

**SPBP Advisory Council Meeting Minutes**  
**Thursday, April 26, 2018**  
**10am-3:00pm**  
**Radisson Hotel Harrisburg**

**Advisory Council Attendees:** John Haines, Jerry Coleman, Rebecca Geiser, Margaret Hoffman-Terry, Leah Magagnotti, Cindy Magrini, Deb McMahon, Mimi McNichol, Robert Pompa, Heyzabeth Vaughn, Wayne Williams, Michael Witmer

**Guests:** Cindy Findley, Jill Garland, April Hutcheson, Sean Hoffman, Cheryl Henne, Roxi Green, Sayda Castaneda, Shannon McElroy, Sejal Thanicatt, Matt Sheffield, Brandon Cash, Casey Johnson, Kyle Fait, Lindsey Pitten, Tammy Keener, Moni Malomo, Beth Scott, Tre Alexander, Lauren Taylor, Brian Adams, Sarah Krier, Deborah Murdoch, Ashley Chung, Sandra Valdez, Sarai Flores, Mike Foeberdie

**1. Welcome, Introductions, Announcements and Updates-John Haines:**

- **Future SPBP Advisory Council Meeting Dates for 2018:**
  - Thursday, July 26, 2018 – 10:00 a.m. – 12:00 p.m. (conference call)
  - Thursday, October 25, 2018 – 10:00 a.m. – 3:00 p.m. (in-person meeting – Radisson Hotel Harrisburg)
  
- **Staffing Updates:**
  - **No changes since last meeting-SPBP fully staffed at this time**
  
- **SPBP Drug Formulary:**
  - **Revised on April 1, 2018 and uploaded to the SPBP website**
  
- **SPBP Online Enrollment:**
  - **Released online and express applications**
  - **Express is done for the 6-month re-enrollment**
  - **No longer asking for CD4 or Viral Load on Applications**
  - **Express application will ask (income, residency, insurance, any changes to family composition)-If no changes, mark no and sign and date and that will count for 6-month re-enrollment**
  - **Express applications went live on April 17**
  - **Anticipate this will save a large amount of time for re-enrollment**
  - **Final testing for online enrollment is going on now**
  - **Sean will be showing a live demo of the system later in the meeting**
  
- **Health Insurance Premium Assistance:**
  - **No insurers will sign a written agreement**
  - **Two providers had backed out of written agreement-no longer want to sign**
  - **Internal issues with paying for premiums with a manual on-demand process**
  - **Still working towards an SPBP sponsored insurance program**

- Deb-did insurers give a reason for not wanting to sign agreement?
  - John-Insurers did not give a specific reason
  - Rebecca-Should we budget the whole year for premiums?
  - John-Yes, budget what you think you need for the whole year-Can't speak for Care Section but there is enough money from SPBP
  - Jill also recommend providers budget for premiums
  - Potential for paying premiums manually in house, but not through a vendor
- **Medical Marijuana Update:**
    - Medical Marijuana presentation by the Office of Medical Marijuana will be held during the October 2018 meeting
    - Can have a discussion on what type of collaboration we can have between us and Medical Marijuana
- **Coverage of Mytesi (formerly Fulyzaq):**
    - Rebate agreement with Napo Pharmaceuticals signed on April 9, 2018
    - NDC added to the SPBP formulary on April 9, 2018
- **Additional updates or announcements from members or guests:**
    - Michael-Patient with co-pay accumulator issue with commercial plans
    - John-Not an SPBP issue, sounds like we'd be paying a higher drug cost. Any numbers or percentages?
    - Michael-Just one patient so far who has out of state health insurance-United Healthcare
    - John-From our perspective it's not an issue, we will pick up that cost for the rest of the year, hopefully this is not a widespread issue

## 2. Review of October Meeting Minutes-John Haines:

- No corrections were made by the Advisory Council and minutes were approved as previously circulated

## 3. Data & Quality Management Update-Sean Hoffman:

- **Enrollment Data-4/1/17 to 3/31/2018**
  - Total enrolled: 8207
  - Total clients served: 7446
  - Clients with case managers: 5959
    - Percent of enrollees: 72.6%
    - Percent of clients served: 80%
- **Opiates PDMP**  
 Deb-Clarify Concurrency (Early refills?)

