



**Medical Care Subcommittee Meeting
 United Way Ansin Buidling, 3250 SW 3rd Avenue, Conference Rm. A
 June 24, 2016**

Approved July 22, 2016

	Members	Present	Absent
1	Bannister, Christina	x	
2	Castro, Jose		x
3	Friedman, Lawrence	x	
4	Heredia, Ozzie		x
5	Nolasco-Warden, Maria	x	
6	Romero, Javier		x
7	Santiago, Steven	x	
8	Sawaged, Ray	x	
9	Valle-Schwenk, Carla	x	
Quorum: 4			

Guests	
Ana Nieto	
Dr. Mark Keller	
Wanda Cortes	
Dr. Luis Saenz	
Virgil Lijfrock	
Raiza Velez	
Staff	
Marlen Hernandez	
Francisco Sastre	

I. Call to Order/Introductions

Dr. Steven Santiago, the chair, called the meeting to order at 9:08 a.m. He welcomed everyone and asked for introductions.

II. Resource Persons

Dr. Santiago indicated Behavioral Science Research (BSR) staff as resource individuals.

III. Review/Approve Agenda

The subcommittee reviewed the agenda and accepted it as presented.

Motion to accept the agenda with the addition.

Moved: Dr. Jose Castro

Seconded: Dr. Lawrence Friedman

Motion: Passed

IV. Floor Open to the Public

Dr. Santiago read the following: *“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.”*

There were no comments and the floor was closed.

V. Review/Approve Minutes of February 26, 2016

Members reviewed and approved the minutes of February 26, 2016 and accepted them as presented.

Motion to accept the minutes of February 26, 2016 as written.

Moved: Dr. Lawrence Friedman

Seconded: Dr. Maria Nolasco-Warden

Motion: Passed

VI. Membership

Marlen Hernandez indicated three members had termed off between April and May: Tabitha Hunter, Duff Masterson, and Dr. Luis Saenz. She reviewed the vacancy report (copy on file) and reviewed all the vacancies on the subcommittee. Anyone who knows of individuals interested in the subcommittee should contact staff.

There are four pending applications, but only one applicant, Dr. Mark Keller, was present. Dr. Keller has served as a member in the past, and indicated his interest in the subcommittee.

Motion to recommend Dr. Mark Keller as a member of the Medical Care Subcommittee.

Moved: Dr. Jose Castro

Second: Dr. Maria Nolasco-Warden

Motion: Passed

Members asked if other prior members could join. Ms. Hernandez indicated that they could, but had to wait two years between terming off and reapplying. For example, Wanda Cortes will be reapplying in November.

VII. Reports

- Ryan White Program Update

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed the Part A/MAI expenditures for FY 25 which was finalized. In direct service dollars 88.93% was spent under Part A and 95.51% for MAI. Under Part A, \$5,379,189.38 was spent in Outpatient Medical Care, \$2,507,114 was spent on Oral Health Care, and \$2,460,612.48 was spent on Health Insurance Services. In MAI, \$1,099,400.56 was spent on Outpatient Medical Care. For FY 26, expenditures are 14.37% in direct cost for Part A and 11.53% in MAI.

Year 26 grant award was received and sweep request for reallocation are due today. The reallocation requests will be presented at the July Partnership meeting. The grant application received 99 out of 100 with no noted deficiencies. The new grant guidance will be coming out soon with a due date in October.

Work continues on the joint CDC/HRSA Integrated Plan and deadlines are being met. Submission is expected to be in August.

- Partnership Report

Steven Santiago

Dr. Santiago reviewed the Partnership report (copy on file).

- Expenditure Reports

- ADAP Update

Marlen Hernandez, for Dr. Javier Romero

Ms. Hernandez reviewed the ADAP report for June (copy on file). The May figures are still being tallied since this report was originally provided very early in the month. Although tables 4 and 5 have May information. Additional updates can be found in table 7. Ms. Hernandez referenced the two memos on the newest additions to the ADAP formulary, Descovy and Odefsey (copy on file).

- General Revenue

Wanda Cortes

Ms. Cortes reviewed the General Revenue report for April and May (copy on file). In April, 319 clients were served at a total expense of \$31,494.95 and in May, 307 clients were served at a total expense of \$38,900.61.

VIII. Standing Business

There were no standing business items.

IX. New Business

▪ **Chair-Elect Elections**

Marlen Hernandez

Ms. Hernandez indicated that the chair-elect, Tabitha Hunter, had termed off in April. There is a vacancy for the chair-elect. Christina Bannister was nominated as chair-elect by the subcommittee.

