

Special Pharmaceutical Benefits Program Advisory Council
Thursday, July 28th, 2021
10:00 A.M. – 11:00 A.M.
Virtual Meeting

Topic/Discussion	Action
<p><u>Introductions, Announcements & Updates:</u> John Haines</p> <p><u>Introductions:</u> SPBP Advisory Council Members, staff, and guests introduced themselves.</p> <p>Members Present: John Haines; Kathleen Brady; Margaret Hoffman-Terry; Angela Kapalko; David Koren; Deborah McMahon; Mimi McNichol; Jerry Coleman; Michael Witmer; Cindy Magrini; Carina Havenstrite; Rob Pompa</p> <p>Guests: Valerie Canavin; Casey Johnson; Mike Hellman; Anna Barone; Erin O’Dea; Lupe Diaz; Erica Freedman; Isairi Sanchez; Michelle Jones; Cindy Snyder; Ciera King; Kathryn Smith; Luis Aponte; Yordans Mosquera; Chelsea Graziano; Shana Colon</p> <p>Department of Health Staff: Mari Jane Salem-Noll; Lindsey Pitten; Kyle Fait; Monisola Malomo; Michelle Schlegelmilch; Erik McDowell; Godwin Obiri</p> <p>University of Pittsburgh Staff: David Givens; Scott Arrowood; Sarah Krier; Mackey Freidman</p>	<p>Meeting commenced at 10:01am</p> <p>10:01am to 10:06am</p>
<p><u>Announcements/Updates</u></p> <p><u>John Haines:</u></p> <ul style="list-style-type: none"> • Ongoing member discussion about meeting in person, as would be usual for the next meeting in October. Some members preferred keeping virtual. Some preferred to also have option to have both. Many said they were open either way as long as there is proper safety precautions such as masks and social distancing. • Pitt is planning to do hybrid meetings for HIV Planning Group and has capacity to do so for SPBPAC; though it is in development was we go. • Staffing Update: Program Analyst still needed. Some delays with interviews have prolonged search. • New drug formulary updated to website on July 1. Two major additions are generic for Truvada and Atripla. Pharmacy Network list also updated at that time. www.health.pa.gov/spbp • Medicaid back billing and recovery project: currently in third cycle of the project. It’s going well and pharmacies are rebilling claims to Medicaid for members who received retroactive coverage through Medicaid for any claims that SPDP would have paid the full cost of initially, but later on found that the clients became eligible for Medicaid. • Medication adherence pilot project with our pharmacy benefit administrator, Magellan: Purpose it to identify individuals who are non- 	<p>10:06am to 10:33am</p>

<p>adherent to medications and then to reach out to providers to talk about ways to improve adherence and talk about any other barriers to receiving medications. Focus is for HIV treatment medications but others could be included, such as diabetes and heart disease.</p> <ul style="list-style-type: none"> ○ 31 different prescriber offices identified ○ 20 consultations with those 31 ○ 345 (out of 650) discussed and identified. ○ 12 provided with addition case management ○ 6-month pilot that ends this July and will be evaluated. <ul style="list-style-type: none"> ● HPG update provided by David Givens: Last HPG meeting was 2-day virtual meeting in May of this year. <ul style="list-style-type: none"> ○ Clinical Quality Management developing improvement process around case management. ○ Unemployment for PLWH workgroup meeting every 2 weeks to form recommendations for the HPG plan. ○ Included Division update on their operations and processes. ○ Subcommittee updates: Assessment Subcommittee– Stigma Survey; Evaluation Subcommittee monitors work implementing Plan and review nearly complete as planning cycle come to end. 	
<p><u>Approval of previous meeting’s minutes</u></p>	<p>Minutes were approved 10:33am</p>
<p><u>Stigma Survey</u> Sarah Krier, Mackey Friedman</p> <ul style="list-style-type: none"> ● Aims <ul style="list-style-type: none"> ○ Assess prevalence of internalized, anticipated, and enacted stigma in healthcare settings. ○ Characterize intersectional stigma burden ○ Evaluate impact on health wellbeing of sample of PA PLWH ● Methods <ul style="list-style-type: none"> ○ Rolled out Feb – May 2020 and again Sept – Nov 2020 including Philadelphia residents. ○ Eligibility: 18 years and client of ADAP ○ Self-administered e-survey (eng and Spanish); anonymous 20-30 mins; \$20 gift card as thank you; closed and open-ended questions. ○ Descriptive analyses, bivariate associations, multivariable logistic regression, latent class analysis. Open-ended responses classified by thematic codes and recurring sub-themes. ● 1421 surveys completed (6% Spanish) 	<p>10:33am – 11:01am</p>