John- Overlapping prescriptions of two or more prescribers, pharmacies, or drugs-Two or more doctors wrote prescriptions at the same time, filled overlapping scripts at two or more pharmacies, or overlapping scripts for at least two different opiates.

- **Upcoming Data Projects:**
  - Ongoing work on 2017 ADAP Data Report (ADR) submission

### Online Enrollment Walk Through

- Sean walked members and guests through the online enrollment process
- Demonstrated log-in, demographic information needed
- How to upload required document needed for the applications
- In time, will have the ability to send out re-enrollment reminders through text messaging
- Very straightforward process, follow instructions as you make your way through the application
- If you're going to close out before finished, save as a draft before closing
- Can also click on specific windows you'd like to work on
- Demonstrated how you can add a family member under household income
- Showed how you can add any other parties besides your case manager that you want to receive updates pertaining to your application
- The final page of the online application will provide dropdowns for all the previous sections of the application
- When you click submit, all required fields that have not been completed will be shown and will say "items that need your attention"
- The homepage is where you will be able to check the status of your application
- The Express Application is not yet available but will be in the future
- Working on a portal for an electronic signature for doctors on the online application-Hoping to come soon
- Michael-if patient uploads just test results, will that count as confirmation of HIV diagnosis
- John-If they have been on our program before, we don't require a new HIV attestation form. The only time we require is if it's a brand new client in SPBP.
- Mimi-Why are labs not acceptable as proof as HIV eligible
- John-Could change policy, only issue would be if they are undetectable
- Jill-Opportunities to streamline this further-we also have the surveillance database that we might be able to tie into this system
- Mimi-Would medical records be acceptable?
- John-We are open to other ways on how we can streamline the process. A lot of the development of the online application has been based on the policy
- Maggi-We've had clients change a negative to a positive in order to receive more benefits. Should not just take a paper form that someone is faxing or sending. Be sure it's coming straight from a provider or medical provider's office. Be sure to avoid documents that are easy to forge or change

- **Rebecca-Is it easier to process electronic or paper?**
- **Sean-Process should be about the same, as more of these systems are integrated it will be easier to process online enrollments.**
- **Rebecca-Case managers are filling out the application and clients are signing them. Can we mirror that in the system?**
- **Sean-Yes, when the case manager portal is open, they will be able to have more of a roll in the application process**
- **Deb-Can the case manager get the notice for re-enrollment?**
- **Sean-Not at this point, Case Manager portal will be able to tie notifications to both the client and case manager**
- **Mimi-Is this live now?**
- **Cheryl-The system is ready to go, as of tomorrow the link will be live, has not been sent out yet, only for new enrollments**
- **Sean-will put the official link on the SPBP website**
- **Cheryl-to clarify, online application is not yet available in Spanish, currently working on the Spanish version, Case Manager portal is also being worked on**
- **Confirmation of HIV Diagnosis is not currently electronic signature capable**
- **We will accept any file types for attestation statement**
- **Online application will grow and get better as we move forward**
- **Cheryl-Will not see last years completed form at this point, working on making that a reality as we continue to develop**
- **Mimi-Timeline for case manager portal?**
- **John-is supposed to be ready during the 2<sup>nd</sup> phase of the project (End of June)**
- **Sean-Every two weeks' general updates will be done to the system**
- **Deb-How secure is this system?**
- **Sean-Encrypted through our PBM's system**
- **Cheryl-CD4 count below 200 question is for HRSA purposes**
- **Jill-this question could go away if we can get the necessary information from the surveillance system**
- **John- Was your CD4 ever below 200 question is only used for HRSA ADR reporting. The question was revised to remove the use of AIDS in the application a few years ago after working with the advisory council on the revisions.**

