance companies besides Blue Cross? The credentialing process is cumbersome and that delay often leads to patients dropping out of care.
A: Yes, we will consider other carriers provided that their benefits are compatible and viable to the ADAP service delivery model.

Q: (Marcia King) Once you have selected the companies, can providers be notified so that they can begin the credentialing process?
A: We can begin with a statewide list of plans that are supported (ADAP, Part A and B). The list will be amended with any new additions.

Q: (Paul Arons) How many additional individuals are between 250-400% of FPL?
A: The majority are within 100-300% of FPL. ADAP has been budgeting for 1500-1700 additional clients due to the expanded eligibility.

Q: (Paul Arons) When taking someone out of ADAP and purchasing insurance for them, do we make sure the new coverage would cover hepatitis C treatment?
A: Yes, it is a factor that would be considered. But because of the hepatitis C treatment project, these clients would still be able to access the medications.

Update on Hepatitis C Pilot Program

- 33 active clients: 7 have completed treatment, 17 are currently in treatment, and 9 are in the process of being enrolled.
- Encourage members to remind the staff that the program exists.
  - ADAP faxed fliers to medical provider's offices who treat patients to advertise the program. Hoping that will encourage increase enrollment.

Q: (Paul Arons) Have we had any further communication from the UF hepatitis program that we advised the group about during the last call?
A: (Dr. Beal) No, Dr. Nelson was going to get back to with me when they were up and ready. Will reach out to him again to find out the status of their program. As a reminder,

this program was going to observational clinical trial designed to gather data on the success in treating patients infected. The agreement was that if a person was an ADAP client, ADAP would get the data from UF and UF would get the treatment drugs from ADAP.

Given the estimates on the number of ADAP clients who are co-infected, it seems concerning that more individuals are not taking advantage of the program.

Dr. Beal asked that the participating Part A representative for their thoughts on how enrollment might be increased.

Leonard Jones – In their area, they have gone to all of their treating physicians to advise them of the availability of the project. Feedback has been that a lot of individuals are using the patient assistance programs (PAP). They do not want to expend ADAP funds if they can readily get the treatments through patient assistance programs. Also, the PAP programs often have next day start dates for medications.

Dr. Beal requested Jimmy LLaque's assistance in reaching out to the PAPs directly to ask them to redirect eligible ADAP clients back to the pilot program if they are requesting Harvoni® or Viekira Pak™.

Q: (Paul Arons) When clients re-enroll, can we ask if they have a hepatitis C diagnosis? That might get to the bottom of whether clients are actually using the PAPs or whether that is just an anecdotal statement.
A: Through the Surveillance Section, ADAP does have access to lab data to be able to cross-check that information with the information in the new Provide system.

Q: (Dr. Beal) Do we have a baseline hepatitis C status available in the new Provide system?
A: Lab information is currently available, need to have the conversation of what exactly that includes.

Q: (Paul Arons) Any information on how ADAP prepares for hurricanes and other natural disaster?
A: (Carol Broxton, Acting Director of Pharmacy Services) The pharmacy received notice that they would be closed. As questions came in and as people needed services, the pharmacy worked to ensure that people had access to the medications they needed so there wouldn't be an interruption to therapy. Pharmacists took their laptops home and were able to work remotely.

Q: (Paul Arons) Jimmy, do you have any information from the field about whether or not individuals were able maintain access to their medications?
A: In preparation for hurricane season, ADAP staff contacted the county health departments to request their Continuity of Operations Plans (COOP) in the event of natural disasters. Those plans were reviewed to ensure that there would not be any disruption of services. During the most recent storm (Hermine), ADAP notified the

county health departments of their closure and asked them to activate their COOPs. The feedback was that the notice of closure came too close to the actual closure time and that there was no time to react.

Q: (James Talley) Were there any complications with medications that needed to be refrigerated due to the power outage?
A: We did not hear of any.

Jimmy LLaque asked for continued feedback from the field especially as it relates to the implementation of the new Provide system.

Local Member Discussion
There was no discussion from the local members.

ADAP Workgroup Members
Q: (Mike D'Amico) Can you give a status update on the pharmacies getting medications for Test and Treat?
A: (Carol Broxton) The Central Pharmacy is awaiting clearance from legal. Need to transition inventory out the nurse issuance program to the county health departments who have pharmacies.

- Dr. Broxton will follow-up with the legal department to get an answer by the week of October 3, 2016.

Q: (James Talley) Is the new computer system going to cause delays in clients getting medications?
A: ADAP's goal is that the transition would not have any impact on the delivery of services. Please let the state ADAP office know of any issues immediately.

Q: (Marcia King) What is the status on the Part B Standards of Care?
A: (Dr. Beal) That process was a bit sidetracked with the change in the HIV/AIDS Section leadership. HRSA has informed the Part C's that they cannot use the DHHS guidelines alone and that standards of care now need to address issues in individualized clinical settings. This results in much more work for the workgroup.

- Dr. Beal will refocus his efforts to draft the initial standards of care and borrow quite heavily from other states who have already begun this process.
- The workgroup will have to continually monitor the standards for updates.
- Dr. Beal will consult with the Part B Project Officer to get clarification on whether the rules that apply to the Part C Standards of Care are applicable to Part B Standards of Care.

Public Comments (20 minutes)
No public comments were provided during the call.

Closing Remarks/Adjourn
Dr. Beal – Thanked the group for their participation. He once again encouraged workgroup members to pass along any feedback they received from their respective

communities during the transition to the Provide system directly to the HIV/AIDS Section by email Jimmy LLaque and copying the Medical team.

Laura Reeves will join a future call to be introduced.

Next meeting will be December 14, 2016 at 3:00 PM.

Follow up Items:

1. Adding flu vaccine to the formulary in time for this season
2. Is hepatitis status part of Provide, or if not, can it be added
3. Legal status of medications for Test & Treat, Dr. Broxton by October 7
4. Do Part C Standards of Care apply to Part B. Dr. Beal and Project Officer