



**Medical Care Subcommittee Meeting
Frankie Shannon Rolle Center, 3750 S. Dixie Highway, Room 115
May 29th, 2009 Minutes**

Approved July 24, 2009

#	Members	Present	Absent
1	Clarke, Harold	X	
2	Cortés, Wanda		X
3	Ferron, Pansy	X	
4	Gutierrez, Nancy	X	
5	Jayaweera, Dushyantha	X	
6	Illa, Lourdes		X
7	Keller, Mark R.	X	
8	Romero, Javier	X	
9	Santiago, Steven	X	
10	Taylor, Jacqueline		X
11	Wohlfeiler, Michael	X	
12	Vasquez, Silvana	X	
13	Vazquez, Isabel	X	
Quorum: 6			

Guests	
Jeffrey Beal	Yvette Rivera
Luis Espinoza	Juan Sanchez
Theresa Fiaño	Sami Shafiq
Gisell Hernandez	Natalie Sosa
Cheryl Holder	Carla Valle-Schwenk
Virgil Lijfroch	Drew Werner
Angela Loboguerrero	Eddie Orosco
John McGuirk	
Amy Polanco	
Staff	
Ariel Eshel Bernstein	Susy Martinez
Christina Bontempo	Sandra Sergi
Beth Hayden	Kim Tardalo
Marlen Hernandez	

I. Call to Order/Introductions

The chair, Harold Clarke, called the meeting to order at 9:10 a.m. He welcomed everyone and asked for introductions.

II. Resource Persons

Mr. Clarke indicated Behavioral Science Research (BSR) staff as resource individuals.

III. Review Agenda

The committee reviewed the agenda; the Miami-Dade AIDS Drug Assistance Program (ADAP) pharmaceutical utilization report will include the ADAP program funding cut update, and staff was added to announcements.

IV. Review/Approve Minutes

The committee reviewed the minutes of March 27th, 2009 and the notes of April 24th, 2009.

Motion to accept the minutes of March 27th, 2009, as written.

Moved: Michael Wohlfeiler

Seconded: Steven Santiago

Motion: Passed

V. Special Presentation: Summary of AIDS Education and Training (AETC) Reviews in Miami-Dade County

Jeffrey Beal

AETC is federally funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act to train and educate clinicians and case managers. A chart based review of the Miami-Dade County Ryan White Program was conducted to identify strengths and opportunities for improvement in patterns of care and clinical operations. Dr. Beal presented a summary of the record review findings broken out into six sections: labs, vaccines and tuberculosis (PPD) testing, charting/monitoring, health maintenance/education, anti-retroviral (ARV) therapy and opportunistic infection prophylaxis (copy on file).

- Labs

The guidelines were generally met. Some providers request the wrong Hepatitis panel but in some cases this is an issue with the lab. Fasting status is sometimes not indicated. At some agencies obtaining results of labs is difficult. Providers should annually test clients for sexually transmitted diseases (STDs), provide vaccines and do a PPD. Anal and Genital exams should also occur annually.

- Vaccines and PPD testing

Vaccines are overall being administered but not all vaccines are available at each provider agency and documentation of reasons for not administering vaccines was frequently missing.

- Charting/Monitoring

The transition to electronic medical records is presenting some challenges since all information is not being transferred. In some records a complete list of medications with stop and start dates was not complete..

- Health Maintenance/Education

Pap smear results and/or documentation are not always available in the record. Adherence counseling is usually given but there is less documentation of counseling on nutrition, exercise, smoking cessation, prevention of disease transmission, STDs, birth control and drug and alcohol abuse.

- ARV Therapy

Guidelines are usually followed but when they are not there is not always documentation of the rationale or patient involvement in the decision for the deviation.

- Opportunistic Infection Prophylaxis

This is generally done.

In the future, AETC will conduct targeted reviews with a team of pharmacists and physicians. AETC will be offering pharmacy and primary care reviews or technical assistance on protocols and training. They can assist with updating standards, system analysis, in-office staff trainings and pharmaceutical formulary review. Employee training is also available through one to two week residencies at university affiliated sites.

