



**Medical Care Subcommittee Meeting
Frankie Shannon Rolle Center, 3750 S. Dixie Highway, Room 115
July 24th, 2009 Minutes**

Approved August 28, 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	Orozco, Eddie	X	
9	Romero, Javier	X	
10	Santiago, Steven	X	
11	Taylor, Jacqueline		X
12	Wohlfeiler, Michael	X	
13	Valle-Schwenk, Carla	X	
14	Vasquez, Silvana		X
15	Vazquez, Isabel	X	
Quorum: 6			

Guests	
Mark Coarentin	
Erin Feeney	
Gisell Hernandez	
Pat Langsdale	
Sergio Lindarte	
Angela Loboguerrero	
Duff Masterson	
Yael Petretti	
Staff	
Beth Hayden	
Marlen Hernandez	
Kimberly Tardalo	

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 Performance Improvement Advisory Team (PIAT) report will be given by Beth Hayden.

IV. Review/Approve Minutes

The committee reviewed the minutes of May 26th, 2009.

Motion to accept the minutes of May 26th, 2009, as written.

Moved: Javier Romero

Seconded: Carla Valle-Schwenk

Motion: Passed

V. Membership

Marlen Hernandez

Ms. Hernandez reported that there are no pending applications for subcommittee membership. Attendees referenced the updated subcommittee composition (copy on file) and the full vacancy report (copy on file) in today's meeting materials. Ms. Hernandez welcomed Mark Coarentin, the local AIDS Drug Assistance Program pharmacy manager, who was invited following the ADAP Work Group member discussion at the May meeting.

VI. Reports

▪ Ryan White Program Update

Carla Valle-Schwenk

Minority AIDS Initiative (MAI) contracts are in preparation for the Fiscal Year beginning August 1st.

The Part A Sweeps process is underway; unmet need requests are due by August 3rd.

Residential substance abuse expenditures have increased significantly and the amount of clients has doubled. The increase in expenditures is threatening to push support service expenditures over the 25% Health Resources and Services Administration (HRSA)-mandated limit. Therefore, the County will reduce the reimbursement rate to \$125 per day, effective September 1st.

The outpatient medical care service category has seen an increase in usage of evaluation and management codes; the multiplier for evaluation and management codes were raised last year from 1.5 to 2.5. The multiplier rate will be reduced from 2.5 to 2 times the Medicare rate, also effective September 1st and enforcement of the 4 month billing limitation will begin. Staff will present data on different agencies use of evaluation and management codes for the next meeting.

The County has worked with Monogram Bioscience to develop a step-by-step process to assist providers with the trofile test, the protocol was sent to providers in June.

In response to the closure of the ADAP pharmacy because of an electrical fire in the building, the County has been working closely with the ADAP program to assist clients in maintaining their medications, securing drug dosages not carried by the ADAP pharmacy, and with 1 month overrides for pending applications.

The HRSA Office of Performance Review conducted a site visit regarding MAI funding recently; the preliminary report should be available soon.

The County General Funds Request for Proposal (RFP) has been rescinded because of the present budget crisis.

▪ Partnership Report

Marlen Hernandez

The Care and Treatment Committee and Partnership approved the following:

- Recommendation to keep B-complex multivitamins on the Ryan White Part A Drug Formulary.
- Adjusting the current prescription drug formulary label for Benzoyl Peroxide to Benzac and removing the strength distinction.
- Needs Assessment recommendations on the Year 20 priorities, \$23,640,348 flat funding and \$24,799,089 grant budget allocations.

▪ Expenditure Reports

- The May and June expenditure reports (copies on file) were distributed.
- Part A Pharmaceuticals

- *AIDS Healthcare Foundation (AHF) - May*
 - 116 clients were served.
 - The average cost per client was \$150.55
 - Remaining contract funds total \$871,048.68.

Carla Valle-Schwenk

- *AIDS Healthcare Foundation (AHF) - June* *Carla Valle-Schwenk*
 - 145 clients were served.
 - The average cost per client was \$215.76.
 - Remaining contract funds total \$839,763.63.

- *Citrus Health - May* *Carla Valle-Schwenk*
 - Nine (9) clients were served.
 - The average cost per client was \$174.33.
 - Remaining contract funds total \$79,137.87.

- *Citrus Health - June* *Carla Valle-Schwenk*
 - 14 clients were served.
 - The average cost per client was \$235.51.
 - Remaining contract funds total \$75,840.77.

- *CHI - May* *Carla Valle-Schwenk*
 - 20 clients were served.
 - The average cost per client was \$442.64.
 - Remaining contract funds total \$18,533.14.

- *CHI - June* *Carla Valle-Schwenk*
 - There was a billing issue with CHI in June; the expenditure report will be given at the next meeting.

- *Mercy Hospital - May* *Isabel Vasquez*
 - 406 clients were served.
 - The average cost per client was \$220.88.
 - Remaining contract funds total \$1,200,920.33.

