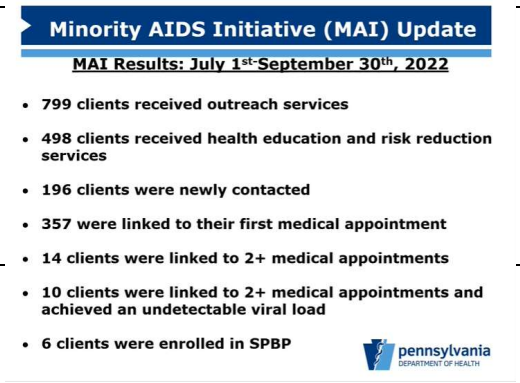
Special Pharmaceutical Benefits Program Advisory Council
Thursday, October 27th, 2022
10:00 A.M. – 3:00 P.M.
Hybrid Virtual and In-Person Meeting
Penn Harris Hotel - Camp Hill, PA

Topic/Discussion	Action
Introductions, Announcements & Updates: **John Haines**	Meeting commenced at 10:03am
Introductions: SPBP Advisory Council Members, staff, and guests introduced themselves. Scott Arrowood announced public meeting protocols, delivers participation guidelines, and describes Microsoft Teams features. Kyle Fait took attendance **Members Present:** John Haines, David Koren, Deborah McMahon, Robert Pompa, Jerry F Coleman; and **virtually present:** Cindy Magrini, Michael Witmer, Angela Kapalko, Leah Magagnotti, Maria (Mimi) McNichol, Meghan McNelly, Evelyn Torres, Carina Havenstrite **Guests:** Casey Johnson and **virtually present**: Corrina, Evelyn Torres, Gina Simoncini, Anna Barone, Bruce Weiss, Deborah Murdoch, Emily Saare, Melissa Marchany Marrero, Michelle Wysong, Mike Hellman, Michael Cullison, Jacquelyn Hudock, Carina Havenstrite, Anna Klahr, Erica Freedman, Michael Frederick **Department of Health Staff**: Kyle Fait, Moira Foster, Erik McDowell, Nnenna Ezekoye and **virtually present:** Marijane Salem-Noll, Obiri Godwin, Jill Garland, Margaret Hoffman-Terry **University of Pittsburgh Staff**: Scott Arrowood, Sarah Krier, Greg Fisher, David Stefanac, and **virtually present:** David Givens	10:03am to 10:08am
Announcements/Updates John Haines • Next meeting January 26, 2023. Remaining year meetings: May 4, July 20, and October 26 • No staffing updates and no open positions • Changes to website: New version of enrollment application in both English and Spanish; SPBP Pharmacy network list update Aug 1; Added SPBP pharmacy manual; Updated SPBP By-laws posted • John shared the updated By-Laws and will include in minutes when they go out. • Medication adherence program is near implementation, hopefully to begin in November. Will look at adherence for HIV Treatment, antidepressants, oral antidiabetics.	10:09am to 10:42am

• Have a draft MRx enroll case manager training video which will be sent after the meeting. Jill Garland - Monkey Pox update (MPX) • 827 cumulative cases so far and good news for moment is we are having only about one new case a day as opposed to 25 a day earlier on. • Have administered 12,500 doses of vaccine in PA (excluding Philadelphia). Philadelphia has administered nearly 9,500 doses for a total near 22,000. Philadelphia comprises 64% of the cases and adding the collar counties its about 79%. • Were able to deploy as quickly as possible, though there were some bumps in the road with the federal distribution. • Utilized HIV/STD field staff to interview individuals. Will continue to prioritize post-exposure prophylaxis. Recently rolled out pre-exposure prophylaxis. • There have been some high coinfection rates with monkey pox and HIV/STDs. The new MMWR just released is addressing these concerns. • Interviews yielded some reports of patients having to present several times to get referred for appropriate care, despite efforts to keep clinicians informed. Other feedback is that pain management was a concern and not always addressed. David Givens: • Integrated Plan Update will be covered later in meeting. • New Member Recruitment is underway, and applications are accepted online and in mail. Sought after members are African American, Latinx or Hispanic, Persons Living with HIV, and Transgender individuals. Mari Jane Salem Noll - Update on House bills: • House Bill 1393 amended drug paraphernalia to not include fentanyl strips for personal use. Passed and is a win for efforts with harm reduction • House Bill 103 was passed and provided new felony offenses to communicable diseases to harsher penalties under the law. The division submitted an opposition analysis and multiple advocacy groups sent requests to the Governor to veto. • Senate Bill 317 expedited therapy bill which provides protections to providers for prescribing medication for a transmitted infection for a partner, whether or not they have examined the partner or have their name.	
<u>Approval of previous meeting's minutes</u> • Meeting minutes from July 2022 were approved with no additions or corrections.	Minutes were approved 10:43am
<u>Update of Planning, Outreach, Special Projects, and MAI</u> Kyle Fait  	10:44am to 11:23am

• MAI Provider Spotlight: Conemaugh Community Cares Management (Conemaugh Health System)
  o Have about 154 clients and a range between 6 and 11 who are receiving MAI services.
  o Primarily clinic-based and due to hospital rules can't do traditional street outreach.
  o Have people who go in and out of care, a lot of people with substance use
  o Have been successful at getting people in at least for visit and lab a year.
• Have a new MAI provider: Newlands Clinic in the Philadelphia area. They support the African and Caribbean immigrant communities.
• 5 Year Spend Plan
  o PA NEDSS/NextGen: redesigning the interface and administration tool. Testing will begin in the new year.
  o PACE systems upgrade: date pushed back, and upgrades may be completed in early 2023
  o Annual HIV Conference – Due to limitations in terms of procuring a venue, the conference would be broken into series of smaller conferences in 3 different portions of the state
  o Anti-Stigma Campaign – began funding early this year with University of Pittsburgh. Community Readiness Assessment tool completed August 31. More details from Sarah Krier later in the meeting.
  o Localized Media Campaign:
  ▪ South Central: Some images from the campaigns were shared for the attendees to view. Ads clicked on over 25,000 times with over 10.5 million views. Over 30 individuals were brought into care.
  ▪ Northeast: Shared image of regional newsletter. Digital, billboard ads, social media, and print ads (a few examples were shared). 38% of new intakes were direct result of campaign. 22% increase in Hispanic clients.
  ▪ Southwest: AIDS Free Pittsburgh campaign; dating apps ads. Examples of billboards, transit shelter, magazine, and bus ads were shared. Digital Ads: 67 people who saw ads arrived at Ryan White and other service locations
  o Next HPG meeting - November 2 - 3	

<u>Clinical Quality Management Update</u> Moira Foster • Best Practices (Patient retention) for Medical Case Management; the Practices were distributed in June 2022	11:24am to 11:29am

2022 CQM Performance Measures

Indicator	1st Quarter 2022 Review	2nd Quarter 2022 Review	3rd Quarter 2022 Review	4th Quarter 2022 Review
Special Pharmaceutical Benefits Program				
HIV Viral Load Suppression, Benchmark: 90%	4312/4617, 93%	5047/5370, 94%		
Medical Case Management				
Annual Retention in Service, Benchmark: 90%	4626/5816, 80%	4691/5834, 80%		
Food Bank/Home Delivered Meals				
Annual Retention in Service, Benchmark: 90%	2471/3914, 63%	2604/3881, 67%		
Overall				
HIV Viral Load Suppression, Benchmark: 90%	9396/10473, 90%	10241/11749, 87%		
Linkage to Ryan White Part B Services, Benchmark: 85%	176/335, 53%	158/350, 45%		

pennsylvania DEPARTMENT OF HEALTH

2022 CQM Plan Performance Measure Updates

- Data obtained from surveillance (eHARS & PA-NEDSS) Rebates, HOPWA, SPBP, EC and MAI.
- CQM Performance Measure data parameters were revised and re-distributed 1/26/2022.
- HIV Viral Load data is incomplete and will be updated as available.
- A process was developed to help ensure uniform naming conventions for contracts listed in CAREWare are maintained.
- A JPROG application error was noted impacting the Medical Case Management data for both 1st and 2nd quarter 2022.
- Program Guidance was issued to Regional Grantees on CAREWare Data Entry-Client Name 9/21/2022.