Motion to nominate Christina Bannister as chair-elect of the Medical Care Subcommittee.

Moved: Dr. Maria Nolasco-Warden Second: Dr. Lawrence Friedman Motion: Passed

▪ **Odefsey and Descovy**

All

The ADAP program just approved Descovy and Odefsey to their formulary, per protocol the Ryan White Program evaluates new additions. Marlen Hernandez compiled pricing information on the two new medications and their comparable drugs Truvada and Complera (copy on file). The medications have a reformulated tenofovir component which makes it a safer option for patients. Descovy is price neutral to Truvada but Odefsey is more expensive under 340B pricing than Complera. The subcommittee agree that the medications are life saving and have fewer issues in the long run for patients so it is a cost savings as well.

Motion to add Descovy to the Ryan White Prescription Drug Formulary.

Moved: Dr. Maria Nolasco-Warden Second: Christina Bannister Motion: Passed

Motion to add Odefsey to the Ryan White Prescription Drug Formulary.

Moved: Dr. Lawrence Friedman Second: Dr. Maria Nolasco-Warden Motion: Passed

▪ **Pregnyl Usage**

All

The subcommittee reviewed the injectable drug Pregnyl (chorionic gonadotropin for injection USP). The package insert for the medication was reviewed (copy on file). Aside from a fertility treatment for women, the medication can be used in select cases of hypogonadotropic hypogonadism. Because it is an injectable used in the outpatient medical care setting it is not subject to the restrictions of the testosterone letter of medical necessity. The physicians agreed that it is less effective than testosterone but may be useful for endocrinologists or urologists to use. The subcommittee made a motion to restrict its usage to only hypogonadism as detailed in the medications package insert.

Motion to restrict usage of J0725 (Pregnyl) from Outpatient Medical Care and limit to endocrinologist or urologist due to select cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males and disallow for all other purposes.

Moved: Dr. Mark Keller Second: Dr. Maria Nolasco-Warden Motion: Passed

▪ **Fracture Assessment**

All

The County wanted some clarification on medical issues related to HIV and bone fractures. Various abstracts and an article were shared with the workgroup to start discussion (copies on file). There are documented cases in which HIV can affect bone density, particularly if there is avascular necrosis. Some medications affect mineralization of the bones. All patients should receive a bone density exam to evaluate fracture risk.

▪ **YR 25 Utilization**

Marlen Hernandez

Ms. Hernandez reviewed the YR 25 Utilization for Outpatient Medical Care, Oral Health Care, Prescription Drugs, and Insurance Services (copy on file). The data had previously been presented during the Needs Assessment earlier in the month.

▪ **No-Show Rates for Outpatient Medical Care**

All

The subcommittee had an animated conversation regarding no-show rates for Outpatient Medical Care. The issue was raised because of discussions held at a previous Needs Assessment Meeting. The no-show rates vary across agencies, but can be as high as 30%. Each of the members who are medical providers provided their insight.

- One provider conducts robocalls, medical coordinators call patients, and cards are sent as reminders. Patients who will be seen on that day are discussed amongst the medical team.
- One provider also uses robocalls, but is currently in the process of changing their method of booking visits to waves, in which patients are double booked per appointment
- Another provider calls the day before, and runs reports. For clients who have missed three appointments and have not called, the information is shared with the medical team and case managers to follow-up.
- Another provider has slots based on whether a patient is a new client or follow-up appointment; new appointments are 30 minutes in length and follow-ups are 15 minutes in length. The disadvantage in this method of booking is if there is a no-show from a new patient, it sets the scheduling back.
- Some agencies allow the physicians to have administrative days to catch up on paperwork and return calls, others do not.
- One agency has other projects (such as CDC) which allows for a person to be dedicated to calling at-risk patients.
- The problem is a complex one since the more complex the patient, the more likely they are not to attend appointments.
- Same day appointments are available at agencies.

X. Announcements

Ms. Hernandez reviewed the July and August calendars (copies on file). She announced that on August 10th a new member orientation will be held at BSR. She also announced that the law allowing PA and ARNP to prescribe DEA scheduled medications passed in late March, but will not go into effect until January 2017. There is also a CE being offered by the FDA on their enhanced search functions, which physicians, nurses, and pharmacists may find interesting, although not HIV related (copies on file).

XI. Next Meeting

The next meeting is July 22, 2016 at the United Way.

XII. Adjournment

Dr. Santiago adjourned the meeting at 10:49 a.m.