- *Mercy Hospital - June* *Isabel Vasquez*
 - 414 clients were served.
 - The average cost per client was \$237.41.
 - Remaining contract funds total \$1,102,632.53.

- *Miami Beach Community Health Center (MBCHC) - May* *Carla Valle-Schwenk*
 - 29 clients were served.
 - The average cost per client was \$59.04.
 - Remaining contract funds total \$140,606.51.

- *Miami Beach Community Health Center (MBCHC) - June* *Carla Valle-Schwenk*
 - 48 clients were served.
 - The average cost per client was \$130.94.
 - Remaining contract funds total \$134,321.28.

- *SFAN - May* *Sergio Lindarte*
 - 408 clients were served.
 - The average cost per client was \$54.81.
 - Remaining contract funds total \$914,862.79.

- *SFAN - June* *Sergio Lindarte*

- 424 clients were served.
- The average cost per client was \$42.07.
- Remaining contract funds total \$897,027.19.

o ADAP Report

Javier Romero

- June

- 3,137 clients were served.
- The average cost per client was \$998.99.
- Overdue enrollment rate was six percent (6%).
- Over due lab rate was 25%.

- July

- 3,142 clients were served.
- The average cost per client was \$946.99.
- Overdue enrollment rate was four percent (4%).
- Overdue lab rate was 28%.

The overdue lab rate has improved since June closures; as of July 22, 2009 overdue labs were 22.75%. The goal statewide is 15%.

There is a "Simplify ADAP" initiative in place to reduce paperwork load and increase timeliness for medical case managers handling ADAP. Trainings will be held, schedule pending.

ADAP is working in collaboration with the County and BSR to identify clients at risk for having their cases closed by the ADAP database (six month re-enrollment + 2 month grace period).

The Rewarding Adherence to Medication Program (RAMP) is a new incentive developed to encourage clients to pick up medication on time; eligible clients will be able to pick up a 90 day supply of medications.

A flier (copy on file) is in today's meeting materials detailing the HIV Resistance Surveillance or Variant, Atypical Resistant HIV Surveillance Program (VARHS). This program provides genotype test results to physicians for patients who have tested positive. As of last week, there were 40 test results available. There is an up-to-date surveillance report (copy on file) for Florida through May in today's meeting materials.

The Test & Treat Miami campaign was launched on June 25th and extends to December 31st. This is a media campaign to encourage people to get tested and to be connected to care.

The Serological Testing Algorithm for Recent HIV Seroconversion (STARHS) Initiative is a surveillance employs a test that can determine if HIV infection occurred within 6 months; this will allow differentiation between new and older infections. Information on this program will be brought to the August meeting.

Ms. Hayden suggested distributing Miami Dade epidemiological data from the needs assessment at the August meeting.

A motion made at the May meeting requesting a letter be sent to Lorraine Wells asking why all Ryan White Program providers cannot be ADAP enrollment sites was sent back to the Care and Treatment Committee by the Partnership. Dr. Romero informed members that it is not possible for all Ryan White Program agencies to be ADAP enrollment sites because they can not have access to the ADAP database and agencies would have to respond to auditor general findings by returning funds. Dr. Romero explained that currently, agencies are pre-screening sites.

A follow up question was asked about the number of clients served under the Part A Pharmaceutical reports being listed but the amount spent reading \$0 on past pharmacy reports. Ms. Valle-Schwenk explained that drugs distributed were entered into the system but were not assigned a reimbursement rate; and one provider was also incorrectly using a code.

o SFAN/General Revenue

Sergio Lindarte

- May
 - 435 clients were served.
- June
 - 468 clients were served.
 - The average cost per client was \$144.24.

Dr. Wohlfeiler noted that Seroquel seems to be listed on several of the top ten drug reports. The medication is meant for patients who are bi-polar. Last year the letter of medical necessity for the medication was removed. Staff will report on usage at the next meeting.

o Performance Improvement Advisory Team (PIAT) Report

Beth Hayden

- Medical Case Management
 - Technical Assistance (TA) visits were cancelled in June due to the needs assessment. July TA visits will concentrate on preparation for the Medical Case Management Proficiency Exam retest.
 - The Comprehensive Assessment Tool has been revised; special concentration is now on the Comprehensive Health Assessment, the Health/Medical History, Medication and Adherence to Medications.
 - First quarter internal record reviews have been reviewed.
 - The preliminary data from the Activity Pilot Code Study was reviewed. A larger scale study will be developed and implemented.
 - The Medical Case Manager Trainings in July concentrated on the AIDS Insurance Continuation Program (AICP) and Ryan White Deductible/Co-Pay Program.
- Record Reviews
 - Oral Health Care Record Review Corrective Action Plans have been requested; follow-up reviews are pending.
 - A Prescription Drug Record Reviews will begin in October.
 - Outreach visits will be conducted in August.
- Medical case management and oral health care service utilization data were reviewed.
- The County will assign and track an adherence counseling code.
- Continuous Quality Improvement (CQI) and PIAT plan to update local guidelines at a later date. They are waiting for the results of a nationwide study being conducted by Julia Hidalgo and the development of additional training modules by the AIDS Education and Training Centers (AETC).