2022 CQM Workgroup, Quality Improvement Project :

1st Quarter 2022	2nd Quarter 2022	3rd Quarter 2022	4th Quarter 2022
A total of 5,816 Ryan White Part B clients received Medical Case Management (MCM) services 4/1/2021-3/31/2022	A total of 5,834 Ryan White Part B clients received Medical Case Management (MCM) services 7/1/2021-6/30/2022		
4,626 of the total 5,816 (80%) Ryan White Part B clients received greater than 1 MCM service 90 days apart.	4,691of the total 5,834 (80%) Ryan White Part B clients received greater than 1 MCM service 90 days apart.		
383 of the total 5,816 (6%) MCM clients received only 1 MCM service during the 12-month measurement year.	396 of the total 5,834(7%) MCM clients received only 1 MCM service during the 12-month measurement year.		
807 of the total 5,816 (14%) MCM clients received greater than 1 MCM service less than 90 days apart.	747 of the total 5,834 (13%) MCM clients received greater than 1 MCM service less than 90 days apart.		

pennsylvania DEPARTMENT OF HEALTH

2023 Service Category Utilizing Report: 1/1/2022-8/31/2022

Service Category	Performance Measure	Estimated Sum of Unique Ryan White Part B Clients
Special Pharmaceutical Benefits Program	Annual HIV Viral Load Suppression, Annual Retention in Service	5,724
Food Bank/Home Delivered Meals	Annual Retention in Service	3,497
Health Education/Risk Reduction	Annual HIV Viral Load Suppression	1,617
Medical Case Management	Annual Retention in Service, Annual HIV Viral Load Suppression	5,288
Medical Transportation	Annual Retention in Service, or Link to Housing Status	2,005
Outpatient/Ambulatory Health Services	Annual HIV Viral Load Suppression	2,383

pennsylvania DEPARTMENT OF HEALTH

c+e Collaborative, Combined Data

Provider	Performance Measure	Report Period	Outcomes Data
UPMC Presbyterian Shadyside (PACT) & Allies for Health and Wellbeing	Overall HIV Viral Suppression Measure	2/1/2020-1/31/2021	1489/1745, 85.32%
		4/1/2020-3/31/2021	1507/1758, 85.72%
		6/1/2020-5/31/2021	1551/1761, 88.07%
		8/1/2020-7/31/2021	1584/1763, 89.84%
		10/1/2020-9/30/2021	1538/1728, 89.00%
		12/1/2020-11/28/2021	1561/1738, 89.81%
		2/1/2021-1/31/2022	1561/1743, 89.55%
		4/1/2021- 3/31/2022	1567/1716, 91.31%
		6/1/2021-5/31/2022	1564/1722, 90.82%
UPMC Presbyterian Shadyside (PACT) & Allies for Health and Wellbeing	HIV Viral Suppression Age Measure, 40-64	2/1/2020-1/31/2021	933/1092, 85.43%
		4/1/2020-3/31/2021	935/1091, 85.70%
		6/1/2020-5/31/2021	967/1097, 88.14%
		8/1/2020-7/31/2021	978/1089, 89.80%
		10/1/2020-9/30/2021	959/1069, 89.71%
		12/1/2020-11/28/2021	962/1067, 90.15%
		2/1/2021-1/31/2022	959/1064, 90.13%
		4/1/2021- 3/31/2022	957/1049,91.22 %
		6/1/2021-5/31/2022	953/1046, 91.10%

pennsylvania DEPARTMENT OF HEALTH

- Create Equity: The two Collaborative providers increased viral suppression from 85.43% to 91.1%. They did not meet their benchmark but did achieve an increase. The reason for not meeting benchmark was primarily due to drop-off participation in viral suppression reports due to Covid. This was a common occurrence across the nation.

Fiscal Update Erik McDowell Still reporting on 2020-21 because we are allowed to use rebate funds from those fiscal periods.	11:30am to 11:34am

RW 2021

Funding	RW FY 2021
SPBP Grant Award	$26,372,453
Part B Grant Award	$10,454,210
Carry-over 2020	$7,757,799
Rebates	$103,123,807
TPLs	$7,050,004
State Appropriation	$0
Total Funding	$154,758,273

Expenditures	RW FY 2021
Drug Claims	$36,211,630
Claims Admin	$675,258
Medicare Claims (Parts C & D)	$163,473
RW Grant Admin	$5,983,965
RW Lab Testing	$206,118
Regional Expenditures	$8,674,298
Total Expenditures	$51,914,742

RW 2022

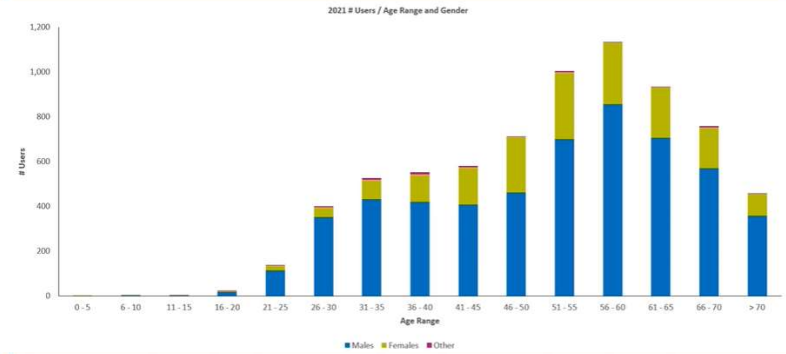
Funding	RW FY 2022
SPBP Grant Award	$26,071,417
Part B Grant Award	$10,864,163
Carry-over 2021	$22,689,137
Rebates	$43,413,798
TPLs	$4,725,349
State Appropriation	$0
Total Funding	$107,763,864

Expenditures	RW FY 2022
Drug Claims	$16,521,968
Claims Admin	$612,749
Medicare Claims (Parts C & D)	$170,236
RW Grant Admin	$2,129,408
RW Lab Testing	$67,621
Regional Expenditures	$7,359,758
Total Expenditures	$26,861,741

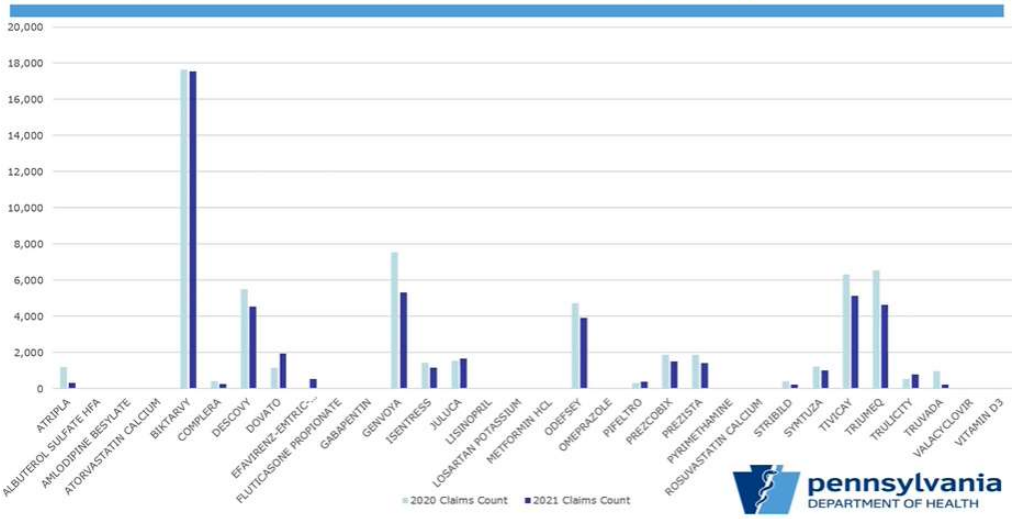
- $22.7 million in carryover funding and that is rebate funding from 2021. Due to receiving approximately $30 million extra in 2021 rebate money over prior years.

