



**Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd.,
Ste. 230, Coral Gables, FL 33134 and Zoom
February 25, 2022**

Approved March 25, 2022

#	Members	Present	Absent	Guests	
1	Baez, Ivet	x		Brad Mester	
2	Bauman, Dallas	x		Annie Nieto	
3	Cortes, Wanda	x		Carla Valle-Schwenk	
4	Dougherty, James	x			
5	Goubeaux, Robert	x			
6	Friedman, Lawrence	x			
7	Palacios, Carlos	x*			
8	Pinero, Carmen		x		
9	Romero, Javier	x			
10	Thornton, Darren		x		
11	Torres, Johann	x		Staff	
12	Vasquez, Silvana	x*		Barbara Kubilus	
Quorum: 5				Marlen Meizoso	
*virtual attendance					

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents.

I. Call to Order

Dr. Roberto Goubeaux, the Chair, called the meeting to order at 9:34 a.m. He introduced himself and welcomed everyone.

II. Meeting Rules and Housekeeping

James Dougherty reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. He also identified Behavioral Science Research (BSR) staff as resource persons for the meeting. If anyone had any questions, they could speak to BSR after the meeting.

III. Roll Call and Introductions

The Chair requested members and guests introduce themselves around the room. Staff introduced those members and guests participating via Zoom.

IV. Floor Open to the Public

Mr. Dougherty 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.”*

“BSR has a dedicated phone line and email for statements to be read into the record. No statements were received.”

There were no comments, so the floor was closed.

V. Review/Approve Agenda

The Subcommittee reviewed the agenda. The item “glucose monitors” should read “continuous glucose monitors.” The Subcommittee approved the agenda with the change noted.

Motion to accept the agenda as noted.

Moved: Dallas Bauman

Second: Dr. Lawrence Friedman

Motion: Passed

VI. Review/Approve Minutes of January 28, 2022

Members reviewed the minutes of January 28, 2022 and accepted them as presented.

Motion to accept the minutes of January 28, 2022, as presented.

Moved: Wanda Cortes

Second: Dallas Bauman

Motion: Passed

VII. Reports

▪ **Membership Vacancies**

All

Marlen Meizoso referenced the membership vacancy report (copy on file) and reviewed the vacancies on the Subcommittee. She indicated that anyone is interested in becoming a member, or if anyone knows someone who may be a good fit, to please have them contact staff. The Mayor’s office is currently vetting some members for Partnership seats.

▪ **Ryan White Program**

Carla Valle-Schwenk

Carla Valle-Schwenk presented the Ryan White Program (RWP) report, compiled January 2022 (copy on file). In Part A, 52.58% of funds have been spent, and in MAI, 36.95% have been spent. As of December 2021, the RWP had served 7,929 unduplicated clients. The RWP is caught up paying prior invoices, and is processing those from January. The fiscal year ends on Monday, February 28. The program had a site visit for the Ending the Epidemic (EHE) grant. HRSA staff met with providers, clients, and the Department of Health and seemed to have a positive outlook on the work being conducted. The County EHE has two components: HealthTech which expands telehealth services, and Quick Connect which expands TTRA including education to the community. These programs do not have an income eligibility screen.

▪ **ADAP Program**

Dr. Javier Romero

Dr. Javier Romero was not present for this part of the agenda, so Mrs. Meizoso reviewed the January 2022 report (copy on file). She highlighted the number of enrollees, expenditures at pharmacy, insurance payments, and program updates. Ms. Valle-Schwenk indicated that the County had sent the list of Part A providers with pharmacies to Magellan.

▪ **Partnership Report**

Marlen Meizoso

Mrs. Meizoso referenced the Partnership report (copy on file) indicate the motions made at the February meeting which included several items previously voted upon by the Subcommittee.

