

SPBP Advisory Council Hybrid Meeting
 April 24th, 2024, 10:00-3:00
 Penn Harris Hotel and Conference Center *and online*
 Camp Hill, PA

Topic/Discussion	Action
Introductions, Announcements & Updates: John Haines	Meeting commenced at 10:00am
<p> Introductions and Rollcall: Were opened to SPBP Advisory Council Members, staff, and guests to introduced themselves. <u>SPBP Advisory Council Members Who attended In Person</u> John Haines Margaret Hoffman-Terry Angela Kapalko David Koren Deborah McMahon Anna Thomas-Ferrailoi Michael Witmer <u>SPBP Advisory Council Members Who attended Virtually</u> Leah Magagnotti Cindy Magrini Carina Havenstrite <u>DOH Staff In Person</u> Jill Garland Mari Jane Salem-Noll Kyle Fait Monisola Malomo Michelle Schlegelmilch Moira Foster <u>DOH Staff Virtual</u> Sara Reyes Kendra Parry Godwin Obiri Brenda Mitchell Roxxi Green <u>Pitt Staff In Person</u> David Givens Ray Yeo <u>Guests In Person</u> </p>	10:00am to 10:05am

Satina Thomas
Casey Johnson

Guests Virtual

Jon Martin
Anna Barone
JP Burkhart
Christy Owens
Caroline Faber
Erica Freedman
Henry (No last Name)
Melissa Bonnerwith
Jeannie Ong

Announcements/Updates

John Haines:

- described updates for the open/previously open positions in the Division of HIV Health.
- noted the official name of the Division: it is now officially the Division of HIV Health
- gave an update on Magellan. Magellan RX is operating the same way, but is now owned by Prime Therapeutics. SPBP got those programs moved over and everything seems ironed out operationally. SPBP still accepts, as usual, applications to be submitted by mail, fax or email, and the email address was updated for where to send. Those applications and that new address is listed on the application and each of the four types of applications – the four regular and express applications in both English and Spanish. Just to let everyone know that address is spbp@primetherapeutics.com, and that should only be utilized when emailing an application. We still utilize SPBP@pa.gov as our general email inbox for any customer service related questions
- gave updates about the SPBP website:

Formulary updates in February, added Mpox vaccine JYNNEOS

Pharmacy network list updated March 1, 2024, including summary section (explaining who is eligible)

Issues with Medicaid data match – end dates from Medicaid (with disenrollment) had been inaccurate. SPBP is still working through these issues – the Medicaid update in September should correct this, and we’re manually overriding eligible clients in the meantime, and a manual process for pulling coverage to double check eligibility

Question: Erica Freedman: I’m here at Penn Med, and this does continue to be a serious issue to the point where some folks aren’t getting their meds. Anything you can do would be appreciated.

John Haines: Yeah, we had to escalate this with Medicaid just to get the update to happen in September, which is why we’re doing these manual overrides to try to get eligible individuals in as soon as possible. But we are still reliant on medical staff contacting us to initiate this process.

- There was a brief update on overflow call routing on customer calls

- A discussion of the NASTAD survey on ADAP formularies nationwide. Some highlights from the results include:
 - 13 completely open programs
 - 28 mixed
 - 36 cover Gilead drug sunlenca
 - 44 cover direct acting HCV anti-virals
 - 47 cover substance use medications
 - 44 cover anti-depressants
 - 41 cover lipid cholesterol meds
 - 18 cover weight loss meds

A link to the full results will be sent after the meeting

Minutes Approval:

John Haines called for an approval of the minutes.

[10:27am] No changes to minutes and were approved as circulated.

Fiscal Update

[10:28] John Haines provided the report.

Slides provided.

Question: When will you know your total year expenditures are accounted for?

The federal FFR report is due in July, so I'd say it *should* be solidified by then, but it may also depend on any individual outstanding invoices, etc.

Question, Deb McMahon: Do you get questions about carry over?

John: Yes, pretty much every meeting. We expect a surplus of 8 million currently

Data Update

John Haines provided the report.

Slides provided.

The group discussed Apretude usage, with a suggestion to measure number of clients using of Apretude and Sunlenca happening together

Deb McMahon: When is the medical assistance disenrollment?

John: About April 2023, so you can see the trend line from 2019, we're really back on track with where we would have been. You can also see the rise in costs over the past few months.

Clinical Quality Management/CQI Update

[10:50] Michelle Schlegelmilch provided the report.

Slides provided

Discussion:

Michelle: looking ahead from this report, there are new performance measure categories selected for assessment. These include a second one for SPBP, a second one in for medical case management of education risk reduction, outpatient, ambulatory health services, medical and medical transportation for total of 10.

Viral load will be reported differently starting next month: now HIV viral load is a performance measure for five of the selected ones and not that the information on the screen is not correct. It's just showing you out of the HIV viral loads that we have out of that number who is virally suppressed, so moving forward I'm going to be sharing with you the total number of clients in that Service category - the total number of clients without viral load, the total number of people with the viral load and then out of that number of people with the viral load whose virally suppressed. So it's just going to be giving you a little bit sharper picture.