SPBP Data Update Nnenna Ezekoye • Participants primarily older (over 40 years)	11:35am to 11:58am

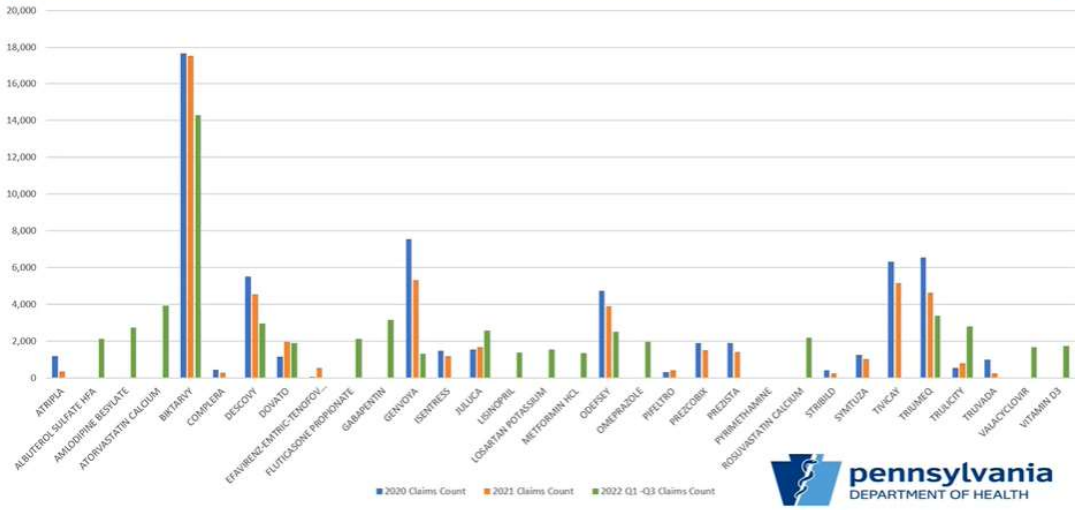
2021 SPBP Clients



2020 & 2021 Top SPBP Drugs by Claims



Top 20 Drugs by Claims (2020, 2021, & 2022 (Q1 – Q3)



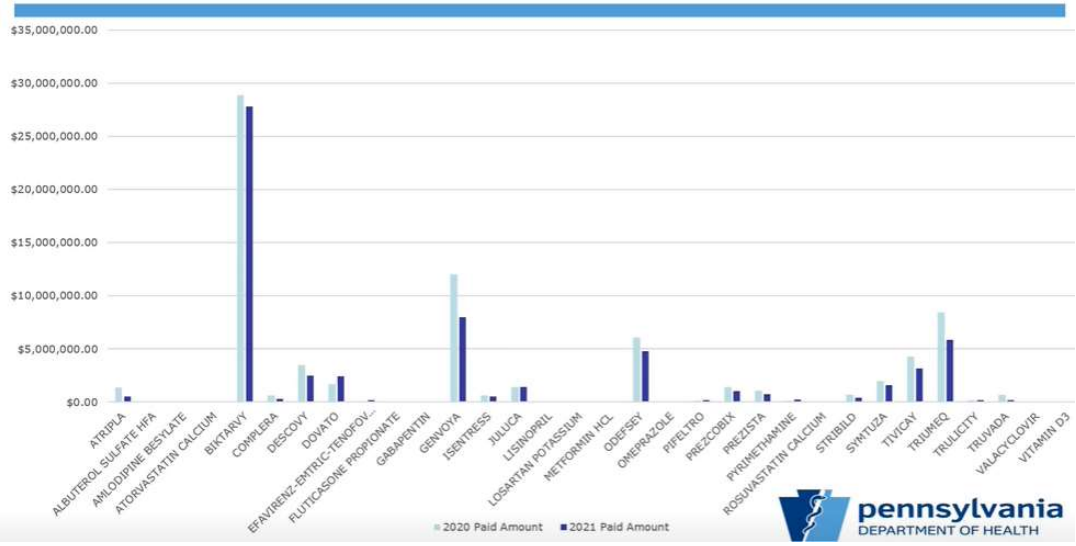
- Some drop of in claims from 2020 to 2021 for some drugs

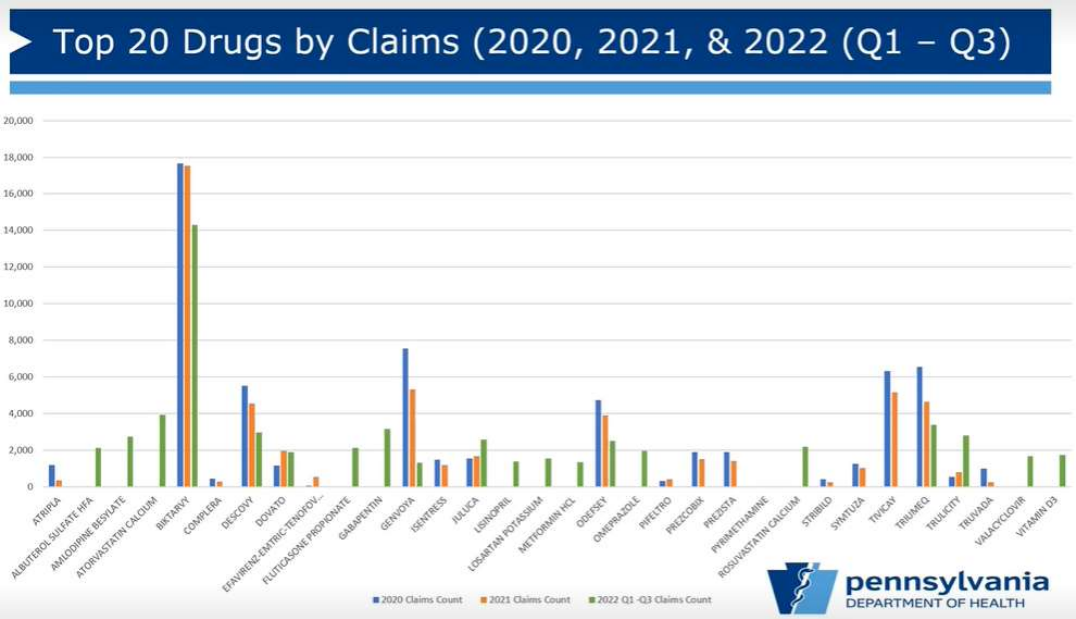
Top 20 Drugs Comparison Q1, Q2, and Q3

Q1	Q2	Q3
Brand Name	**Brand Name**	**Brand Name**
BIKTARVY	BIKTARVY	BIKTARVY
ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM	ATORVASTATIN CALCIUM
TIVICAY	TIVICAY	TIVICAY
GENVOYA	GENVOYA	GENVOYA
DESCOVY	DESCOVY	AMLODIPINE BESYLATE
TRIUMEQ	TRIUMEQ	DESCOVY
AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	LISINOPRIL
ODEFSEY	LISINOPRIL	TRIUMEQ
LISINOPRIL	ODEFSEY	ODEFSEY
GABAPENTIN	ROSUVASTATIN CALCIUM	ROSUVASTATIN CALCIUM
ALBUTEROL SULFATE HFA	ALBUTEROL SULFATE HFA	GABAPENTIN
ROSUVASTATIN CALCIUM	GABAPENTIN	ALBUTEROL SULFATE HFA
DOVATO	OMEPRAZOLE	OMEPRAZOLE
OMEPRAZOLE	DOVATO	DOVATO
VALACYCLOVIR	VITAMIN D3	VITAMIN D3
VITAMIN D3	VALACYCLOVIR	VALACYCLOVIR
METFORMIN HCL	METFORMIN HCL	METFORMIN HCL
JULUCA	LOSARTAN POTASSIUM	METOPROLOL SUCCINATE
LOSARTAN POTASSIUM	METOPROLOL SUCCINATE	LOSARTAN POTASSIUM
FLUTICASONE PROPIONATE	JULUCA	JULUCA