Questions and comments were raised concerning comparing local data to national data to see how the outcome of the guidelines are improving the quality of life for clients. Staff will look into what can be found in the Part A database and bring this to the July meeting. AETC will forward their recommendations on the current standards to be presented at the next meeting. . Beth Hayden thanked AETC for their presentation and for their commitment to the community.

VI. Membership

Two applicants were present, Eddie Orozco and Carla Valle-Schwenk. The applicants introduced themselves and members voted.

Motion to recommend to the Medical Care Subcommittee to accept Eddie Orozco and Carla Valle-Schwenk as subcommittee members.

Moved: Steven Santiago

Seconded: Pansy Ferron

Motion: Passed

The full Partnership, committees and subcommittees are all in need of new members. There is a recruitment flier (copy on file) in today's meeting materials for physicians to post in their offices.

VII. Reports

- Ryan White Program Update

Carla Valle-Schwenk

The final expenditures for Fiscal Year 18 were reported: the entire formula award was spent but approximately \$1.2 million in supplemental and carryover funds were returned.

Sweeps were conducted and contracts are pending.

The Health Resources and Services Administration (HRSA) Office of Performance Review will be conducting a day and a half site visit at the end of June at the Office of Grants Coordination (OGC) looking at MAI goals, outcomes, factors contributing to success of and obstacles to meeting the outcomes. Three outcomes have been selected. The first is MAI clients with CD4 counts of 400 or more. The second is MAI clients who had a medical case management and at least one outpatient medical care visit. And the third is MAI clients reconnected through outreach.

The OGC will be releasing an RFP of about \$30 million dollars in General Funds on June 30th for 501 (c) 3 and faith based organizations targeting services to priority areas such as youth, basic needs and special populations. The RFP will be due two months after the release date.

- Partnership Report

Marlen Hernandez

The Care and Treatment Committee and Partnership approved the following:

- Oral Health Care Recommendations
 - Adoption of the 2008 Medicaid rates, with the approved provider multiplier, for Oral Health Care services for FY 19.
 - Addition of the nutritional counseling code, D1310, to the Ryan White Oral Health Care Formulary, and limitation of billing to twice per year.
 - Limit of billing to twice per year for tobacco cessation code, D1320.
 - Adoption of the compliance threshold of 100% on the eligibility section, and 80% on all other sections of the Oral Health Care Record Review.
 - Adoption of the HIV/AIDS Bureau HIV Core Clinical Performance Measures Adult/Adolescent Clients Group 2: Oral Exam.
- Sweeps
 - Allocation of unobligated dollars to outpatient medical care, medical case management, oral health care, mental health therapy, substance abuse residential and transportation vouchers as presented below.

RANKING ORDER	SERVICE CATEGORIES	TOTAL
1	OUTPATIENT MEDICAL CARE	\$9,354,881
2	PRESCRIPTION DRUGS	\$2,615,785
3	MEDICAL CASE MANAGEMENT	\$3,314,183
4	ORAL HEALTH CARE	\$1,481,622
5	MENTAL HEALTH THERAPY	\$239,084

6	SUBSTANCE ABUSE OUTPATIENT	\$165,271
7	INSURANCE SERVICES	\$325,000
8	HOME HEALTH CARE	\$0
9	SUBSTANCE ABUSE RESIDENTIAL	\$1,971,235
10	PSYCHOSOCIAL SERVICES	\$194,699
11	OUTREACH	\$422,879
12	FOOD BANK	\$307,516
13	TRANSPORTATION VOUCHERS	\$102,074
14	HOME DELIVERED MEALS	\$108,085
15	LEGAL ASSISTANCE	\$249,000
16	TRANSPORTATION SERVICES (VANS)	\$6,000
	SUBTOTAL	\$20,857,314
17	QUALITY MANAGEMENT	\$419,000
18	ADMINISTRATION	\$2,364,034
	GRAND TOTAL	\$23,640,348

- Expenditure Reports

- The February and March expenditure reports (copies on file) were distributed.
- Part A Pharmaceuticals (April)

At the February meeting a question was raised regarding the average cost per client. Staff contacted Automated Case Management Systems (ACMS) about the methodology for calculating the average cost. For the average cost per client year to date the total clients served figure is dividing by the standard and bulk expenses for the year. It was noted that low cost medications make this figure seem inaccurate.