**4. Fiscal Update-Lindsey Pitten:**

- **RW2017-18 Funding and Expenditures:**

<b>Funding</b>	<b>FY 2017-18 SPBP Funding</b>
SPBP Grant Award	\$27,850,050
Part B Grant Award	\$10,822,830
Carry-over 2016	\$18,824,756

Rebates	\$80,419,586
TPLs	\$5,607,681
State Appropriation	\$0
<b>Total Funding</b>	<b>\$143,524,902</b>
<b>Expenditures</b>	<b>FY 2017-18 SPBP Expenditures</b>
Drug Claims	\$68,725,641
Claims Admin	\$844,754
Part C Premiums	\$52,290
Part D Premiums	\$319,191
RW Grant Admin	\$2,719,332
SPBP RW Testing	\$218,070
Regional Expenditures	\$12,975,632
<b>Total Expenditures</b>	<b>\$85,854,909</b>

#### 5. MAI Presentations Beth Scott (Conemaugh), Tre Alexander & Lauren Taylor (Philly Fight):

- **Deborah Murdoch of Jewish Healthcare Foundation (JHF) introduced MAI participating providers**
- **Conemaugh-MAI provider since 2012**
- **Numerous staff involved in community care management**
- **Staff use drug and alcohol background to help get individuals in the prison system into rehabilitation services**
- **Going into the community and meeting with doctors to discuss the importance of testing**
- **79% retain rate with MAI**
- **Numerous barriers to care**
  - **Transportation**
  - **Stigma**
- **Sandra- Are you clinic based or non-profit?**
- **Beth-Clinic based in a hospital-review individuals who have dropped out of care or newly diagnosed**
- **Tre-Prison linkage program manager with Philly Fight**
- **MAI offers a bridge for marginalized individuals**
- **Prison and jail populations shoulder a disproportionate burden of chronic health conditions**
- **Meet with individuals everyday**
- **Motivational interviewing, discharge planning, go to court with individuals-Very coordinated effort**
- **Can start SPBP applications while individuals are incarcerated-can complete the process quickly when individual is released**
- **Must be cultural competent-meet people where they are, speak their language**

- Lauren Taylor-When people go into the county jail we don't know how long they will be in
- If in for more than a month, will lose health insurance
- Clinica Bienestar
  - HIV Primary Care clinic
  - Challenges clients face include incarceration (medication interrupted)
  - Clinics not culturally sensitive
  - Language access
- Serve 121 people living with HIV in Philadelphia County
- SPBP critical bridge as individuals leave the incarceration system

#### 6. Thera Technologies-Matt Sheffield & Brandon Cash:

- Trogarzo-IV treatment of Multi-drug resistant (MDR) HIV
- Individuals impacted by MDR HIV
  - 12-17 years contracted virus prenatally and poor adherence of therapy during teenage years
  - Over 55 years infected by the virus before availability of highly active antiretroviral therapy. This led to poor adherence, treatment failure and resistance accumulations
- Highest rates of AIDS related deaths in young adults as of 2014:
  - Louisiana
  - Georgia
  - South Carolina
- Prevalence of MDR clients is declining
- 20000-25000 are MDR
- Trogarzo is a CD4-directed post-attachment HIV-1 inhibitor, in combination with other antiretrovirals, is indicated for the treatment of HIV type 1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen
- Deb-How many patients had dual or class resistance in the studies?
- Brandon-All of them
- Most of the adverse reactions to Trogarzo were mild or moderate
- 11 patients in the US have been on this drug longer than 7 years
- Administration options for Trogarzo
  - Clinic
  - Home Infusion
- Cost of Trogarzo
  - Looking to provide ADAP's with best prices possible
  - Developing a portfolio offer with Trogarzo included
  - Will provide John with ADAP cost for Trogarzo when available

