



## V. Review/Approve Minutes of August 25, 2017

Members reviewed the minutes and accepted them as presented.

### Motion to accept the minutes of August 25, 2017.

Moved: John McFeely

Seconded: Dr. Francis Martinez

Motion: Passed

## VI. Membership

Marlen Meizoso reviewed the vacancy report (copy on file). She indicated there are eight Medical Care Subcommittee (MCSC) vacancies at this time, including several for PLWHAs and a substance abuse provider. Interested individuals can attend an MCSC meeting or the next new member orientation on December 6, 2017, at Behavioral Science Research.

## VII. Reports

### ▪ Ryan White Program Update

*Carla Valle-Schwenk*

Carla Valle-Schwenk reviewed the September 2017 Part A/MAI expenditures as of 10/30/2017 (copy on file). In Part A, over 55% has expended in direct services, including carryover funding. In MAI, 57% of the award has been spent. The HRSA grant application has been submitted, a few days before the deadline. The request is for the ceiling limit, which is 5% more than this year's award (about \$28 million dollars). All federal reporting requirements for 2017 have been submitted ahead of their deadline. This week Ms. Valle-Schwenk was at a technical assistance meeting with HRSA discussing possible changes to the way HIV/AIDS unmet need is calculated. There is a desire to modify the definition of "in care" and "retained in care" but implementation of changes will not take place until 2019. Clients are enrolling in 2018 ACA plans with the assistance of American Exchange. The same restrictions for insurance plans will in effect for next year: \$1,000 premium cap, \$4,500 deductible, and \$6,500 max out-of-pocket. So far 300 ADAP clients and 200 Part A clients have enrolled, with an average monthly premium of \$750. A data sharing agreement with ADAP is taking place for ADAP to access American Exchange data. Sweeps 2 for Part A funds will be held next month and requests are due today. The County is working with the Florida Department of Health to access money to help pay for ACA insurance payments. The County notified subrecipients of all the changes recommended by the Medical Care Subcommittee and approved by the Care and Treatment/Partnership in October.

### ▪ Partnership Report

*Dr. Steven Santiago*

Dr. Santiago requested the subcommittee review the Partnership report, and if there were any questions to forward them to staff (copy on file).

### ▪ Expenditure Reports

#### ▪ ADAP Update

*Dr. Javier Romero*

Dr. Romero reviewed the report from November 15, 2017 (copy on file). In October there were \$2,449,863.53 spent on 4,526 prescriptions for 2,731 clients. The number of prescriptions has gone up because of the expansion of the formulary. The undetectable rate is 97.48%. Insurance payment information is located in Table 8. There were \$908,979.77 spent in insurance premiums, which is higher than last month, and year to date expenses are \$7,999,092. Part B formulary expansion for Phase 2 (II) is pending. The 90 day push program has started, and nine clients have been enrolled. As of November 14, there are about 280 clients eligible. Clients must start on either month 1 or 4 to qualify. The Q-flow data was reviewed. There are 28 ADAP-approved ACA insurance plans available for client enrollment.

- Part B, Phase 2 (II), ADAP Formulary expansion and future upcoming changes to Certification and recertification for ADAP *Maribel Zayas*

Maribel Zayas explained that the Phase 2 (II) expansion is being rethought. This expansion which would include most of the Department of Health (DOH) formularies (including Part B) was due to start in November. Central Pharmacy is reviewing issues of capacity. The target start is December 15 but local implementation may not take place at the same time. The Department of Health will work with the local Part A program to ensure a seamless transition.

There are also some additional changes that will be taking place. A new online function for recertification will be made available, tentatively in February 2018. Documentation will be uploadable to the ADAP website. Information regarding this new process will be shared with Part A Medical Case management training staff. Clients will need to be educated on how to upload the information into the system.

Phase I list of non-covered ADAP formulation of medications will be compiled. Once this is done a conference call will need to be arranged between DOH staff, Part A staff, and Dr. Beal. In addition, once Phase 2 (II) medications are implemented a review of the remaining medications on the formulary will need to be done to see if these would be HRSA allowable.

