Special Pharmaceutical Benefits Program Advisory Council
Thursday, October 24th, 2019
10:00 A.M. – 3:00 P.M.
Radisson Hotel Harrisburg

Topic/Discussion	Action
Introductions, Announcements & Updates: John Haines	Began 10:03am
Introductions: SPBP Advisory Council Members, staff, and guests introduced themselves. **Members Present:** John Haines, Kathleen Brady, Rebecca Geiser, Margaret Hoffman-Terry, David Koren, Deb McMahon, Mimi McNichol, Meghan McNelly, Rob Pompa, Wayne Williams, Michael Witmer, Cindy Magrini **[Members Absent:** Arthur Williams, Heyzabeth Vaughn, Jerry Coleman, Leah Magagnotti, William Shore, Jeffrey Kirchner] **Guests:** Carina Haverstrike, Nicole Reisner, Meghan McNelly, Sandy Brosius, Sandra Valdez, Sara Flores, Kendra Parry **Department of Health Staff**: Cheryl Henne, Lindsey Pitten, Christine Quimby, Kyle Fait, Sean Hoffman, Monisola Malomo, Jill Garland, Godwin Obiri **University of Pittsburgh Staff**: Corrine Bozich, Maura Bainbridge, David Stefanic	10:05am to 10:10am

Announcements/Updates: John Haines
 	
• The Advisory Council meeting dates for 2020 will be January 30th, April 30th, July 30th, and October 22nd, going back and forth between conference calls and in-person meetings, as usual
• Staffing updates:
  o Currently, there are no changes to SPBP staffing
  o Within the Division of HIV and Care section, there's been some new people who have been hired to fill the previously vacant positions that were discussed at the last in-person meeting
  ▪ There is a new Clinical Quality Manager, Lisa. She just started recently
  ▪ There's a new Project Officer, Rob Smith, who is present at this meeting. Wendy, who was the Project Officer, was promoted supervisor. There is another Project Officer position that is currently vacant and is posted.
• Updates on the SPBP website:
  o The SPBP drug formulary was updated on October 1st. This is done on a quarterly basis. There weren't any new HIV products since the previous meeting, but there is a whole host of brand and generic drugs that have been added.
	10:10am to 10:52am

- Recently, the pharmacy-related issue we've run into is that for certain pharmacies who have 340b contracts with 330b covered entities, they haven't been identifying 340b products based on their usage in our contract requirements. We recently sent out a bulletin to all pharmacies within our network to remind them of our contract requirements that require identification of any 340b products that are used, and that includes claims that were determined to be 340b after the fact.
    - There are at least two pharmacies where we started to do a recover process to fix these claims, and each of those pharmacies will owe us over $500k per entity, so it's significant because of the pricing difference in our contract between commercially bought products and 340b-bought products.
    - Since we are also a 340b entity, we need to make sure that these claims are identified at the pharmacy-level when you submit the claim to us so that we can remove them from our rebated invoices that are sent to manufacturers.
- Online enrollment system:
    - As you know, we released the client portal a few months ago for clients to enroll. We were planning on having a testing of the new case manager portal yesterday (Wednesday, October 23rd, 2019) but we ran into some glitches, so it has to be delayed to probably next week.
        - There will be a demo of where we are at with this case manager portal at this meeting later today
    - There are some training videos that were just recently loaded to our website that show clients how to do initial enrollments, full re-enrollments, and express re-enrollments.
- We've made an update on our enrollment policy for incarcerated individuals. Individuals are within the local or county jail are eligible for SPBP if the jail is not providing medications to the client.
    - We've recently had some issues with how that process is playing out.
    - What we're looking for is confirmation from a case manager that the jail is unable to provide medications to the client. We're not looking to contact the jail, but having our staff contact the case manager, or whoever prescribed the medication.
        - We need this confirmation to satisfy our care of last resort requirements
        - This can be confirmed by a letter, but our staff will also do outreach to the case manager to get that confirmation over the phone
    - This can apply to a client who was already enrolled in SPBP before incarceration, or an individua who is incarcerated and not previously enrolled, but would like to enroll
- We were scheduled to have a HRSA site visit in December. That's been delayed to January 14th through the 16th

