

# PA Department of Health

## Special Pharmaceutical Benefits Program Advisory Council Meeting

Thursday, July 25, 2024

Location: Virtual

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<b><u>Time</u></b>	<b><u>Topic/Discussion</u></b>	<b><u>Actions</u></b>
10:00 – 10:13AM	<p><b><u>Welcome/Updates</u></b></p> <p>-The next SPBP meeting will be held in person on October 24, 2024, from 10:00AM-3:00PM at the Penn Harris Hotel.</p> <p>-Jackie Brenner, a Public Health Program Administrator, started in July working with SPBP and the customer service line. Jackie will be doing the Data Updates for the Advisory Council meetings.</p> <p>-Leah Magagnotti, retired from the Northwest region as a Part B grantee, and subsequently resigned from the Advisory Council.</p> <p>-The SPBP website now includes a revised drug formulary. It is updated quarterly and was changed on July 1. It can be found at <a href="http://www.health.pa.gov/SPBP">www.health.pa.gov/SPBP</a></p> <p>-There is still an ongoing issue with Medicaid data match and enrollment dates received from the Medicaid program. The proposed fix should be implemented in September when their system undergoes updates.</p> <p>Individuals appear to be enrolled in Medicaid and are applying for SPBP, but they are not actually in Medicaid due to the incorrect data files that are still being processed. Individuals who are affected are asked to call the customer service line and a team member will override the system to allow them into the SPBP if eligible. Anyone in 2023 or 2024 denied coverage in SPBP for Medicaid enrollment were manually checked to see if they were or were not enrolled in Medicaid. Those individuals who were incorrectly removed, were reinstated in SPBP based on their application. New enrollment cards and packets were set out to these individuals.</p>	Led by John Haines
10:00 – 10:13AM	<p><b><u>Attendance:</u></b></p> <p><u>SPBP Advisory Council Members</u> John Haines</p>	Attendance was recorded for

	<p>Margaret Hoffman-Terry  Angela Kapalko  Deborah McMahon  Mimi McNichol  Meghan Brenckle  Cindy Magrini  Rob Pompa</p> <p><u>DOH Staff</u>  Jill Garland  Mari Jane Salem-Noll  Kyle Fait  Monisola Malomo  Michelle Schlegelmilch  Moir Foster  Erik McDowell  Godwin Obiri  Jacqueline Brenner  Kendra Parry</p> <p><u>Pitt Staff</u>  David Givens  Kristen Growden</p> <p><u>Guests</u>  Jon Martin  Anna Barone  JP Burkhart  Christy Owens  Caroline Faber  Erica Freedman  Casey Johnson  Henry Pruski  Ronald Lane  Christina Favinger  Lauren Callahan  Anthony Ergen  Kelly Canally  Amy Graziani  Robert Lavorerio  Marah Lettier</p>	<p>members present online. Kyle Fait tracked attendance.</p>
<p>10:13 –  10:15AM</p>	<p><b><u>Approval of April Meeting Minutes:</u></b>  -There were no proposed changes to April’s minutes.</p>	<p>John Haines approved</p>

		minutes as previously sent out.
10:15 – 10:30AM	<p><b><u>Data Update:</u></b></p> <p>-There are 9,066 clients with an average age of 51 years old. There were 187000 claims paid by SPBP totaling over \$105 million. There has been an increase in individuals using the program. It may be due to those who were disenrolled from Medicaid, or individuals just finding out about the program. The average yearly cost per person is \$11,590, which is an increase since the last meeting. Biktarvy is the most prescribed medication as well as incurring the highest cost to the program. Medication costs drop in the second quarter due to individuals hitting their out-of-pocket maximums from other insurances.</p> <p>-The number of clients enrolled in SPBP has surpassed pre-covid level numbers.</p> <p>-Debra McMahan asked if data was tracked for age and comorbidity. John answered that he tracked that data and presented it to the HPG workgroup. This workgroup looks at those who are 50 and over. The average age of individuals is now 51/52.</p>	Presented by John Haines
10:30 – 10:56AM	<p><b><u>SPBP Planning, Outreach, Special Projects, and MAI Update:</u></b></p> <p>-Jewish Healthcare Foundation helped to compile the data. Providers and the JHF worked together to create the MAI learning sessions. JHF developed best practices and training for providers.</p> <p>-The plan is in year 8 of the 10-year initiative with just under \$4.4 million funds available. The original plan was to complete projects in 5 years, but due to delays starting, it is anticipated to take another year, to year-and-a-half to exhaust all funding for the outstanding projects. The projects are primarily technology based and nearing completion.</p> <p>-The annual HIV conference was held June 26, at the Sheraton Hotel at Station Square in Pittsburgh. Because of the increased cost, it was only held for one day. More than 100 people attended. The MAI panel was well received. The JHF also participated and the SPBP presented. There were many breakout sessions as well. Dr. Ken Ho presented in the morning session, and Dr. Debra McMahan led the afternoon. They also discussed the HIV Planning group and attempted to recruit new members. AIDS Free Pittsburgh closed the</p>	Presented by Kyle Fait

day discussing their localized media campaigns. An exhibit hall was utilized for the first time. Providers were able to provide attendees with information throughout the day. This is something to consider repeating at future conferences.