- SFAN *Wanda Cortes*

Wanda Cortes reviewed the September and October report (copy on file). In September, 272 clients were served at a cost of \$58,783.81. In October, the total number of clients was not provided, but the total cost of clients served was \$54,576.02. More antiretroviral drugs are being dispensed because of the FDOH Test and Treat initiative.

## VIII. Standing Business

- AIDS Pharmaceutical Assistance Services Description *All*

Mrs. Meizoso reviewed the AIDS Pharmaceutical Assistance service description (copy on file). Aside from updates to reference 2018 rather than 2017, no additional changes were recommended by staff and the subcommittee. Short-term medication will be provided by General Revenue. The General Revenue forms will need to be updated with the ADAP reasons.

## IX. New Business

- Mental Health Service Description *All*

Mrs. Meizoso reviewed the Mental Health service description (copy on file). Aside from updates to reference 2018 rather than 2017, no additional changes were recommended. A subcommittee member suggested adding some language to the fourth paragraph suggesting the importance of the service. The proposed language (underlined) was “Mental Health Services reimbursement under Part A of the Ryan White Program are limited to conditions impacting the treatment of the client's underlying HIV disease or treated within the context of the client’s HIV or AIDS diagnosis.” Ms. Valle-Schwenk indication she will check with the HRSA project officer to see if the new language complies with the regulations. The item will be reviewed again in January. Dr. Martinez noted that mental illness is one the top three ACHA conditions for hospital readmissions.

- Opioid Medications Review *All*

Mrs. Meizoso reviewed the Opioid Medications analysis (copy on file). The State of Florida has a database (E-FORCSE) into which pharmacists enter controlled substances information and providers can look up dispensing information. Most of the pain medications and cold medications with codeine are for short term usage. A discussion of short term medications should take place by the MCSC. Ms. Cortez indicated that some of the indications for codeine have changed. Additional discussion will be had at the January meeting.

- Changes to PAP Smear guidelines

*All*

Mrs. Meizoso reviewed the The American College of Obstetricians and Gynecologist article, UM protocols for conducting Pap smears, and the Minimum Primary Medical Care Standards for Chart Reviews (copies on file). Barbara Messick alerted the program that the Pap smear regulations had changed. Based on the guidance changes, language was modified in the Minimum Primary Medical Care Standards. The subcommittee reviewed the change and recommended additional modification to language. It was suggested to add women's wellness visit (which includes pelvic exam, breast exam, preconception planning and birth control). The language would be added between #29 and #30 and the other items would be renumbered. All the recommended changes will be reviewed at the January meeting.

- European Guidelines for HPV Vaccines and MSM

*All*

Mrs. Meizoso reviewed an article on HPV Vaccines and MSM from Medscape (copy on file). Joey Wynn forwarded the article and wanted the subcommittee to discuss it. The subcommittee indicated that the information was interesting but the guideline indications for the vaccine are specific for under age 26. Studies on those over 26 have not been conducted. The subcommittee indicated that they would wait until additional data are available and the indications are revised before making any recommendations.

- Ryan White Prescription Drug Formulary Request: Mytesi (crofelemer)

*All*

A request for Mytesi (crofelemer) was received (copy on file). Unfortunately, there was not sufficient time to do a literature review on the request. A literature review will be presented at the January meeting.

- Discussion of Program Requirement for Physical Therapy

Mrs. Meizoso explained that the County was looking for some guidance in regards to physicians making referrals for physical therapy. The conditions for which physical therapy would be allowable would be listed on the allowable conditions list. Staff had created a letter of medical necessity to begin the discussion (copy on file). The subcommittee agreed that a letter was not needed. It was suggested that the providers who are inappropriately sending referrals should receive trainings from the County. If the issue continues, this item may need to come back to the subcommittee.

## **X. Announcements**

Mrs. Meizoso reviewed the 2018 meeting dates and the memo for officer elections in January (copy on file). She also reviewed the December and January calendars (copies on file).

## **XI. Next Meeting**

The next meeting is January 26, 2018 at the United Way.

## **XII. Adjournment**

Dr. Santiago adjourned the meeting at 10:45 a.m.