#### 7. HIV Media Campaign-April Hutcheson:

- Working on a multi-media campaign that will last multiple years

- Asked members/guest questions and ran different things by the group
- Year 1-2<sup>nd</sup> tier media markets
- Year 2-Large Markets
- Start small, gradually hit everyone
- Demographic African American/Latino
- Coming up with themes and slogans to show its safe to get tested...don't care how you got it...just want to test and provide treatment
- Rob-Passive approach to outreach, surprised how little people know about HIV (How its spread). Resistance from young people, who do you target that group? Institutional racism driving the epidemic
- Dealing with cultural barriers and the opioid epidemic
- CDC has come up with their own campaign "Let's stop HIV together"-Does not resonate with the Advisory Council
- Tammy-What's going to move a group to stop their current behaviors if they've never seen what HIV can do and has never seen someone die of HIV?
- Rob-In the past, behavioral interventions have not worked (Condom Distribution) Provide broader education (U Equals U Movement)
- Slogan "I don't care if you are \_\_\_\_\_?" Fill in the blank....does that resonate with you?
  - Will fill in depending on the audience we are to hit
  - What is the message that will work for our target audience?
- Michael-State of PA will not work for "I care about you"
- Sandra-Family is hit when it comes to Latinos, young people not willing to speak to parents. Message should focus on the family and it's ok to be open with them
- Maggi-Is it better to say "We care about you"
- Doesn't matter how it happens.....where do we go from here
- Tre-No judgement Here Campaign-First Person you see is a pastor, mother & father, friend.....must bridge the gap between the generations if you are to do an effective campaign
- April-CDC-Start Talking...Stop HIV-What do you think?
- For our Campaign we will be doing tv, radio, social media, traditional, etc...
- Sandra-Younger individuals are not receiving information in schools
- Rebecca-Any thought to having focus groups with kids from the community?
- April-This group represents all the demographics we are trying to reach. Message geared towards the younger generation but it will take the lead of the community to talk about it first-Community needs to talk so taboos and stigmas are broken down
- Jill-In her social circle...."HIV, is that still a thing?" .....is there a way we can make it "Everybody's thing"
- Tre-"I live and thrive by protecting and taking care of my life." Young people are always communicating with one another. Have to learn to love and take care of ourselves
- Rob-We still have to deal with the fact that even if people don't think HIV is a thing anymore it still is....
- Mimi-Not a lot of projects out there for testing. We are testing to try and find positives,

we can say it's no big deal if you're positive, but to that individual it is a very big deal! It's a step by step process when dealing with the knowledge you are HIV positive

- Rob-No young, black MSM in this group, could really use a focus group for that demographic...How do you do it?
- Tre-Could possibly do a focus group in Philly with young MSM's
- Rob-Would like to see visuals of catch phrase
- April-That will be the next phase of this process (creative), wanted to sit down with a focus group before creative was established
- April-What phrases help you get past stigma
- You're Not Alone
- Hazel-HIV is a scary test for anyone. Afraid of the results, your life is going to change
- Mimi-Your life will change in ways you can't be certain about Relationships will change
- April-Does HIV change your invincibility? Who do you trust?
- Tre-When you don't have people who are there for you, you will feel disconnected Idea-Ad with an African American child crying in his room, parents knock on the door, he tells them he is positive, they embrace him, tell him they love him and that everything is going to be ok. Messaging comes through that shows love and support
- Michael-Trying to keep people from getting HIV
- April- Hearing Two Messages:
  - One for the person to get tested
  - One from the family for that individual to get tested
- Rob-Not making this too complex? Are we going to keep it clean?
- April-Less about sex, more about love
- Mimi-Fear of knowing status will have a negative impact on the individuals dating life
- April-Other challenge is that not only is HIV transmitted sexually, but also through IDU (Hep. C as well through IDU)-Don't want to only focus on sex being how it is transmitted, there are other ways to contract HIV
- April-using focus group words and phrases for campaign
  - Can email April with further ideas [ahutcheson@pa.gov](mailto:ahutcheson@pa.gov)
  - Will continue to work with staff between now and throughout the summer