MRx Enroll Case Manager Portal Demo: Magellan	10:52am to 11:34am

- There was a demo shown on how to use the new online case manager portal
- Discussion
  - Could a client choose more than one case manager when doing the application?
    - Right now, there is only an option to choose one case manager only
    - If there was a way to allow a client to choose more than one case manager, that would be very beneficial, as it decreases the risk of them falling out of care with an extra person being able to see what's going on
    - Other states have the option to select a primary case manager and secondary case manager, but Pennsylvania does not
    - There may be a way to accommodate this in the future
  - If the case manager puts in the application, does the patient have to approve, and if so, in what way?
    - No, the patient doesn't need to do anything
  - If the case manager fills out the application, will the client still have access to that? Also, if there is a turnover in staffing, who will be responsible for changing those facilities or case manager information?
    - If a case manager starts an application and submits it, patients cannot access it because there is no log in, but staff can access it.
  - If the client has a username and password already, and the case manager submits the application, can the client still see the application that was submitted?
    - They can see it, but they cannot modify it
  - Can the application be altered if it's still in draft form?
    - If it is in draft mode and was started by the case manager, the client cannot edit that. The client will have to call the case manager if there is any change in information
  - If the client starts an application, can the case manager help them finish it and submit it through the case manager portal?
    - Not currently, but it could be an option for the future.
    - There should be an option to have it both ways. If a case manager starts an application, the client should be able to finish it
    - For right now, whoever starts the application must be the one to finish it
    - There will be discussions after this meeting to see what can be done to put these options in place
  - When an application is approved, will the case manager have access to printing out their active SPBP card so that it can be used for their Part B recertification?
    - Yes, this is enabled for case managers to do, but we don't know if clients are able to have access to this in Pennsylvania. But the system has the capability.

- Is this linked to email? Will the client or case manager get an email notifying them of their approval? - Not case managers, but clients will get an email once they create an account - It's suggested that case managers also be emailed, since clients don't always inform case managers - This feature can be added, but linking would have to be approved by the case manager - If a case manager starts an initial application, and six months later, the client decides to do the paper express application themselves and sends it in, will the case manager see when they log in that an express application was submitted by the client? - The record will be updated, and the case manager will have access to the updated information - Can the agency administrators see all the applications for the entire facility, regardless of what case managers are identified? - Currently, no. - It is suggested that this be a function in the future, as case manager turnover can be very high sometimes, to the point that some patients don't know who their case manager is - What's the timeline? - Testing will be next week. It hasn't been solidified when we're going to roll it out. Within SPBP, we were thinking the earliest would be mid-December for the late January re-enrollment time period, but that's not set in stone	
CDC/HRSA Ending the Epidemic Plan: Kathleen Brady - This initiative was announced earlier this year. - There is a CDC grant for planning that we've already received, and we just applied earlier this month for a HRSA grant. There's also some NIH and AIDS research consortium supplementing funding that is already coming to Philadelphia. We were supposed to hear about another CDC grant, but that has not been released yet. - The goals of Ending the HIV Epidemic are to achieve reduction of 75% the number of new infections in 5 years and 90% reduction in 10 years - There are four pillars: - Diagnose all people with HIV as early as possible after infection - Treat the infection rapidly to achieve viral suppression - Prevent people at risk from getting HIV using potent and proven prevention strategies, including PrEP - Respond rapidly to detect and respond to current HIV clusters and prevent new HIV infections - Also, investing in the HIV workforce to establish local teams committed to the success of this initiative in every jurisdiction - Of over 3,000 counties across the U.S., more than 50% of new HIV diagnoses in 2016-2017 occurred in only 48 counties, and one of those is Philadelphia. Philadelphia is the only one in Pennsylvania	11:34am to 12:02pm