-Anti-Stigma Campaign will take place working with Pitt staff. The first goal is to mobilize a network of community stigma fighters to address intersectional stigma in healthcare settings. They will conduct outreach to healthcare and community service settings and people living with HIV to share their ideas for stigma intervention. These interventions will then be able to be integrated into individual agencies. Pitt will tailor and pilot test the intersectional stigma intervention concepts for feasibility and accessibility in the PA health care agencies. They will partner with agencies to implement the strategies. They will obtain stakeholder feedback throughout the process.

-They have also been funding localized media. Providers have different ways to reach their targeted audience: placemats in restaurants, ads on buses and in bus shelters, etc.

-A workgroup was formed to decide how to allocate extra funds that are available. Harm reduction vending machines are being implemented with each region at a different stage in the implementation process. Penn State deployed two machines, one in Harrisburg, one in Reading. The feedback and data they are receiving is overwhelmingly positive. Penn State is sharing that information with the DOH, which is then shared with the regions. It is hoped that in the coming months our machines will be up and running.

-Another project is Peer Navigation through Project TEACH. Any remaining region that has not yet utilized it, will hopefully implement it soon.

-Since the last meeting, it was approved to work with Health Monitor and the procurement process is ongoing now. This would involve ads in clinical settings to use technology to reach people. Not only will this help inform patients, but it will also help the clinicians stay informed of available services.

-The pill dispenser program is being restarted after the pilot project with the Family Health Council did not work as well as anticipated.

	<p>The program will be reinstated with another pilot with them. Other agencies in the Northeast may be included in this pilot as well.</p> <p>-HPG recap/updates. Recruitment for membership in the HPG is beginning to be rolled out. Rob Pompa added that the group is looking for people with lived experience to join the group. Anyone who is interested or knows anyone who would be a good candidate is encouraged to apply.</p>	
<p>10:56 – 11:02AM</p>	<p><b><u>Fiscal Update:</u></b></p> <p>Ryan White 2023-2024 fiscal years were reviewed. There is an approximately \$3.5 million carryover for 2024. It has not yet been granted. The total funding to this point is just under \$75 million. It is important to look at the rebate revenues compared to the drug expenditures as they move forward. Because of the revenue being rebate based, the money comes in on a rolling basis and it is not clear how much will be coming in at the start of the year.</p>	<p>Presented by Erik McDowell</p>
<p>11:02 – 11:30AM</p>	<p><b><u>Continuous Quality Improvement Workgroup Update:</u></b></p> <p>-In January, the workgroup was changed from Clinical Quality Improvement to Continuous Quality Improvement.</p> <p>-Performance measures have been added to the plan since 2022. There are now a total of 10 performance measures. Eight are based on performance measures and two are overall measures. The CQI uses a rolling 12-month calendar, so data in the report is pulled from April 1, 2023 - March 31, 2024. The data team is working on improvements to how HIV viral load information is pulled, and it should be in place soon.</p> <p>-This is the first time the performance measures are being looked at with respect to viral load. The topic selected for the quality improvement project was medical case management and retention. The prior retention period was 76%.</p> <p>-John clarified one slide to say that those clients who appear to be eligible for MA based on criteria and their income, are required to apply for MA. They are then given 3 months of coverage with SPBP until they submit their application to MA. They will then either get denied for MA or transition to MA because they are now eligible.</p> <p>-Deborah McMahon asked for clarification on eHARS and NEDSS.</p>	<p>Presented by Michelle Schlegelmilch</p>

Michelle said that they are required components to the surveillance data. Surveillance data goes into NEDSS and eHARS is a secondary database.

Deborah followed up by asking how compliant the labs are with reporting the required information.

Michelle stated that in October 2020 the guidelines were revised to state that any HIV related lab had to be reported to the state within 5 business days. At a prior HPG meeting Michelle stated that she spoke with Dr. Godwin Obiri who said there is a process in place for labs that are not submitting the information or are submitting it incorrectly.

Dr. Obiri said they are still ascertaining the best way to measure compliance by the labs. An ongoing survey is looking at laboratory compliance across PA to determine who is performing HIV testing and complying with the regulations. Another in-depth analysis of compliance with the reporting will also take place. The preliminary results suggest that many of the laboratories are complying.

-The CQI workgroup chose Medical Case Management for the Quality Improvement project. Data was gathered from January 1, 2023 – December 31, 2023, showing that the retention rate average was 76%. This means that 76% of the Part B medical case management providers were considered retained. Additionally, 12 out of 28 Ryan White Part B providers ranged from 39-76%. Since the 2023 quality improvement project did not have higher retention levels, the focus of the quality improvement project shifted from provider level to regional grantee level. The focus of the 2024 CQI program will be on regional grantees giving the supports necessary to the providers that are falling in the 39-76% range. A rapid improvement event was held to evaluate the current process, identify barriers to success, and a root cause analysis for the problems led to the development of questions to focus on. Final content approval is expected from Mari Jane to implement the plan. The providers who were above 76% will be asked for their feedback and guidance for their high retention rates. That information will be provided to Pitt. Pitt will distribute the questionnaire and compile a report to the work group. The goal is for a 4% increase in retention for those providers who were below 76% and a 1% increase for providers already hitting the 76% target.