pennsylvania
DEPARTMENT OF HEALTH

2020 & 2021 Top Drugs by Amount Paid





- There was discussion and some unanswered questions as to why gabapentin wasn't utilized in 2020/21 but then such a lot of money spent on it in 2022 when it is generic. There could be a problem with the dashboard.

Antiretroviral Utilization

Brand Name	2021 Users	2021 Claims Count	Brand Name	2022 Q1 - Q3 Users	2022 Q1 - Q3 Claims Count
ABACAVIR	58	371	ABACAVIR	42	190
ABACAVIR-LAMIVUDINE	56	343	ABACAVIR-LAMIVUDINE	45	240
APTIVUS	1	10	APTIVUS	-	-
ATAZANAVIR SULFATE	46	258	ATAZANAVIR SULFATE	27	150
ATRIPLA	75	325	ATRIPLA	4	11
BIKTARVY	2,608	17,534	BIKTARVY	2,532	14,296
CABENUVA	26	81	CABENUVA	157	475
COMPLERA	41	264	COMPLERA	32	183
DELSTRIGO	11	71	DELSTRIGO	10	56
DESCOVY	633	4,541	DESCOVY	485	2,951
DOVATO	278	1,942	DOVATO	314	1,878
EDURANT	68	409	EDURANT	44	261
EFAVIRENZ	53	384	EFAVIRENZ	36	199
EFAVIRENZ-EMTRIC-TENOFOV DISOP	94	550	EFAVIRENZ-EMTRIC-TENOFOV DISOP	85	477
EFAVIRENZ-LAMIVU-TENOFOV DISOP	1	11	EFAVIRENZ-LAMIVU-TENOFOV DISOP	2	16
EMTRICITABINE	6	30	EMTRICITABINE	2	4
EMTRICITABINE-TENOFOVIR DISOP	83	399	EMTRICITABINE-TENOFOVIR DISOP	59	276
EMTRIVA	5	24	EMTRIVA	3	16
EPIVIR	2	7	EPIVIR	1	1
EPZICOM	4	36	EPZICOM	4	18
ETRAVIRINE	15	32	ETRAVIRINE	37	187
EVOTAZ	19	133	EVOTAZ	17	88
FOSAMPRENAVIR CALCIUM	4	24	FOSAMPRENAVIR CALCIUM	4	21
FUZEON	1	2	FUZEON	1	1
GENVOYA	766	5,326	GENVOYA	546	3,167
INTELENCE	56	322	INTELENCE	18	72
INVIRASE	2	8	INVIRASE	-	-
ISENTRESS	168	1,182	ISENTRESS	114	720
ISENTRESS HD	41	263	ISENTRESS HD	31	185
JULUCA	222	1,660	JULUCA	213	1,307
KALETRA	10	62	KALETRA	4	14

pennsylvania
DEPARTMENT OF HEALTH

- Question from group: how many are still prescribing Cabenuva once a month versus every two months? John says they do have the data but it's not here and can have it for next time. Another comment referenced BMI concerns and there may be some clinicians more comfortable with the monthly.

Break for Lunch	11:59am – 01:05pm

SPBP Stigma Survey

1:06pm – 1:50pm

Sarah Krier

- Stigma and discrimination have been implicated in negative health outcomes in many communities, including people living with HIV, communities of color, sexual and gender minority communities, and communities with disability and others.

Survey Aims:

1. To assess the prevalence of experienced and anticipated stigma in healthcare settings;
2. To evaluate the impact of stigma on health and wellbeing (medical adherence, viral load);
3. To characterize intersectional stigma burden; and
4. To identify barriers and facilitators to healthcare engagement among a sample of PLWH in Pennsylvania.

Stigma experience across health care settings included five professional types – **case managers, front desk staff, medical care team, non-HIV doctors,** and **HIV doctors**

- Stigma across 5 five professional types: case manager, front desk staff, non-HIV clinicians and HIV clinicians.

Stigma and perceived reasons for stigmatization

List of all reasons:

- HIV Status
- Gender Identity
- Sexual orientation (how you identify sexually)
- Race/Ethnicity
- Sexual behavior
- Sex work
- Religion
- Language
- Mental health
- Missing previous appointments
- Not taking medications or keeping up with treatment
- The amount of services I use
- Substance use
- Age
- How much money I make
- Housing status
- Citizenship or national origin
- Other (please specify):
- Prefer not to answer

Stigma refers to being made to feel less than or inferior, being treated negatively or poorly, and/or being treated differently than others due to characteristics or circumstances in a person's life

METHODS

Recruitment	Eligibility	Data Collection	Analysis Plan
• Recruitment letter mailed by SPBP • Feb – May 2020; Sept – Nov 2020 • Second wave included Philadelphia residents	• Clients of PA's AIDS Drug Assistance Program • 18 years of age or older	• Self-administered electronic surveys; English or Spanish • Anonymous; 20-30 minutes • $20 electronic gift card as thank you • Closed and open-ended questions (experienced and anticipated stigma, retention in care, adherence, viral load suppression)	• Descriptive analyses, bivariate associations, multivariable logistic regressions • Open-ended questions classified by broad thematic codes and recurring sub-themes

N=1,421	% (n)		% (n)		% (n)
Age	M=51.8	**Race & Ethnicity**		**Gender Identity**	
19-29 yrs	5.7% (81)	Asian	1.1% (16)	Male	76.2% (1083)
30-39 yrs	16.2% (230)	Black or African American	24.4% (359)	Female	22.8% (324)
40-49 yrs	15.7% (223)			Transgender	0.3% (4)
50-59 yrs	31.9% (453)	Hispanic or Latino/a	14.8% (218)	**Sexual Orientation**	
60-69 yrs	24.2% (344)	Native American	1.7% (25)	Gay / Lesbian	54.2% (767)
70 yrs or older	6% (85)	Native Hawaiian / Other Pacific Islander	.3% (4)	Bisexual	9.61% (136)
				Straight	30.3% (428)
		White	57% (842)	Self-describe	1.77% (25)
		Other	1.2% (17)		

N=1,421	% (n)		% (n)		% (n)
Employment		**Income**		**Neighborhood Type**	
Employed full-time	39.3% (555)	Less than $13,000	16.0% (227)	Urban	43.3% (604)
Employed part-time	6.23% (88)	$13,000 to $29,000	35.2% (499)	Suburban	36.7% (512)
Self-employed	3.89% (55)	$30,000 to $49,000	29.2% (414)	Rural	15.6% (218)
Unemployed	11.3% (159)	$50,000 to $69,000	9.31% (132)		
Disabled	20.2% (286)	$70,000 to $99,000	1.48% (21)		
Retired	15.4% (218)	$100,000 or more	0.35% (5)		
Student	0.78% (11)				

N=1,421	% (n)	*N*=866	% (n)	*N*=874	% (n)
HIV Diagnosis Year		**Region of Residence**		**Region of Medical Care**	
1980-1989	11.0% (153)	AACO	43.8% (379)	AACO	44.2% (375)
1990-1999	23.5% (326)	AIDSNET	10.3% (89)	AIDSNET	7.32% (75)
2000-2009	23.5% (326)	SC	14.2% (123)	SC	14.3% (125)
2010-2019	22.7% (315)	SW	16.3% (141)	SW	15.6% (136)
2020	0.86% (12)	NE	4.50% (39)	NE	4.68% (41)
Not sure	14.5% (201)	NC	2.31% (20)	NC	2.29% (20)
		NW	1.73% (15)	NW	1.02% (9)

- Several examples of questions asked were presented along with the aggregate response from survey participants.