• The first grant we received started on September 30th. It's a one-year planning grant. We received $381,444, and the goal is to use this to increase ongoing community engagement and concise and expedited documentation
• The End the HIV Epidemic plan will not replace previous planning efforts
• Engagement process:
  o We'll be collaborating stakeholders and large parts of the community to work together to identify strategies to increase coordination of HIV programs
  o We will be engaging with the existing local prevention and care integrated planning bodies
  o We'll be partnering with local community partners
  o We'll be doing some focus groups and qualitative interviews with members of the population
  o We'll also be speaking with local service providers for both prevention and care
• We'll need to obtain an epi profile update. In Philadelphia, the health department doesn't do the epi profile. It's usually the Office of HIV Planning, but we'll be doing a snapshot 5-page summary of the updated epi profile
  o Its going to highlight key aspects of the HIV burden in the jurisdiction and provide a comprehensive overview of the local HIV epidemic
• We also have to do a situational analysis, which is an overview of the strengths, challenges, and identified needs related to prevention and care activities, and we have to do that in less than 10 pages.
  o This situational analysis is supposed to expedite the planning process and lay the groundwork for proposed strategies in the workplan
  o As part of this, we need to do a needs assessment, and that will take social determinants of health into consideration
• Implementation funding for the plan is expected to start in March, so we'll be implementing before we have our final plan
• At the end of the 5-year period, we have to have 97% of people living with HIV diagnosed, 90% retained in medical care, and 91% to be virally suppressed
  o These are huge targets, and this is one of the reasons why it's going to take $9 million per year just for treatment
  o One caveat is that this only takes into account increased testing as prevention. It does not include other prevention strategies. So this is what we'd need to do if we were only using increased testing for prevention	

Lunch	12:04pm to 12:50pm
Approval of previous minutes Minutes were approved with no changes	12:50pm to 12:52pm

Data & Quality Management Update: Sean Hoffman
• From 10/1/2018 through 9/30/2019
  o Clients enrolled:
  ▪ At any point during that period, we had a total of 8,800 clients enrolled in the program
	12:52pm to 1:18pm

▪ You can see that are still on a slow incline in enrollment o Clients served: ▪ This is climbing at about the same rate as enrollment o Clients with case managers ▪ This number is climbing, but not at nearly the rate that the overall client enrollment is ▪ We are showing a slight decline • During this time period, a little over 74% of people had case managers on their application. Currently, we are down to 72%. • We anticipate this number to increase with the use of the new case manager portal • We are still showing that the number one drug that is claimed is BIKTARVY, and it's growing, but not as much in quarter 3 as it had previously o Everything else is showing its normal late-year decline. As people pay their deductibles, we start seeing less claims coming in for these drugs • Retention tracking o We see in quarter 3 of 2018, there is a very large increase in the percentage of people that made it to 12 months in the program o People who disenrolled at 6 months for reasons other than MA stayed about the same and everything else shrunk a little, which is a trend we want to see going forward	
Fiscal Update: Lindsey Pitten • Recapping the 2018 Ryan White fiscal grant year o Expenditures still haven't gotten to the total funding level of $107 million. We're still working on converting our commitments into expenditures. As the year is going on, the invoices are paying, so eventually these numbers will match as it is reported to HRSA that this money has been spent. • 2019 Ryan White grant year o We have currently received $101 million in funding o Our expenditures are $13 million so far. This is due to the fact that we've already reported a lot of our current year expenditures to HRSA last year as spent. So, this balance will be eaten up over the course of this grant year in commitments that we'll be making for the 2020 RW grant year o We currently haven't been awarded our carryover from 2018, which was about $9 million. We're still going through the approval process on that. Hopefully we'll get this soon and we can start awarding that out as well	1:18pm to 1:29 pm
Outreach Initiatives & MAI Update: Kyle Fait • HIV Planning Group stakeholder townhall meetings	1:29pm to 2:03pm

- Our first one, as you heard, was in April in Pittsburgh. This next one was located in State College at the Toftrees Resort on July 31st from 2pm to 6:45pm.
- The last meeting was very successful
- We had 77 attendees at this meeting, which was consistent with the numbers at the Pittsburgh meeting
- We also had 21 people though WebEx, and some providers hosted watch parties
- Following the meeting, we did distribute surveys
  - We had 34 demographic surveys completed and 36 evaluation surveys completed
- Pitt gave a presentation at the HPG in September about both of these meetings
- In 2020, we are looking to have 2 more meetings and we are talking internally on where the next locations will be