Rob asked if it was possible to track why clients are dropping out and to find out what agencies are not doing that is related to the dropouts.

Michelle said the workgroup discussed creating a report of the unretained clients. They are attempting to obtain the data of

	<p>unretained clients from providers. For those providers who are below the 76% threshold, the regional grantees will put into place measures to better understand why the providers are not retaining more clients.</p> <p>Christy Owens added that there may be reasons that a client is discharged that has nothing to do with the provider. Christy reminded the group that there are multiple reasons for clients to not be retained. Christy said that often Medical Case Management cases are moved to Non-Medical Case Management after their Accuity review. Christy also said that those clients who are no longer utilizing the Ryan White services are removed, and other times individuals are graduated out of the program.</p> <p>Michelle agreed there are many valid reasons, for clients leaving, but the aim of the study is to assess the other reasons clients leave.</p> <p>-Michelle discussed the 2025 CQI Plan. SPBP was the highest utilized category and Medical Case Management was the second highest category for Ryan White Part B clients.</p>	
<p>11:30 – 11:45AM</p>	<p><b><u>Drug Formulary and Lab Services: New Drug Review Discussion and Approval – IQ 2024</u></b></p> <p>-One drug added is for ALS, two for neoplastic syndrome, several endocrinologic/metabolic agents, two glucocorticoid/steroids, one hematologic agent for aplastic anemia, and one rheumatology drug for the treatment of Crohn’s and ulcerative colitis.</p> <p>Angela commented that Rezdiffra is now approved.</p> <p>-The only exclusion added was an anticholinergic IV medication that is typically given in emergent situations: Anticholium. These types of medications are typically not covered.</p> <p>-John indicated that there was a question at the last meeting concerning Apretude for HIV prevention. It is FDA approval for prevention, but it was coded incorrectly. John pulled the claims for the two clients who filled it in the last three months. One person had no other antiretrovirals prescribed in the system, the other seemed to have some overlap with Sunlenca. John was unsure if the Apretude was prescribed instead of Cabenuva. The review of these cases led John to ask for a review of all clients enrolled in SPBP to verify that everyone in the program is living with HIV.</p> <p>Margaret responded that the use of Sunlenca possibly indicates that the client is currently living with HIV, and they have become resistant to Cabenuva. The use of Apretude by itself is more indicative of its use for PrEP. John offered that the other possibility</p>	<p>Presented by Margaret Hoffman-Terry. Margaret motioned to accept the additions and exclusions to the formulary as written. Deborah McMahon seconded. Motioned passed.</p>

	<p>is that all claims for that individual are not seen in SPBP. It is possible for clients to be taking free samples from clinics, or for the providers to not submit claims to SPBP for all the medications. Margaret asked if John is able to contact the practices/clinicians to get more information about the patients and the claims. John affirmed that is the next step in investigating the problem. John also indicated that Aprelude is currently not available for claims. John said data was pulled on Sunlenca. Four individuals filled Sunlenca claims, but two of them only had Sunlenca claims. Margaret responded that Sunlenca can be used in individuals who are resistant to other medications, but Sunlenca is typically used with multiple other drugs because of the resistance. Deborah also added that Sunlenca has been shown to be an HIV prevention tool. John agreed and said that is what prompted the review of the claims since it is used for prevention, all clients enrolled in SPBP must be currently living with HIV.</p> <p>-Margaret also asked how common it is for single drug claims. John said that it is very common in those with other insurance. Once the individual reaches their out-of-pocket maximum, they no longer receive claims for that individual for the rest of the year. There are also 340B pharmacies that sometimes choose not to submit claims but will utilize their 340B funds.</p> <p>-Margaret asked for verification that everyone enrolled in the program must have documented paperwork from a clinician indicating they are living with HIV. John affirmed that this is the case, but there could be still be a chance that individuals could submit fraudulent paperwork and we need to take additional steps to verify based on other sources.</p>	
<p>11:45 – 11:46AM</p>	<p><b><u>Closing Questions and Adjournment:</u></b></p> <p>-Deborah asked if John would be presenting or be a part of the panel discussions at the upcoming Ryan White conference. John stated that he was not aware of anyone from the Division presenting. John asked the group if anyone knew of providers from across PA participating. Moira Foster was unaware of anyone participating. Deborah indicated she was aware of some, but they are not related to SPBP.</p> <p>-John reminded the group the next meeting is in-person on Thursday, October 24 at the Penn Harris Hotel in Camp Hill</p>	<p>Led by John Haines</p>



	-Meeting was adjourned.	
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