There is a rapid improvement event starting Friday April 26th; reach out to Michelle S to participate.

Question, Deb McMahon: What's the threshold for being deemed undetectable - less than 200 hundred?
– Correct.

The group discussed viral load reporting gaps/relationship to incomplete reporting in a very small minority of patients.

Outreach Initiatives & MAI Update

[11:25] Kyle Fait delivered the report.

Slides provided.

Noted in the slides:

Annual HIV Conference on June 25th-26th: Including MAI updates, LGBTQ+ Youth services spotlight, breakouts including HIV and Aging, Harm Reduction, and PEP, AIDS Free Pittsburgh presentation

Anti-stigma campaign: has been on hold due to Pitt's purchase order delayed, so there is no additional updates on that at this time

Localized media campaigns:

- terms of the localized media campaigns, as I said, they're ongoing family health council, who has the take control HIV campaign for fiscal year 24. Thus far, they've had over 100 linkages to care forms that were completed through this campaign, and they're working on new commercials that will be rolled out soon. And I think that's a real strength of these localized media campaigns. They are constantly reevaluating their messaging, and they're seeing what works and how they can reach more people, and they're definitely working on that.
- The United Way, Wyoming Valley has their targeted campaign. They saw their providers that are participating, caring communities and Wyoming Valley AIDS Council see new intakes and that was tied to the media campaign and who they're looking to reach. And they've also been working on new ads as well for their campaign moving forward. And again, the they continue to update their ads based on need and how they can reach more people in terms of rates.
- AIDS Free Pittsburgh, I would say that's the biggest campaign that we're funding and obviously take it other funds too to do their campaign. So it's not all money that's coming from us from the five year span plan, but they're doing things with digital ads and they're continuing to see almost three million impressions per month through that. They're doing video ads as well. They've done some TV ads. They're doing streaming audio ads. They still do billboards. They're doing bus stations.

Innovative Projects workgroup:

- We've begun to have monthly meetings with the regional grantees.
- We come together and all seven regions have participation into the meetings and we just go down the line and talk about everybody's status with the project and how things are going and it's I believe it's going to be the way we roll these machines out and again, each region is going to get a machine to start and then we're going to monitor those machines and then, you know, utilize the data to see what the next steps will be for those machines.
- Since we had started this project internally, we talked about like what could be put in these machines and what could we pay for and some of the items and we were running a list and basically A wish list from people of what would you like to see in these machines?
- And then we went back and looked at what could we pay for using her CDC funds, the things that we did agree on that would work included HIV test kits, condoms, and any other protection on those lines, lubricants, fentanyl test strips, first aid kits, hand sanitizer, tissues, non perishable food items or healthcare products, things like dental floss, toothbrushes and toothpaste bar soap, eye drops, ChapStick, deodorant, wound care kits, sanitary items for women's menstrual kits, hydration packets, plastic pill boxes, multivitamins, first aid ointment, hot hands and pregnancy tests were things that we determined that could be paid for with our funding.

Project Teach:

- This is a form of peer navigation, and we're really encouraging our regions to participate in that.
- Recently, the North Central region was trained on project teach and that occurred this month. They had representation for their providers there to learn, project, teach and then utilize it in the work they're doing.
- I know at the beginning of the year, I believe actually it was probably last year, NE implemented I teach initiative as well.
- Obviously it's a big thing in the Philadelphia area and again we're just looking to continue to support that and promote it with our regions and hopes that they'll promote it with their providers and we can provide funding for that. Obviously it's a good thing to have that to create that peer navigation out there, so that people can be reached through that.

HIV Friendly PA

- HIV friendly Pennsylvania, which is another initiative that we've been talking about doing and this is really like a ground based initiative where we reach people that have little to no knowledge about HIV.
- So this is a Community initiative going in and making people aware that that HIV still exist and this is how it's transmitted, you know, high level things about HIV.
- And we created the initial presentation for that and we're just kind of doing some minor updates for that and getting approvals and then we'll look at our next steps in terms of how we want to roll that out for people.

Technology evaluation form:

- This was created if people have ideas, we want to hear from them.
- I know our monitoring evaluation group when they do monitoring they're going to be talking to the regions about what are the providers talking about that they could utilize as well because we want to get that perspective from people on the front lines.

Questions: is naloxone or xylazine test strips in the vending machines? This was not allowed to be paid for, but this is something else that could go in if covered by outside services or vendors.

[Lunch] 12-1pm

[sound check and meeting resumption at 1:01pm]

Medication Adherence Program

Presentation provided by Kristen Cherwinski.

Slides provided.

No discussion of note to add.

Sub-Committee Reports

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

New Drug Review Discussion and Approval – 4Q 2023

ii. Drug Utilization Review & Clinical Programs: Deb McMahon

iii. Program Eligibility & Management

Slides are available/provided for subcommittees who had reports.

Adjournment

John Haines adjourned the meeting at approximately 2:30pm