Bivariate results

- Higher experienced and anticipated stigma levels among respondents of minority race/ethnicity compared with White, non-Latinx counterparts
- Relatively consistent trends in the relationships between minority race, minority ethnicity, and low-income status across staffing domains for both experienced and anticipated stigma when looking at these variables independently
- No significant differences in experienced and anticipated stigma by gender

Multivariable results

- In a multivariable model, adjusting for sociodemographics, higher levels of overall stigma were reported among **Native Americans** compared with White participants ($p<.05$); **"other" sexuality** vs. straight-identified ($p<.01$); **middle-aged** people vs. younger people ($p<.05$). Marginally higher levels ($p<.10$) of stigma were reported by bisexual-identified individuals compared with straight-identified individuals.
- A multivariable model assessing predictors of anticipated stigma shows that **low-income** (<$20,000/year) participants reported higher levels of stigma ($p<.05$) compared with their higher-income counterparts.
- A multivariable model assessing predictors of experienced stigma shows that **bisexual-identified** ($p<.05$) and **other-identified** ($p<.01$) participants reported higher levels of stigma compared with straight-identified participants, and higher levels of stigma were reported among **middle-aged** people compared with younger people ($p<.05$).

23

Experienced Stigma—reasons participants felt they were stigmatized

List of all reasons:

- HIV Status
- Gender Identity
- Sexual orientation (how you identify sexually)
- Race/Ethnicity
- Sexual behavior
- Sex work
- Religion
- Language
- Mental health
- Missing previous appointments
- Not taking medications or keeping up with treatment
- The amount of services I use
- Substance use
- Age
- How much money I make
- Housing status
- Citizenship or national origin
- Other (please specify):
- Prefer not to answer

Non-HIV Doctors (n=1,002)	
HIV Status	34.3% (344)
Sexual Orientation	15.1% (151)
Sexual Behavior	9.18% (92)
Race/Ethnicity	5.99% (60)
Medical Care Team Members (n=769)	
HIV Status	27.1% (208)
Sexual Orientation	13.5% (104)
Sexual Behavior	7.54% (58)
Race/Ethnicity	7.28% (56)
Front Desk Staff (n=666)	
HIV Status	20.2% (135)
Sexual Orientation	10.9% (73)
Race/Ethnicity	9.01% (60)
Citizenship or national origin	7.36% (49)
Case Managers (n=534)	
HIV Status	12.3% (66)
Sexual Orientation	10.3% (55)
Race/Ethnicity	10.1% (54)
How much money I make	8.8% (47)
HIV Doctors (n=402)	
Sexual Orientation	11.9% (48)
HIV Status	11.6% (47)
Sexual Behavior	10.7% (43)
Missing previous appointments	7.71% (31)

Reasons participants felt they were stigmatized by HIV doctors

HIV Doctors (n=402)	% (n)
Sexual orientation	**11.9% (48)**
HIV status	**11.6% (47)**
Sexual behavior	**10.7% (43)**
Missing previous appointments	7.71% (31)
Not taking medications/keeping up trtmt	7.21% (29)
Other reason	7.21% (29)
Prefer not to answer	6.97% (28)
Race/ethnicity	6.72% (27)
Mental health	6.22% (25)
Substance use	5.72% (23)
Age	4.23% (17)
How much money I make	3.73% (15)
Citizenship or national origin	1.99% (8)
Housing status	1.74% (7)
Gender identity	1.74% (7)
The amount of services I use	1.49% (6)
Language	1.24% (5)
Sex work	1.00% (4)
Religion	.75% (3)

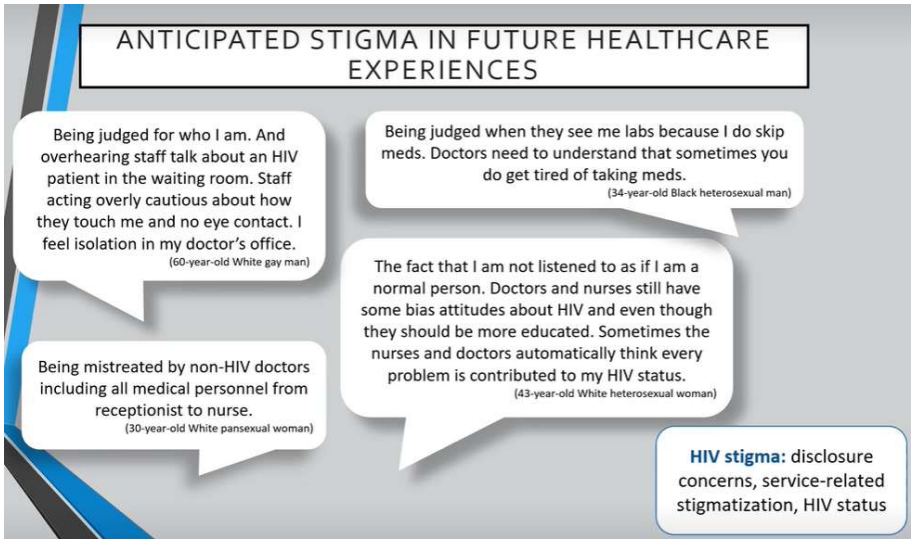
Additional Reasons Participants Felt They Were Stigmatized, all professional types

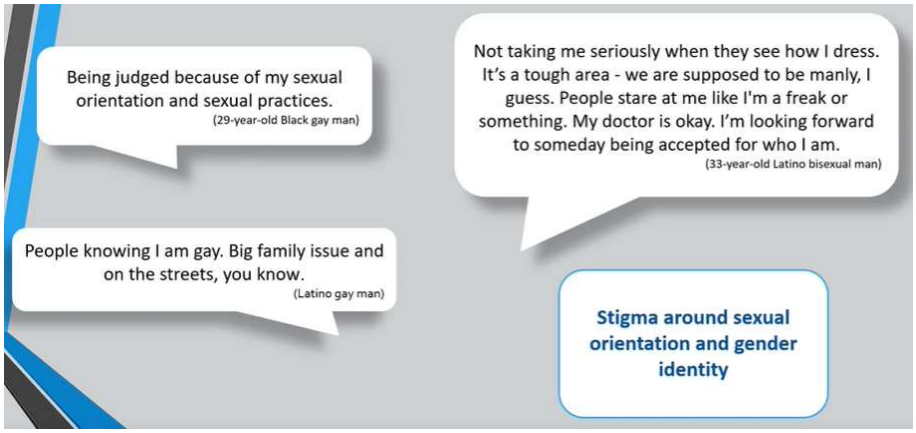
Ex: disability, insurance, mental health, medication history, felony background, appearance (weight), detectable viral load, expectations of service,COVID-19, education, knowing each other, past choices and behaviors