N=1,421					
	% (n)		% (n)		% (n)
Age	M=51.8	Race & Ethnicity		Gender Identity	
19-29 yrs	5.7% (81)	American Indian or Alaska Native	1.64% (25)	Male	74.0% (1063)
30-39 yrs	16.2% (230)	Asian	1.05% (16)	Female	22.5% (323)
40-49 yrs	15.7% (223)	Black or African American	23.6% (359)	Non-binary/Third gender	0.70% (10)
50-59 yrs	31.9% (453)	Hispanic or Latino/a	14.3% (218)	Self-describe	0.77% (11)
60-69 yrs	24.2% (344)	Native Hawaiian or Other Pacific Islander	0.33% (5)	Transgender	0.28% (4)
70 yrs or older	6% (85)	White	55.3% (842)	Sexual Orientation	
		Other	1.25% (19)	Gay / Lesbian	54.2% (767)
				Bisexual	9.61% (136)
				Straight	30.3% (428)
				Self-describe	1.77% (25)

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=866		N=874	
	% (n)		% (n)		% (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)

- Preliminary Results based on English responses:
 - Higher overall anticipated stigma among non-white residents
 - Marginally higher enacted stigma among non-white residents
 - Higher anticipated stigma among non-white for every sub-category (case manager result is marginal)
 - Higher enacted stigma among non-white participants for every sub-category
 - Hispanic (English responders) respondents reported higher levels of anticipated stigma compared with non-Hispanic respondents. Also higher levels of enacted stigma
 - Lower-income reported higher anticipated and enacted stigma compared to higher income respondents.
 - Women reported high levels as compared to those who identify as men.
 - No difference or minor differences among gender and sexuality.
 - Stigma significantly predicted Detectable viral load and Adherence to care
- Next Steps: Looking at attributions of stigma; mental health outcomes, barriers and facilitators.
- Questions from Members:
 - Were there any surprises? the diversity and broad range of reasons

- Suggestions from respondents? Did not ask that, but it is good suggestion for adding. Presenters still must prepare presentation for open-ended questions (to be presented to HPG in August)

10:31am to 11:21am

Minority AIDS Initiative Update


Kyle Fait

- Previous Quarter:

Minority AIDS Initiative (MAI) Update

MAI Results: April-June 2021


- 388 clients received outreach services
- 235 clients received health education risk reduction services
- 63 clients newly identified or re-enrolled
- 70 clients were linked to medical care (1st appointment)
- 370 clients attended 2+ medical appointments
- 145 clients attended 2+ medical appointments and achieved an undetectable viral load



Minority AIDS Initiative FY20 Results

Time Period: April 1, 2020-March 30, 2021

- 1,156 clients served through outreach and education
- 11,682 service units were provided for outreach and education
- Majority of clients served identified as Black or African American
- 92 minority clients enrolled into SPBP
- 81 of those clients enrolled into SPBP also received educational services
- COVID-19 effected targeted goals




- 2022 Annual HIV conference to be in-person with an emphasis on Telemedicine. Will be collaborating with Pitt. (to occur spring or early summer; could also be a hybrid to allow virtual participation)
- PACE systems upgrade: Magellan did demonstration and is working on interface with the old unix system. It is moving along smoothly.
- SAF for localized media, innovation, and emergency preparedness: Provide just under \$2 million to regions (South Central, Southwest and Northeast). After evaluation then some additional funds may be allocated as well as for other regions.
- Anti-stigma Campaign for 2022 in partnership with Pitt, who in addition to the recent survey also did the Acceptance Journeys campaign.
- 5 year Spend Plan Extension: majority not spent and reasons for this include a slow rollout due in part to pandemic concerns and overestimated expenses. Extension is expected to be approved. Spend plan will go on more than 5 years but rollouts for everything has begun
- Next HPG meeting is August 11-12 and will be first in-person in a year and a half. Virtual hybrid will also be offered.