VIII. Standing Business

▪ **Continuous Glucose Monitors**

Mrs. Meizoso explained that at the November meeting, the Subcommittee had discussed continuous glucose monitors (CGM) as part of the formulary. CGMs are now a standard of care for diabetes management. Staff provided utilization data on insulin and related durable medical equipment (DME) codes, to see the potential number of clients who may qualify for CGMs (copy on file). From FY 19 to FY 21 (as of February 17) there were only 119 clients and \$5,211.64 expended during the time period. The lower utilization is likely due to Ryan White clients accessing ADAP for medications. Ivet Baez reviewed the information sheet on the two types of devices (copy on file). Most insurances, Medicare, and Medicaid have requirements for accessing CGMs. Typically, clients must inject insulin at least three times a day, need frequent adjustments, and have a six-month visit with their primary care physician. Some insurances require a prior authorization. The FreeStyle Libre is a good option because of the alarms it has, and readings are accessible via smart phones. This option's sensors last up to 14 days, are less expensive, and may be a good option for clients with Type 2 diabetes. The Dexcom G6 is more expensive with greater levels of information regarding glucose and may be a better option for clients with Type 1 diabetes. The Subcommittee suggested developing a letter of medical necessity for both devices and using clinical criteria to develop the draft. Staff will bring a draft for review to the next Subcommittee meeting.

▪ **HIV and Aging-Topics: Diabetes and Kidney Disease**

All

The Subcommittee reviewed a variety of topics on HIV and aging. Regarding this month's topics, diabetes and kidney disease, the following comments were made:

- Kidney diseases is an issue with aging
- Kidney disease more common with some populations being treated e.g., African Americans
- There are newer drugs that are better for overall health
- For clients with kidney/diabetes issues, refer to a nutrient or other specialty care e.g., nephrology
- Clients have issues paying copays for Medicare because of loss of income
- Comorbidities are complicating factors
- Clients do not understand how to navigate the system
- Medicare and low-income subsidy are a good training opportunity for MCMs
- Part A ran a report* on clients 65 years old and older, and there are several clients who should have applied to Medicare
- ADAP* is also looking at clients 64+ years old, and 120 clients will be 65 this year
- The data reports* on age will be shared at the next meeting
- Those clients who are 64+ years old should be flagged in the system
- Clients need critical time interventions since natural supports are lacking with aging. Thriving Minds (a service provider) does trainings on the topic
- Home Health is useful to keep populations out of the hospital and reduce specialty visits e.g., nurse watches person who is diabetic take medications. Part B/General Revenue maybe resources for this service category.
- The ADAP program pays for Medicare Part D copayments
- A lifetime penalty exists if clients do not apply to Medicare on time
- Combination medications for other conditions is recommended with certain comorbidities e.g., use of channel blocker with ACE inhibitor (AHA recommendation)
- It is very helpful having a specialty program (population health specialist) which targets unregulated diabetic clients
- Patient health navigator follow clients and developed applications to help client
- Is it feasible to train MCMs to become population health specialists on diabetic issues, or to assign a champion at an agency?

▪ **Discussion: Gender-Affirming Care**

All

The Subcommittee reviewed the HRSA letter regarding gender-affirming care and the HRSA website (copy on file). The Subcommittee made the following comments:

- Outside of Florida, there are restrictions on minor children and access to gender-affirming care
- Coadministration of gender affirming hormones and antipsychotic has not been studied: a client in residential care decompensated
- While supported in residential care, transitions must take into account the mental health and substance use patterns and requires sobriety
- Naming the clients is a problematic issue
- There are issues in how clients are identified by insurance (non-matching documents)
- Some EMRs offer preferred name field if needed
- Not everyone is familiar with hormone replacement
- More sensitivity training of front desk staff and MCMs is needed
- Constantly need to work on educational component -- an educational piece is needed
- In the ADAP system, a modified name may not match the prescription name since legal name is placed on the prescription
- Important to have a peer work at the agency or have a champion at an agency since this allows for a relatable experience for clients
- Access to mental health clinicians well versed in transgender care needed
- Resource guide that IDs trans friendly providers with experience

IX. New Business

None.

X. Announcements

Barbara Kubilus announced that BSR, Health Choice Network, Department of Health Miami-Dade, and Part A are jointly applying for a telehealth grant which would provide five awards to Part A agencies to enhance telehealth services.

Mrs. Meizoso indicated annual disclosure and source of income forms were sent out. Hard copies for those who have not completed the forms were included in the meeting materials. Once completed, please return to staff.

XI. Next Meeting

The next Subcommittee is scheduled for March 25, 2022 at BSR.

XII. Adjournment

Motion to adjourn.

Moved: Dr. Lawrence Friedman

Seconded: Dr. Javier Romero

Motion: Passed

Dr. Goubeaux adjourned the meeting at 11:21 a.m.