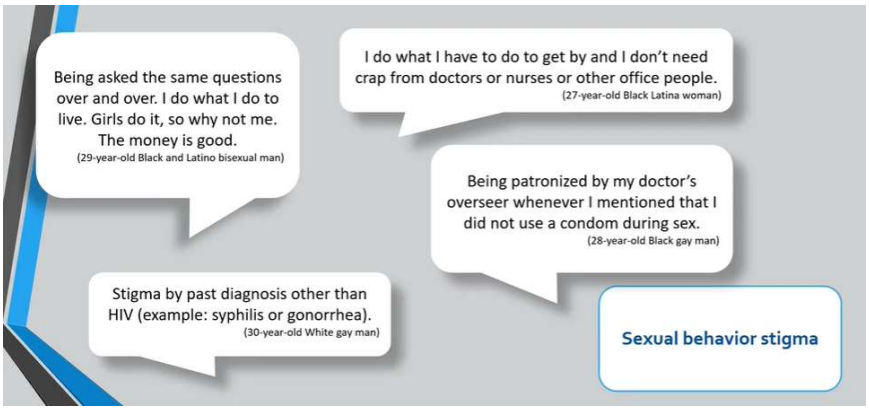
- *"Could have been race, sex or mental health. It depends on where I went."*
- *"Their lack of orientation and education around HIV."*
- *"I know too much about HIV/AIDS and the treatments."*
- *"Communication through closed window."*
- *"They wanted to make you know that they were in charge and they were going to be telling the patient what was going to be happening even having the attitude that they were better than you because you have HIV and they are doctors."*

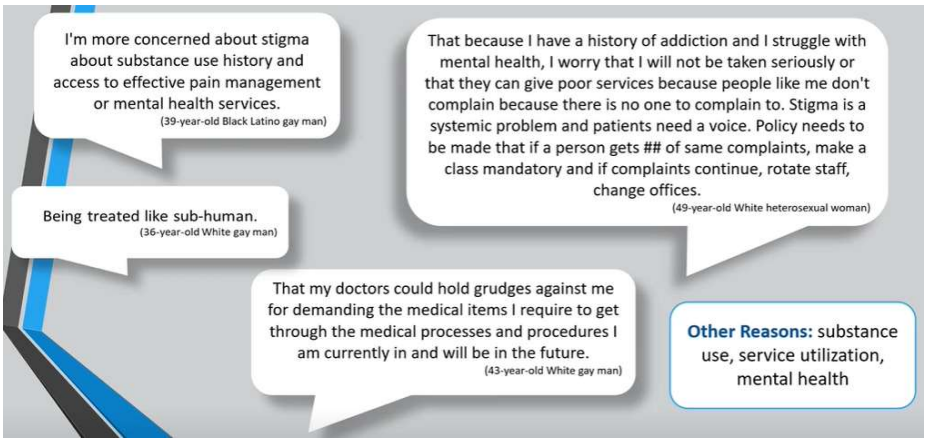
Additional Reasons Participants Feel They Will Be Stigmatized, all professional types

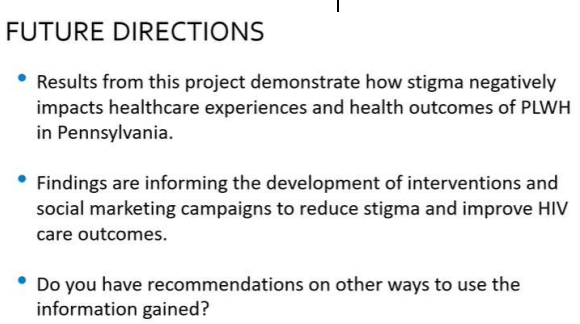
- Transportation, disability, other diagnosis, expectations of service, insurance, mental health, medication history, incarceration history, knowing each other, past choices and behaviors, time since HIV diagnosis
    - *"They think I know how to access everything because I'm a long-term survivor."*
    - *"In my opinion as far as mental health this nation is lacking in staff, money, and personnel and I don't think anyone really cares…I will admit though I have a problem going to appointments at times because of my mental health."*
    - *"Again, it seems they just want to meet the minimal requirements for their job security."*



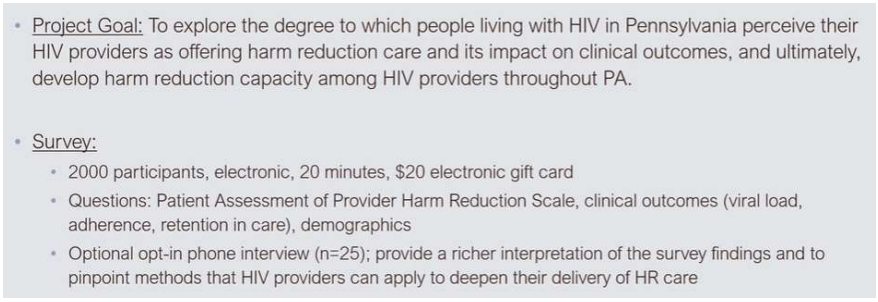








- Currently there is a Community Readiness Assessment among providers to look at how stigma can be addressed. It's a 30-minute phone interview.
- Intervention: Harm Reduction Pilot



- Question from the group: Is it possible to get data per region so that Regions may be able to tailor their response? Sarah invited those interested to email her.

Integrated HIV Prevention and Care Plan David Givens • Per request and discussion from last meeting, the following updates: o Quick refresh on IHPCP development timeline o Review of the IHPCP Stakeholder results and AC's feedback o Overview of changes made to the IHPCP based on above	01:51pm – 02:38pm

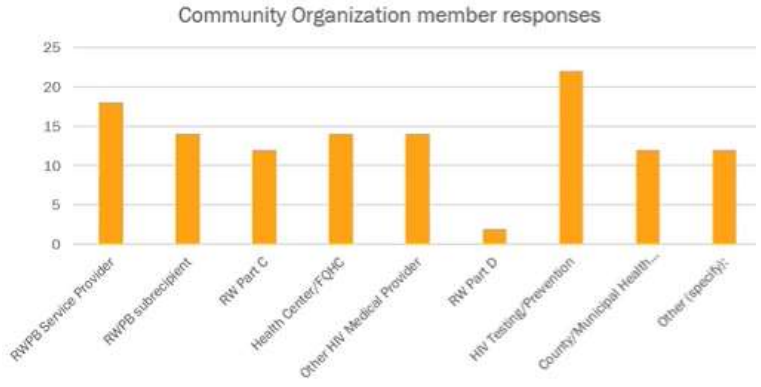
Day 1 REVIEW TIMELINE OF IHPCP DEVELOPMENT AND HPG INVOLVEMENT

- HPG has been involved and informed of the development of the IHPCP since 2020, SPBPAC updated in 2021 and 2022
- SPBPAC received the draft contents of the IHPCP Section Activities virtually during the summer 2022 meeting and over email for feedback.
- The SPBPAC was also asked to both complete and help distribute the Community Perceptions and Feedback Survey

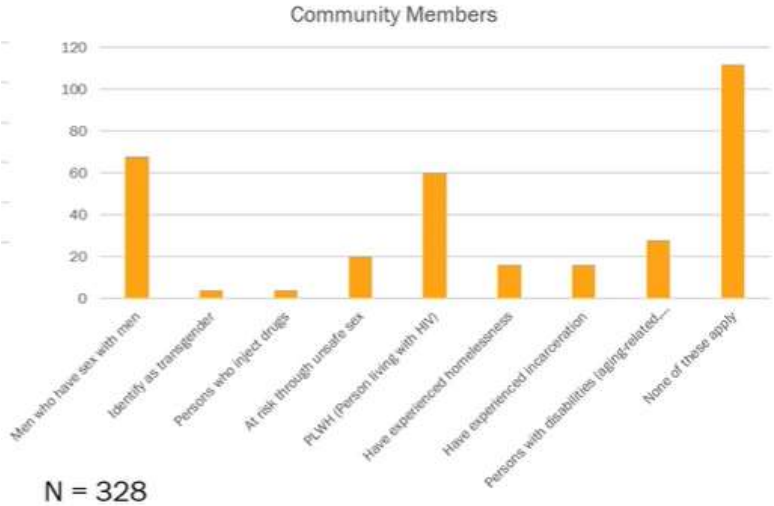
---

- The IHPCP was reviewed, finalized, and approved by the HPG during their Sept. 2022 meeting (unanimously)