#### 8. Stigma Presentation-Sarah Krier:

- Works for University of Pitt
- Assists the Assessment Subcommittee at the HIV Planning Group Meetings
- Group has identified stigma as a barrier in PA
- Developed a survey and would like to distribute to the SPBP community
- Specific focus on healthcare related settings
- Will be workshopping validated scales at the next HPG meeting
- Trying to gain a better understanding of how stigma affects HIV individuals

- Goal-form recommendations for targeted assessments and overall improvements of the health of HIV individuals
- Deb-Transgender Individuals are stigmatized-how do you reach them, SPBP cardholders that are transgender are very small
- Will send out a link to the intro of the survey
- Looking to get as many responses as possible
- Not sure if survey will be link or physical mailing at this point
- Cheryl-cardholders don't like receiving something in the mail that indicates HIV status
- Sandra-Will this be translated into Spanish
- Sarah-Yes
- Survey will be 20-30 minutes in length-Incentive will be provided following the completion of the survey (\$20 Amazon gift card)

#### 9. Outreach Initiatives & MAI Update-Kyle Fait:

- **Five Year Spend Plan Update: Media Campaign:**
  - Joint meeting with HIV, Epi and Office of Communications took place on January 26<sup>th</sup>
  - HPG Media Campaign focus group-March 14<sup>th</sup>
  - Office of Communications is working on the initial rollout of the campaign
- **Five Year Spend Plan Update: PA NEDSS Updates**
  - HIV/Bureau staff met with BIIT-April 6<sup>th</sup>
  - List of project action items was created
  - Internal staff meeting took place to discuss list of projects and action items that were generated by BIIT
- **Public Health Accreditation:**
  - Large push for documents to be retrieved and updated from late January through February
  - All 350 documents were submitted to the Public Health Accreditation Board (PHAB) on February 28<sup>th</sup>
  - Accreditation teams will continue to meet on a regular basis to prepare for the site visit in August/September
- **LGBTQ Health Equity Fair**
  - In recognition of LGBTQ Health Awareness week
  - Provided educational information designed to promote LGBTQ Health
  - Guest Speakers:
    - Dr. Rachel Levine-Secretary of Health
    - Atticus Rank-Health Programs Manager, Bradbury-Sullivan LGBT Center
- **MAI Update:**

- **Second Quarter of the MAI Program Year (January 1, 2018 to March 30, 2018)**
  - 586 clients received outreach services from 11 grantees across Pa.
  - 89 Clients were newly contacted by MAI agencies
  - 75 clients were linked to their first medical visit
  - 264 clients attended two or more medical appointments
  - 93 clients achieved an undetectable viral load
  - 141 clients enrolled in SPBP
- **Additional MAI Info:**
  - Jewish Healthcare Foundation (JHF) accepting Request for Proposals (RFP's) for the July 1, 2018-June 30, 2020 grant period-Submissions due May 4<sup>th</sup>
  - Next MAI learning collaborative will take place on June 12th and 13th and be held at Jewish Healthcare Foundation in Pittsburgh

**10. Sub-Committee Reports:**

**i. Drug Formulary & Lab Services-Margaret Hoffman-Terry**

**1. New Drug Review Discussion and Approval-4Q 2017**

- **No issues or questions with the new drugs**
  - Maggi Hoffman-Terry-Motion to accept all medications from the additions and exclusions list and add to the approval list
  - Mimi-Second
  - In Favor-All
  - Motion approved
- **Michael-Any info on hemophilia products?**
- **John-Still working on gathering data on hemophilia products**

**ii. Drug Utilization Review & Clinical Programs-Deb McMahon:**

- **No update at this time**

**iii. Program Eligibility & Management-Mimi McNichol**

**1. Express application (self-attestation form) follow-up**

- **Committee on deck to help out as the online system continues to be developed**

**11. Other Business/Questions:**

- **No additional business**

**Next Meeting:**

**Thursday, July 26, 10:00am-12:00pm**

**WebEx Conference Call**