- *AIDS Healthcare Foundation (AHF)* *Natalie Sosa*
 - 73 clients were served.
 - The average cost per client was \$99.09.
 - Remaining contract funds total \$907,637.13.

- *Citrus Health* *Carla Valle-Schwenk*
 - 11 clients were served.
 - The average cost per client was \$239.92.
 - Remaining contract funds total \$80,706.87.

- *CHI* *Carla Valle-Schwenk*

CHI did not submit a bill in March or April since they had a pending contract; these figures should be available at the July meeting.

- *Mercy Hospital* *Isabel Vasquez*
 - 423 clients were served.
 - The average cost per client was \$190.22.
 - Remaining contract funds total \$1,290,598.71.

- *Miami Beach Community Health Center (MBCHC)* *Mark Keller*
 - 46 clients were served.
 - The average cost per client was \$47.64.

- Remaining contract funds total \$142,318.58.

- *SFAN*

Gina White

- Gina White reported that some of the SFAN figures as reported by ACMS appear incorrect for April; she will contact ACMS and report back at the July meeting.

- o ADAP Report (May)

Javier Romero

- 2,321 clients were served.
- The average cost per client was 889.67.
- Overdue enrollment rate is four percent (4%).
- Overdue lab rate is 26%.

The overdue lab rate has improved now that ADAP-Miami has access to the PHT/Cerner System, although the target rate of less than 15% non-compliance has not been met.

The ADAP program has undergone a \$5 million reduction in this year's allocation. Additional funding may be available should there be a shortfall. If a shortfall is projected ADAP-Miami can make a request for more stock.

A new Department of Health initiative, Test and Treat Miami, designed to encourage regular testing as well as link positive clients to care, is scheduled to be launched June 25th.

The Rewarding Adherence to Medication Program (RAMP) is a new incentive developed to encourage clients to pick up medication on time. The program has restrictions and must be coordinated with the clients physician. Clients multiple undetectable test results in a row, who have been in care for a least one year and have picked up all their medications on time are eligible for the program which allows for a 90 days of medication to be picked up at once.

- o SFAN/General Revenue (April)

Gina White

- 451 clients were served.
- The average cost per client was \$271.67.
- Remaining contract funds total \$20,992.60
- The contract is 98% expended with two months remaining in the contract year.

- o Performance Improvement Advisory Team (PIAT) Report

Ariela Eshel Bernstein

The following was discussed at the May 15th PIAT meeting:

- As of April 2009 the Continuous Quality Improvement (CQI) technical assistance visits will be focusing on the medical components of the Comprehensive Assessment.
- The Comprehensive Assessment and review tool are being modified so that the medical case manager's assessment of the client's needs emphasizes adherence to medical appointments, treatment, safer sex education and more.
- The medical case manager's training focused on activities and exercises that summarized the material on required eligibility documentation and financial assessments.

- The aggregate scores for the Oral Health Care Record Review were presented to the PIAT and to the Oral Health Care Subcommittee; comments were submitted and the revised document will be reviewed in November.
- Over 300 Client Satisfaction Survey interviews had been completed at nine sites at the time of the PIAT meeting.
- Positive Outcomes, Inc. is conducting a national assessment of the training needs of HIV case managers and their supervisors. The assessment will inform development of training curriculum for use by Ryan White HIV/AIDS Program grantees. Contact staff for more information.
- The Medical Case Management Proficiency Exam had two sections: knowledge of HIV and medical case management duties. The performance threshold was set at 85%: 70% of participants met the threshold in the HIV section and 48% of participants met the threshold in the medical case management section. Those who scored below 85% on either section will be trained by CQI staff during technical assistance visits and asked to retest in August. Agencies are also expected to train their medical case managers.
- Five medical case managers participated in a 10 day study designed to gain information regarding the type of activities medical case managers dedicate the majority of their time to and to estimate the usefulness of introducing/re-introducing activity codes to the Service Delivery Information System. The analysis will be completed by the July PIAT meeting.