- Results of the IHPCP Stakeholder Survey



N = 160



N = 328

- Almost all respondents rated the strategies as Very Important or Important

RESULTS OF THE IHPCP
STAKEHOLDER SURVEY

Most favorably perceived strategies (those with 100-99 percent positive responses):

- Strategy 1A: Implement Data-to-Care (D2C) approaches to direct HIV testing
- Strategy 1B: Continue and enhance evidence based ARTAS and HIV Navigation Services (HNS)
- Strategy 1C: Support and expand PrEP screenings and services
- Strategy 2A: Continue and expand HIV testing
- Strategy 3B: Continue the Special Pharmaceutical Benefits Program (SPBP) Medicine Adherence Program
- Strategy 3C: Continue the Minority AIDS Initiative (MAI).

***Relatively* less important** strategies, in descending order:

- Strategy 4B: Facilitate monitoring by statewide stakeholder bodies
- Strategy 4D: Ensure comprehensive monitoring and evaluation.
- Strategy 1H: Support Perinatal Prevention Services is also notable

CHANGES MADE TO THE IHPCP
BASED ON ALL FEEDBACK

- Improvements in people-first language through the document
- Miscellaneous typos throughout the document
- Inadvertent topical omissions/improving the emphasis of specific issues, including HIV decriminalization and employment opportunities for PLWH
- Improvements to 13 different activities and 2 Strategies in Section V: Activities 6, 8, 9, 24, 34, 35, 38, 47, 55, 67, 69, 76, 80; Strategies 1B and 2D
- One incorrect acronym was caught and revised, and the word "compliance" was changed to the less pejorative "adherence."

- The following is a sampling based on requests from the last update provided to the SPBPAC at the last meeting.

Strategy 1C: Support and expand PrEP screenings and services					
7	Increase number of Participating Provider Agreements (PPAs) providers prescribing PrEP.	Need/Gap: Clinical capacity; Priority pop: PPA providers	Division, PPAs; Partners: CMHD	48 PrEP PPA providers in 2021	5% increase
8	Promote and increase access to new PrEP medications as they become available.	Need/Gap: PrEP uptake	Division, PrEP Providers;	2879 PrEP visits supported by Division	15% increase in number of PrEP visits supported by Division annually
9	Ensure linkage to and retention in PrEP services for clients by the CMHD's and relevant providers throughout the grant cycle.	Need/Gap: PrEP uptake	Division, CMHDs;	1850 PrEP linkages reported by CMHDs and relevant providers	50% increase in PrEP linkages reported by CMHDs and relevant providers
10	Develop collaborations with Department of Drug & Alcohol Programs (DDAP) providers to expand PrEP screening to people who inject drugs (PWID).	Gap: DDAP providers Priority pop: PWID	Division; Partners: Department of DDAP, DDAP providers	30 Single county authorities (SCAs) and 4 provider collaborations in 2021	10% in overall HIV testing in health care settings 15% increase in number of DDAP provider collaborations
11	Support research into expanding PrEP access and uptake among underserved populations, including women of color.	Need/Gap: culturally specific messaging for women esp. women of color	Division; Partner: HPCP	Research supported/ underway in 2022	Report on research findings/ successes
Strategy 1C: Data Sets informing this objective: Stakeholder Input Data # 1, 8, 10, 11; Contract Laboratory and Provider Reporting			Key Disparity metrics: PrEP uptake among minority communities, SGM communities, women of color and		

Strategy 1G: Continue Post Exposure Prophylaxis (PEP) activities					
21	Conduct a needs assessment for PEP.	Need: additional data around needs/gaps for PEP, including regional needs Priority Pop: individuals exposed to HIV	Division	n/a	1 successful Needs Assessment, with report to the HPG, by 2024
22	Develop an initiative to address gaps in the provision of PEP including capacity, education, and resources.	Need: additional data around needs/gaps for PEP, including regional needs and priority populations	Division; Partners: HPCP, MAAETC, and/or regional grantees	n/a	1 successful intervention underway, with annal reporting to the HPG, by 2025
Strategy 1G: Data Sets informing this objective: Epidemiological data Stakeholder Input Data # 1, 4, 11,			Key Disparity metrics: Those most at risk for not receiving or having access to PEP services, including BIPOC, SGM, aging, disability, and rural communities		

- Key disparity metrics look at how the strategy is working for each priority community and that no one is left out.

Ending the HIV Epidemic Pillar: Treat					
Treat people with HIV rapidly and effectively to reach sustained viral suppression					
#	Activity	Need/Gap/Barrier & Priority Population	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
Strategy 3A: Continue and enhance the Ryan White (RW) Clinical Quality Management (CQM) Plan					
43	Improve viral load (VL) suppression.	Need: improve VL suppression Priority pop: PLWH	Division field staff, SPBP staff; Partners: Ryan White Part B (RWPB) Grantees, RW Parts C-D, RW subrecipients	See current approved CQM plan for detailed measurements recent HIV viral load test	Baseline- 93% Benchmark- 90%
44	Improve annual retention in support services.	Need: improve retention in care/support services Priority pop: PLWH	Division field staff, RWPB Grantees, RW Parts C-D, RW subrecipients	See current CQM plan for detailed measurement	Baseline- 63% Benchmark- 90%
45	Annual retention in core services.	Need: improve retention in core RW services Priority pop: PLWH	Division field staff, medical case managers, RWPB Grantees, RW Parts C-D, RW subrecipients	See current CQM plan for detailed measurement	Baseline- 80% Benchmark- 90%
46	Improve linkage to RWPB Services within 30 days of diagnosis.	Need: improve linkage to RW services Priority pop: PLWH, esp. BIPOC communities	Division field staff, RWPB Grantees, Partners: RW subrecipients	See current CQM plan for detailed measurement	Baseline- 53% Benchmark- 85%

- Most relevant to SPBP AC:

Strategy 3B: Continue the SPBP Medication Adherence Program					
47	Identify SPBP clients who need additional support to become adherent to HIV medication treatment regimens.	Need: improve adherence to medications Priority pop: PLWH	Division staff/SPBP staff	In 2021, a six month pilot program was conducted to identify clients that were unable to remain adherent to HIV treatment medications.	Identification of clients that are unable to remain-adherent to HIV treatment medications will be conducted at least quarterly.
48	Provide clinical consultation to clients and their providers to ensure optimal adherence with HIV medication treatment regimens.	Barrier: client medication regimen non-adherence Priority pop: PLWH (SPBP clients)	Division staff/SPBP staff, medical case managers (MCMs); Partners: SPBP clients	64% of identified clients adherent to HIV treatment medications post intervention in the six month pilot program in 2021	90% of identified clients adherent to HIV treatment medications post intervention
49	Increase HIV viral suppression among SPBP clients.	Need: increased rates of viral suppression among clients Priority pop: PLWH (SPBP clients)	Division staff/SPBP staff, MCMs; Partners: SPBP clients	95% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load	90% of SPBP clients with a viral load less than 200 copies/ml at the most recent HIV viral load test

