

V. Review/Approve Minutes of March 22, 2019

Members reviewed the minutes of March 22, 2019 and accepted them as presented.

Motion to accept the minutes of March 22, 2019, as presented.

Moved: John McFeely

Seconded: Carla Valle-Schwenk

Motion: Passed

VI. Membership

Marlen Meizoso

- April Vacancies Report

Marlen Meizoso reviewed the vacancy report (copy on file). The report has been revamped to emphasize the ‘goal’ of increasing membership. There are 11 vacancies on the Medical Care Subcommittee, including several for PLWHAs; one for an MD, DO, APRN, or PA; a medical case manager; a substance abuse provider; and a mental health provider. If anyone knows of qualified members, please have them contact staff. The Community Coalition will be engaging in some targeted recruiting in the next few months which will hopefully attract more representatives of the community to the Partnership and its committees.

VII. Reports

- Ryan White Program

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed the Ryan White Program expenditures as of 4/9/2019 (copy on file) up to February. The program has served 9,582 clients. The final expenditures are still be tallied. Under Part A, 90.72% of direct service dollars have been expended; under MAI, 83.16% of direct service dollars have been expended.

The County is working on extending contracts. The resolution should be presented to the Board of County Commissioners in early May. Three RFPs are in various stages of completion. One RFP is almost ready to be announced to the Board of County Commissioners. The remaining two are almost ready for release.

At the last meeting the subcommittee requested to see if STI tests (syphilis, gonorrhea and Chlamydia) could be provided to Test & Treat clients. If a client is symptomatic for STIs at the time of the first visit, then testing is warranted, but must be documented. HRSA will not allow reimbursement for a second Test and Treat medical visit: clients must be enrolled in the Ryan White program to receive additional services. A presentation is being worked on to send out to physicians extolling the benefits of the Test and Treat program and explaining its protocols.

From July 2018-March 2019, 500 clients came through the Test and Treat process and about 400 were offered a prescription. Fewer than 30% were virally suppressed at last measure.

- Partnership Reports (reference only)

Mrs. Meizoso directed the subcommittee to the Partnership report (copy on file) which detailed the actions by the Partnership.

- Expenditure Reports

- ADAP Update

Javier Romero

Dr. Javier Romero reviewed the March 2019 ADAP report (copy on file). Clients enrolled in ADAP as of 4/10/19 totaled 5,812. The pharmacy expenditures for March were \$2,468,845.31 for 7,190 prescriptions and 2,702 patients. The fiscal year total spent was \$31,827,002.83. The undetectable viral load percentage for ADAP clients is 97.47%. In table eight, March expenditures total \$1,805,494.42 for 1,966 patients. The fiscal year expenditure for premium plus was \$14,267,693.64. Table ten indicates enhancements to the program, the emergency fill program will end June 30, 2019 and a two-year pilot with CVS Specialty Pharmacy will start for Counties without a Pharmacy and the West Perrine Clients (approximately 300 clients). On the back side of the sheet is the Q-flow data detailing services (language preference, no services provided, types of missing documents, etc). Syntusa has not been approved yet but might be in July.

VIII. Standing Business

- Minimum Primary Medical Standards for Chart Review Revisions

All

Mrs. Meizoso reviewed the Minimum Primary Medical Standards for Chart Review with the embedded suggestions reviewed over the last few months (copies on file). Mrs. Meizoso followed-up with the CDC regarding the zoster vaccine. They indicated that “neither CDC nor its Advisory Committee on Immunization Practices (ACIP) have issued recommendations for use of Shingrix in immunocompromised persons. We do not have data on the vaccine’s effectiveness or immune response in HIV-infected persons. We anticipate this issue will be discussed in the near future (perhaps as soon as later this year) by ACIP.”

The following suggestions were made to the document:

Page one: no additional recommendations

Page two: strike item number two suggestion since this is not an item that can be tracked in an electronic medical record.

Page three: strike item (w) and instead add-Item to be covered by subrecipient staff: If clients know of others who need PreEP or Test and Treat access, information and referral are offered.

Page four: no additional recommendations

Page five: no additional recommendations

Page six: no additional recommendations

Page seven: no additional recommendations

Page eight: for number 41, check with Dr. Beal regarding Zoster vaccination.

- Addition to Allowable Conditions list

All

Mrs. Meizoso indicated that while the subcommittee voted to add hormone replacement therapy at the last meeting, they neglected to add the disclaimer “for individuals of trans experience.”

Motion to add "for individuals of trans experience" to hormone replacement therapy on the allowable conditions list.

Moved: Dr. Mark Keller

Second: Wanda Cortes

Motion: Passed

Hormone Therapy for Gender Dysphoria and RW formulary

All

Mrs. Meizoso reviewed the items in the packet which were emailed, and which included the hormone therapy options from WPATH, the Journal of Clinical Endocrinology and Metabolism, and the chart of hormone options Part A and ADAP (copies on file). The chart of hormones will be updated to include

offerings under General Revenue and cost estimates. For testosterone usage, the letter of medical necessity will need to be updated.

Since hormones have not been added, the subcommittee made a motion to defer moving the addition of the hormone replacement so all the related items can be addressed at the same time.

Motion to hold off adding hormone replacement therapy notation to the allowable medical conditions list until hormones approved.

Moved: Carla Valle-Schwenk

Second: John McFeely

Motion: Passed

IX. New Business

- Colon Cancer Screenings

All

A provider had inquired if colon cancer screenings age should be reduced from 50 to 45 years of age. The subcommittee reviewed the guidance on colon cancer screenings from the US Preventive Task Force, CDC and the American College of Gastroenterology clinical guidelines (copies on file). Based on the guidance, some of the current language listed in the minimum primary care standards (item 24) needs editing.

It was suggested:

- Strike "prostate" and add "colon"
- Add "Discussion should take place earlier for those with several first-degree relatives who had colon cancer at an early age, for those who have or have close relative who had colorectal polyps or colorectal cancer, for those with inflammatory bowel disease such as Crohn's disease or ulcerative colitis or those with familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome) or colorectal bleeding is present."

The revisions will be brought to the next meeting.

X. Announcements

Mrs. Meizoso reviewed the revised June Needs Assessment fliers, calendar for May and June calendars, and FDA announcement Dovato, a new ARV medication (copies on file).

XI. Next Meeting

The next meeting is at 9:00 a.m. on May 24, 2019 at the United Way Ansin Building in Conference Room C.

XII. Adjournment

Motion to adjourn.

Moved: Dr. Robert Goubeaux

Second: Carla Valle-Schwenk

Motion: Passed

Mr. Palacios adjourned the meeting at 10:27 a.m.