VIII. Standing Business

▪ Committee Composition

Members reviewed the current subcommittee structure. Ms. Hernandez suggested members change the Persons Living With HIV/AIDS (PLWHA) minimum seats to three rather than five which may include a peer counselor, break out the General Revenue seat, increase the Medical Case Manager minimum seats to two, and remove the Dentist seat since dentist are represented at the Oral Health Care Subcommittee. This will leave the composition with fifteen assigned seats and nine general seats, making it easier for interested parties to join.

Motion to accept the revised Medical Care Subcommittee Composition, as presented.

Moved: Dushyantha Jayaweera Seconded: Silvana Vasquez Motion: Passed

Motion to extend the meeting for 10 minutes.

Moved: Dushyantha Jayaweera Seconded: Pansy Ferron Motion: Passed

▪ ADAP Workgroup

The composition of the ADAP Formulary Workgroup was announced. In 2008 the Partnership requested the Department of Health include Partnership representation on the ADAP workgroup. In the original letter there had been a request that the Partnership be represented on the workgroup. Miami-Dade County has one representative on the board, Mark Corentin. Dr. Romero informed members that Mark Corentin is an ADAP pharmacist. Staff will invite Mr. Corentin to join the Medical Care Subcommittee. The members noted that while Miami-Dade County has a larger population affected by HIV/AIDS, Broward County has three representatives on the workgroup.

The lack of ADAP enrollment sites was discussed. A letter was requested to be written to Lorraine Wells, ADAP Program State Manager, requesting that all Ryan White Medical Case Management agencies be approved as ADAP enrollment sites.

Motion to send a letter to Lorraine Wells requesting that all Ryan White Program Medical Case Management agencies be approved as ADAP enrollment sites.

Moved: Dushyantha Jayaweera

Seconded: Pansy Ferron

Motion: Passed

- Ryan White Prescription Drug Formulary: Berocca/Berocca Plus Clarification

Reviewed clarifications to the Ryan White Part A Drug Formulary. The B-complex multivitamin Berocca is no longer manufactured in the United States which makes it ineligible for inclusion on the formulary. However, B-complex multivitamins were deemed still necessary and therefore the subcommittee made a motion to retain B-complex multivitamins, without the name brand distinction.

Motion to retain the B-complex multivitamin on the Ryan White Part A Drug Formulary.

Moved: Isabel Vazquez

Seconded: Silvana Vasquez

Motion: Passed

Motion to extend the meeting an additional 5 minutes.

Moved: Dushyantha Jayaweera

Seconded: Carla Valle-Schwenk

Motion: Passed

IX. New Business

- Ryan White Prescription Drug Formulary: E-mycin and Benzoyl Peroxide Clarification

On the currently formulary, the brand name drug listing for Benzoyl Peroxide is Benzamycin. The correct brand name drug is Benzac. It was recommended that the correction to the brand name be made and it was also recommended to remove the 5% and 10% strength distinction.

Motion to correct the Ryan White Part A Drug Formulary under Benzoyl Peroxide to the correct brand drug name, Benzac, and to remove the 5% and 10 % strength distinction.

Moved: Isabel Vazquez

Seconded: Carla Valle-Schwenk

Motion: Passed

Motion to extend the meeting.

Moved: Dushyantha Jayaweera

Seconded: Michael Wohlfeiler

Motion: Passed

- Ryan White Prescription Drug Formulary: Protonix Clarification

The Letter of Medical Necessity for Protonix was removed from the Formulary last year but a notation for Protonix remains. The notation can be perceived as limiting the medication for the treatment of helicobacter pylori. Members wanted greater clarification on the medication since recent studies have indicated that prolonged use of proton pump inhibitors may be counter indicated. Staff will consult a gastrointestinal specialist for more information.

X. Announcements

Members were asked to review the needs assessment meeting schedule (copy on file) in today's meeting materials.

XI. Next Meeting

The next meeting is July 24th at the Frankie Shannon Rolle Center.

XII. Adjournment

Mr. Clarke adjourned the meeting at 11:32 a.m.