Strategy 3C: Continue the Minority AIDS Initiative (MAI)					
50	Re-Engage PLWH who are lost to care back into treatment & access to medications.	Gap: reengaging PLWH lost to care; Priority pop: BIPOC PLWH	MAI Recipients	1) 76% of BIPOC individuals receiving MAI outreach services linked to medical care (i.e., attended their first medical appointment after being identified as lost-to-care/high risk) within the fiscal grant year (July 2021 – June 2022)	1) 80% of individuals who received Encounter Outreach Services will be linked to medical care within the measurement year; 2) 80% of individuals who received Referral Outreach Services will keep their first medical appointment within the measurement year
51	Increase the participation numbers of BIPOC PLWH populations in AIDS Drug Assistance Program (ADAP)/SPBP and other medication assistance programs.	Priority pop: BIPOC PLWH	MAI Recipients; Partners: Regional Grantees, RW subrecipients	48% of BIPOC clients eligible for SPBP were enrolled in SPBP within the fiscal grant year (July 2021 – June 2022)	[baseline data x desired x% increase]
Strategy 3C: Data Sets informing this objective: Epidemiological data, Stakeholder Input Data # 1, 10			Key Disparity metrics BIPOC SPBP members reengaged and retained in care		

Strategy 3D: Support RW Regional Grantees					
52	Develop a state RWPB Handbook.	Need: for internal RWPB resources	Division; Partners: RW Part B grantees	n/a	Completion of handbook
53	Develop Frequently Asked Questions (FAQ) for Regional Grantees.	Need: for internal RWPB resources	Division; Partners: RWPB grantees	n/a	Completion of FAQ
54	Hold Quarterly meetings with Regional Grantees.	Need: for internal RWPB resources	Division; Partners: RWPB grantees	n/a	Initiating and sustaining quarterly meetings (each year)
55	Develop and distribute a toolkit to HIV providers focused on integrating Hepatitis testing and treatment into their settings		Bureau of Epidemiology Viral Hepatitis staff, Division staff	n/a	Completion and disseminatio n of toolkit

Strategy 3F: Enhance the SPBP Customer Service Line (CSL)					
58	Develop call standards for the CSL.	Need: to ensure consistency and efficacy in all calls addressed through the CSL	Division staff/SPB P staff,		Success fully complet ed set of call standar ds
Strategy 3F: Data Sets informing this objective: Needs Assessments			Key Disparity metrics BIPOC and SGM callers/clients enrolled in SPBP		

Strategy 4B: Facilitate monitoring by statewide stakeholder bodies					
64	Convene and support the HIV Planning Group to monitor and evaluate the progress of the Integrated HIV Prevention & Care Plan (IHPCP) narrative, data, and activities.	Need: for stakeholder oversight of HIV and IHPCP activities; Priority pop: PLWH and representative community stakeholders	Division, HPG, HPCP; Partners: Impacted communities, PLWH	The HPG held quarterly meetings throughout the past calendar year and generated a summary of recommendations for the IHPCP and assessed progress on its activities	The HPG will hold at least quarterly meetings throughout a calendar year and generate a yearly summary of recommendations for the IHPCP and an assessment of progress on its activities
65	Convene and support SPBP Advisory Council to review and update the SPBP formulary.	Need: for stakeholder involvement in SPBP activities; Priority pop: PLWH	Division and SPBP staff, SPBP Advisory Council members, regional grantees, HPCP; Partners: Impacted communities, providers, PLWH	New medications were reviewed and either approved or denied for inclusion in the SPBP formulary quarterly in 2021	New medications are to be reviewed and either approved or denied for inclusion in the SPBP formulary at least quarterly per calendar year
Strategy 4B: Data Sets informing this objective: Federal guidelines, Stakeholder Input Data # 1, 10			Key Disparity metrics: Percentage of PLWH, BIPOC, SGM and HIV stakeholder involvement on advisory bodies		

Strategy 5C: Support the HPG and SPBP Advisory Council

86	Ensure the SPBP Advisory Council, as the body representing RW ADAP stakeholders in Pa., advises the SPBP and the Division on the SPBP formulary and programmatic policies and procedures.	Need: stakeholder input in the SPBP Advisory Council; Priority pop: PLWH	Division and SPBP staff, SPBP Advisory Council members, HPCP; Partners: RWPB regional grantees, community stakeholders	Four meetings were held in 2021	A minimum of four meetings will be held per calendar year
Strategy 5C: Data Sets informing this objective: federal guidance, Stakeholder Input Data # 1, 7, 10			Key Disparity metrics: HIV stakeholders engaged in planning, esp. BIPOC and SGM communities		

- Question from group: Which indicators or data do you anticipate having the most difficulty tracking?
    - Perhaps Treatment Data because it is a lot of work but for the most part it's good
    - Perhaps a campaign to expand prep education campaigns. It's easy to say the campaign happens but how to evaluate the quality might be more challenging.

Subcommittee Updates — 02:39pm to 02:52pm

John Haines

- Drug formulary. These sent out ahead of time
- Inclusion List:

DRUG NAME	DESCRIPTION	FORMULARY DESCRIPTION	COMMENTS
TLANDO	testosterone	ANDROGENIC AGENTS	Treatment of hypogonadism. Oral capsule. Other testosterone agents are covered.
ADLARITY	donepezil	ANTIDEMENTIA AGENTS	Treatment of alzheimer disease. Transdermal weekly patch. Other dementia agents are covered.
ALYMSYS	bevacizumab-maly	ANTINEOPLASTIC AGENTS	Treatment of cervical, colorectal, non-small cell lung, ovarian cancers, and renal cell carcinoma, and glioblastoma. IV solution. Other antineoplastics are covered.
CAMCEVI	leuprolide	ANTINEOPLASTIC AGENTS	Treatment of prostate cancer. SQ prefilled syringe. Other antineoplastics are covered.
CAMZYOS	mavacamten	CARDIOVASCULAR AGENTS	Treatment of hypertrophic cardiomyopathy. Oral capsule. Other cardiovascular agents are covered.
NORLIQVA	amlodipine	CARDIOVASCULAR AGENTS	Treatment of angina and hypertension. Oral solution. All other cardiovascular agents are covered.
MOUNJARO	tirzepatide	DIABETIC AGENTS	Treatment of type 2 diabetes. SQ solution. Other diabetic meds are covered.
AMVUTTRA	vutrisiran	ENDOCRINE AND METABOLIC AGENTS	Treatment of polyneuropathy. SQ solution. Other endrocrine agents are covered.
NALMEFENE HCL	nalmefene	ENDOCRINE AND METABOLIC AGENTS	Treatment of opioid overdose. Injection solution. Other opioid overdose meds are covered.
VOQUEZNA DUAL PAK	vonoprazan	GASTROINTESTINAL AGENTS	Treatment of H. pylori infection. Oral therapy pack. Other acid blocker and antibiotics are covered.
VOQUEZNA TRIPLE PAK	vonoprazan	GASTROINTESTINAL AGENTS	Treatment of H. pylori infection. Oral therapy pack. Other acid blocker and antibiotics are covered.
LYVISPAH	baclofen	MUSCLE RELAXANTS	Treatment of spasticity associated with MS or spinal cord lesions. Oral packet. Other muscle relaxants are covered.

- Exclusion list:

DRUG NAME	DESCRIPTION	COMMENTS
BEOVU	brolucizumab-dbll	Treatment of diabetic macular edema and macular degeneration. Intravitreal solution. Other intravitreal products are not covered.
PYRUKYND	mitapivat	Treatment of hemolytic anemia. Oral tablet.

Motion to accept the inclusions as presented. Seconded. All in favor, none against or abstain.

- One question about medications for eczema and there was an issue with Eucrisa. John invited the member (Michael Witmer) to email and they can address it at next meeting.

No other subcommittee updates or final comments

Adjournment — Meeting Adjourned at 02:53pm

Next Meeting is January 26, 2023, 10am to Noon, Virtual-only meeting.