Clinical Quality Management Update

Michelle Schlegalmilch:

- Announcement:

2019-PAHAN-539-12-8-ADV



- On October 31, 2020, an amendment to the Pennsylvania HIV reporting regulations was published in the Pennsylvania Bulletin to mandate the reporting of all CD4 T-lymphocyte, viral load, genotyping test results that are associated with HIV infection to the Pennsylvania Department of Health.
- Health care practitioners and laboratories are required to report any test results associated with HIV infection to the Department through the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS)
- The report shall be made within **5 workdays** of obtaining the test results.
- Information about the full amendment can be obtained at the following link:
<https://www.pacodeandbulletin.gov/Display/pabul?file=/secure/pabulletin/data/vol50/50-44/1487.html>

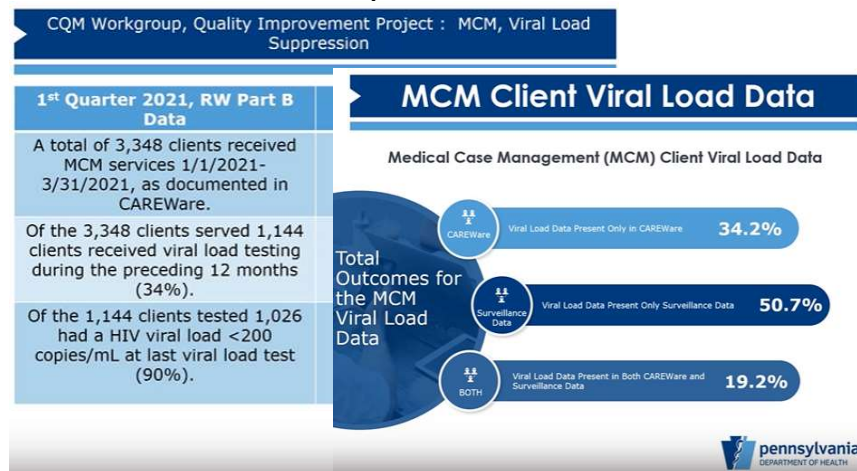
11:21:am to 11:35am

- Outcomes for Performance Measures Jan 1- March 31:

Indicator	1 st Quarter Review, 2021
Outpatient Ambulatory Health Services	
HIV Viral Load Suppression	290/312, 93%
Chlamydia Screening	179/539, 33%
Syphilis Screening	315/539, 58%
Hepatitis B Screening	43/539, 8%
Hepatitis C Screening	207/539, 38%
Annual Retention in Care	Data Not Available
Medical Case Management	
Prescription of HIV Antiretroviral Therapy	800/3587, 24%
Annual Retention in care	Data Not Available
HIV Viral Load Suppression	353/389, 91%
Food Bank/Home Delivered Meals	
HIV Viral Load Suppression	94/100, 94%

Indicator	1 st Quarter Review, 2021
Housing Services	
Housing Status	6/94, 6%
HIV Viral Load Suppression	5/7, 71%
Health Education/Risk Reduction	
HIV Viral Load Suppression	3/4, 75%
ADAP	
ADAP Application Determination ADAP Report Period: 4/1/20-3/31/21	251/252, 100%

- Workgroup recommended some revisions to performance measures:
 - Viral load suppression indicator: medical visit defined as being outpatient ambulatory health service visit.
 - 12-month calendar was changed to a measurement year
 - All other viral load indicators will include a preceding 12-month lookback in CAREware.
- Quality Improvement Project
 - Members obtained feedback from medical case managers on how they obtain viral load information from their clients and how that information is then entered into CAREware.
 - Developed process map for each step and identified problems areas to brainstorm countermeasures
 - Developed list of priorities for countermeasures and currently developing the action plan.
- Outcomes Data for the first quarter:



- Evaluation of the plan using the policy clarification notice 15-02 which specifically relates to the CQM plan: a CQM plan review checklist that has each of those components. The workgroup started working on that and provided feedback and for next year's plan.
- In October the data report will identify Service Category Utilization report and what performance measures are needed for 2022.