- HPG upcoming meeting
  - The next HPG meeting will be November 20th and 21st
  - At this meeting, we'll do our first morning announcements as we always do, and we encourage anybody who can to attend, even if it's just for the announcement portion
  - We'll be talking about our plans for 2020 and continue our series of intersectional planning activities. This meeting will focus on transportation resources, needs, and opportunities
    - Our last intersectional planning topic was housing, and we'll talk a little bit about updates on the housing intersectional planning at this meeting as well
  - We'll have an update on the recruitment process. Right now, we are recruiting members for the HPG. The applications went out in early October. Deadline will be by the end of the day November 14th. If you know someone who should apply, please reach out. The application can be found on stopHIV.com.
  - We'll also continue with our subcommittee work, going over the Integrated Plan
  - Dates for next year's HPG meetings:
    - February 12th-13th
    - May 27th-28th
    - August 19th-20th
    - November 18th-19th
  - Five-year spending plan
    - The two main projects we've been working on are the PA NEDSS project and the media campaign
    - In terms of the PA NEDSS project, we worked through a phase where they were looking at the current PA NEDSS as well as another NEDSS based system that we could go with. After a lot of research and talking, we've decided to go with a NEDSS based system, also called New NEDSS. Right now, they're in the planning phase of switching to New NEDSS
    - In terms of the media campaign, we've given a pretty detailed report about this at the HPG meeting in

September. We ran our initial campaign from June 24th to August 31st. For this campaign, we used CDC's Let's Stop HIV Together campaign.
    - The hope by the end of September, we'd get a report back in terms of how many people saw the ads, but we're a little behind on that. We should have that report in the beginning of November, maybe mid-November
    - Our goal was that it would be seen 67 million times, so we're going to see how close we got to that goal
    - We plan on utilizing U=U for the next iteration of the campaign, and we hope to go live with that on December 1st to coincide with World AIDS Day.
- MAI Update
    - We plan on having AIDS Resource come to our next in-person meeting to talk about what they're doing with MAI
    - We just recently had an MAI learning session. These take place twice a year and allows the providers to come together.
- DOH Symposium
    - This was a one-day event held in Harrisburg and was just internal for DOH employees. This is the first one that had ever been held
    - We want to make this an annual event and continue to do it
    - There was a plethora of presentations done by the different areas of the DOH
    - We had an SPBP customer service panel, where we had SPBP customer service give an overview of what we do, and we let the participants ask questions about customer service. This was very well-received. This may be able to be replicated at other meetings, such as the HPG
    - We also had a poster display and a presentation on data to care
- LGBTQ History Month
    - Our theme this year is 50 years of Stonewall
    - Like last year, the event is being co-branded with DHS and DOH
    - We celebrated National Coming Out Day on October 14th, and our community cochair, Ja'Nae Tyler, reserved a safe space for people to go to come out if they needed a place to go
    - On October 17th, we celebrated Spirit Day, and everyone wore purple to stand with LGBTQ individuals who have been bullied
    - We also did our usual governor's office proclamation
    - We're also looking into doing other events throughout the year. There was talk of doing a drag show and a ball
- SPBP brochure
    - The new SPBP brochure draft was displayed to the group, with a discussion
    - Discussion:
        - A QR code will be included on the brochure that will take you to a page with the income guidelines

▪ Can the QR code also include a link to the videos that will be coming out on teaching clients how to enroll? • Maybe the QR code should just link to the SPBP main website, where they can then click on the resources that they need ▪ How do we make it clear that SPBP is geared toward our HIV population so that somebody seeing the brochure knows that is applies to them? • This can be tricky since people living with HIV might be less likely to take a brochure that boldly highlights HIV for fear of being stigmatized • The information within the brochure explains it, but the front just says SPBP. People who are unaware of the program may not know that it is applicable to them • Maybe just adding the red ribbon, or including a slogan that the CDC puts out ▪ The lab picture is not relevant to the target population. It should be replaced with a better picture. Perhaps a picture of someone getting their blood drawn ▪ It's suggested to show the draft to patients and get feedback ▪ Should include language that makes it clear that SPBP will help you pay for your medication and reduce financial burden ▪ Should add language that says that it's not just for uninsured patients, but also under-insured patients ▪ Can we add a section titled "Is This Right for Me?" so that it's clear if they are eligible	
<u>Subcommittee Reports and Discussion:</u> Margaret Hoffman-Terry Drug Formulary & Lab Services • New Drug Additions were sent out prior to all Advisory Council members. o There was a motion to add RUZURGI additions; motion was passed unanimously; The rest of the list was approved unanimously • New Drug Exclusions was sent out. o There was a motion to remove RUZURGI from exclusions; motion was passed unanimously; The rest of the list was approved unanimously No other subcommittee updates	2:03pm to 2:21pm
Adjourn	2:21pm