VII. Standing Business

- Letter of Medical Necessity (LOMN) for Trofile Co-Receptor Tropism Assay

Members compared the current LOMN to the Department of Health and Human Services (DHHS) guidelines and decided to remove the one time restriction as well as 3B, "A phenotype has been conducted

showing resistance to all drugs in all classes,” because medication can not be administered without a booster drug. It was noted that the original ADAP Prior Authorization form that the LOMN was based on has also been revised. The changes would go into effect upon approval.

Motion to remove the notation “Trofile Co-receptor Tropism Assay may be conducted only one time in a client’s lifetime,” limit from the Letter of Medical Necessity for the Trofile Co-Receptor Tropism Assay.

Moved: Michael Wohlfeiler

Seconded: Isabel Vazquez

Motion: Passed

Motion to remove requirement 3. B) “A phenotype has been conducted showing resistance to all drugs in all classes,” from the Letter of Medical Necessity for the Trofile Co-Receptor Tropism Assay.

Moved: Steven Santiago

Seconded: Michael Wohlfeiler

Motion: Passed

- Ryan White Prescription Drug Formulary Clarification: Protonix

At the May meeting, members discussed removing the restriction on Protonix. When the formulary was reviewed several years ago, a LOMN and separate motion restricting Protonix use were put into effect. The measures were due to concerns over usage and fiscal effects. Last year the LOMN was removed but not the notation restricting the drug only for the use of H. pylori. Staff emailed the Medical Care Subcommittee physicians to review the situation and respond. All respondents agreed the notation should be removed. The subcommittee then recommended removing Protonix all together from the formulary and adding omeprazole (Prilosec), an alternative proton pump inhibitor which is more cost effective.

Motion to remove pantoprazole (Protonix) from the Ryan White Part A Drug Formulary.

Moved: Michael Wohlfeiler

Seconded: Steven Santiago

Motion: Passed

Motion to add omeprazole (Prilosec) to the Ryan White Part A Drug Formulary per the moratorium, as a cost savings measure.

Moved: Isabel Vazquez

Seconded: Steven Santiago

Motion: Passed

VIII. New Business

- Minimum Primary Medical Care Standards

The AIDS Education and Training Centers (AETC) made some changes to the Ryan White Program Minimum Primary Medical Care Standards (copy on file). Members reviewed the document and discussed the following issues:

- #2: Would referral to OB/Gyn meet the requirement?
- #7: The screening should start at an earlier age for high risk clients.
- #9 What would be considered documentation of health education?
- #26: What kind of testing should be done for rectal or pharyngeal gonorrhea? Should this be done when a client does not have symptoms?
- #31: There appears to be a typo.

Staff will check with Dr. Jeffrey Beal for clarification on the revised standards. Staff will send out a reminder to review the materials so all comments can be discussed at the next meeting.

- Flu Discussion

Dr. Santiago explained that the H1N1 virus is expected to become more active in the next few months. HIV positive clients are more susceptible to the virus and if infected remain contagious for longer periods

of time. Some agencies have policies in place such as asking clients who are coughing to wear masks. A commercial H1N1 test should be available from Quest soon.

Although Tamiflu is available on the Ryan White Part A Prescription Drug Formulary, some flu strains are resistant to Tamiflu. Members therefore agreed that (zanamivir) Relenza should be added as a life saving measure.

Motion to add zanamivir (Relenza) to the Ryan White Part A Drug Formulary as a possible life saving drug in response to the H1N1 epidemic.

Moved: Steven Santiago

Seconded: Michael Wohlfeiler

Motion: Passed

Members also noted that pharmacies should expect an increase in H1N1 cases and appropriately stock Tamiflu and Relenza.

Ms. Vazquez noted that the Accu-check Active is no longer available and that the Accu-check Advantage is the closest substitute. Ms. Valle-Schwenk advised her that a change to the Ryan White Part A Prescription Drug Formulary is not necessary because diabetic meters are under durable medical goods. Ms. Vazquez will e-mail the County who will make adjustments accordingly.

IX. Announcements

Ms. Hernandez announced that on August 6th Guillermo Prado, Ph.D., of University of Miami, will present “Eliminating Health Disparities in Latinos” at the Care and Treatment meeting, and she asked members to review the AICP flier (copy on file) in today’s meeting materials.

Ms. Valle-Schwenk announced that that the Office of Grants Coordination (OGC) is moving to the 19th floor of the same building effective July 30th.

X. Next Meeting

The next meeting is August 28th at the Frankie Shannon Rolle Center.

XI. Adjournment

Mr. Clarke adjourned the meeting at 10:47 a.m.