- Create+Equity Collaborative: aim of the collaborative is to promote the application of quality improvement interventions to measurably increase viral load suppression rates among people with HIV.
 - Among the four groups they wanted to participate in, our team selected the age across the Lifespan Affinity group for client specifically aged 40 to 64.
 - Focusing on overall load suppression and for the clients specifically aged group.

11:35am to 11:40am

Fiscal Update
Erik McDowell

RW 2019

Funding	RW FY 2019	Expenditures	RW FY 2019
SPBP Grant Award	\$27,711,308	Drug Claims	\$92,254,612
Part B Grant Award	\$10,726,651	Claims Admin	\$497,180
Carry-over 2018	\$6,731,380	Medicare Claims (Parts C & D)	\$695,099
Rebates	\$68,589,324	RW Grant Admin	\$2,812,074
TPLs	\$8,778,646	RW Lab Testing	\$358,725
State Appropriation	50	Regional Expenditures	\$21,344,618
Total Funding	\$124,517,308	Total Expenditures	\$117,962,308

Carryover into RW 2020: ~ \$6.6 Million

- 2019 closed out and roughly \$6 million carried over in 2020

RW 2020

Funding	RW FY 2020	Expenditures	RW FY 2020
SPBP Grant Award	\$26,832,592	Drug Claims	\$50,571,045
Part B Grant Award	\$10,648,813	Claims Admin	\$1,515,091
Carry-over 2019	\$6,574,999	Medicare Claims (Parts C & D)	50
Rebates	\$72,705,436	RW Grant Admin	\$4,691,245
TPLs	\$3,864,449	RW Lab Testing	\$257,346
State Appropriation	50	Regional Expenditures	\$3,695,101
Total Funding	\$120,626,289	Total Expenditures	\$60,729,828

- Total expenditures and commitments around \$61 million.

RW 2021

Funding		Expenditures	
	RW FY 2021		RW FY 2021
SPBP Grant Award	\$26,372,453	Drug Claims	\$9,027,153
Part B Grant Award	\$30,454,230	Claims Admin	\$168,644
Carry-over 2020	0	Medicare Claims (Parts C & D)	\$0
Rebates	\$45,050,673	RW Grant Admin	\$1,265,789
TPLs	\$1,317,535	RW Lab Testing	\$0
State Appropriation	\$0	Regional Expenditures	\$4,141,377
Total Funding	\$83,154,871	Total Expenditures	\$14,602,963

- Rebates for 2021 coming in and expenditures starting to accrue about \$20 million in commitments. Carry over from 2020 not finalized yet.

New Drug Additions and Exclusions

Margaret Hoffman-Terry

- 12 different drugs that are recommended as additions. Many of them are anti-neoplastic agents. There's one heart drug, one thyroid drug, an immunosuppressive, a lipid drug, a bladder relaxant agent and the rest are all cancer treatments. All are being covered as they are drug classes typically covered in the past. No questions from group.
- 6 exclusions: first one is unapproved COVID vaccine, the Astra Zeneca. Others are hospital or investigational-use drugs. One is external ointment for actinic keratosis
- Discussion to add hemophilia drugs as another program has discontinued paying for those and they are expensive. The issue may also be that some patients are covered by ADAP but not MA and want to explore covering on a case-by-case basis. Problem is also that the drugs are very costly; more research needed on costs and rebates. It was generally agreed to try and find a way to provide either through purchasing insurance or providing direct coverage; given more research is needed on number of patients and costs. This may be an outlier issue and not representative of most hemophiliacs on ADAP.
- Motion approved, seconded, and all in favor to accept recommended additions and exclusions.
- One questions about exclusions: weight-loss drugs are excluded. Given that weight-gain is a side effect of many HIV drugs, is there any interest to removing weight-loss from the exclusion list? It has traditionally been excluded but there was comment that the nature of disease is different now. One member, as diabetes specialist, recommended reconsidering. Due to time, this topic is added to agenda for later. Requested that a list of recommendations be made for the next meeting.

11:40am to 11:54am

No other subcommittee updates or final comments Next meeting is October 28, 2021. Still not sure if it will be in-person or virtual.	11:54am
<u>Adjournment</u>	John Haines adjourned the meeting at 11:59am