

**RYAN WHITE CARE COUNCIL
HEALTH SERVICES ADVISORY COMMITTEE
HILLSBOROUGH COUNTY HEALTH DEPARTMENT
THURSDAY, FEBRUARY 15, 2007
2:00 P.M. – 3:30 P.M.**

MINUTES

- CALL TO ORDER** The meeting was called to order by Don Kurtyka, Chair at 2:05 p.m.
- ATTENDANCE** Members Present: Wanda Barker, Jimmy Baumgartner, Robbie Bouplon, Cindy Brown, Vicki Kenyon, Don Kurtyka, John Melartin, Steve Palermo, Priya Poulimas, Tina Van Doren Ruppell, Michael Wagner, Rita Winstead
- Members Absent: Leslie Betts, Tish Carlton, Barbara Clark-Alexander, Jim Roth, Donette Waul-Santiago
- Guests Present: Tonicia Freeman, Elizabeth Rugg
- Grantee Staff Present:
- Health Councils Staff Present: Collette Tomberlin
- CHANGES TO AGENDA** There were no changes made to the agenda.
- ADOPTION OF MINUTES** The minutes for January 18, 2007 were approved (M: Poulimas, S: Palermo) with 10 yes votes and 0 no votes.
- CARE COUNCIL REPORT** The Care Council did not meet in the month of February.
- INSURANCE SERVICES UPDATE** Elizabeth Rugg shared data by funding source on the number of clients served and total service payments made. She stated that all expressed need is being met for both premiums and drug co-payments. She stated that all wait-listed clients are being served through cash reserves from the prior month and clients needing antiretrovirals are enrolled before clients needing other medications. Data was also shared detailing the turnaround performance in issuing prescription drug vouchers (1.07 days) and making payments to the insurance companies and retail pharmacies (3 – 4 days). Elizabeth shared the agency's plans to increase the number of enrolled clients in the upcoming year. The wait list may not decrease proportionally as the recent trend shows an additional four to five new clients added to the

wait list each week.

The Committee requested another update in May and to revisit their decision on the quarterly frequency of updates at that time.

REVIEW MINIMUM STANDARDS OF CARE

The Planning and Evaluation (P&E) committee reviewed the standards for treatment adherence, health insurance, substance abuse services, and ambulatory/outpatient medical care. They forwarded their suggested revisions to the Health Services Advisory committee. After discussing each set of standards, the committee accepted all revisions from P&E. All Minimum Standards will have the lead-in paragraph reworded for consistency. No revisions were recommended to the standards for Ambulatory/Outpatient Medical Care (M: Kenyon, S: Barker with 10 yes votes, 0 no votes, and 1 abstention from Kurtyka). No revisions were recommended for Treatment Adherence (M: Melartin, S: Kenyon with 10 yes votes, 0 no votes and 1 abstention from Palermo).

The following motion passed (M: Kenyon, S: Poulimas) unanimously:

Motion 2/07-01

REVISE THE MINIMUM STANDARDS FOR SUBSTANCE ABUSE AS FOLLOWS:

4. Outpatient treatment incorporates continuum of care strategies to provide a safe environment for a client to return to after detox or other initial intervention.

8. Treatment guidelines reflect existing professional standards of care ~~such as the American Society of Addiction Medicine (ASAM).~~

The following motion passed (M: Kenyon, S: Barker) unanimously:

Motion 2/07-02

REVISE THE MINIMUM STANDARDS FOR HEALTH INSURANCE AS FOLLOWS:

5. The provider will issue payments for approved requests within 30 working days ~~or less of receipt of an invoice for payment. if that time frame will result in the PLWH losing their coverage.~~

6. The provider will conduct an annual training on the program and related procedures for case managers. The provider will also provide written updates on changes in eligibility or service benefits, funding availability, procedural changes and other related information to case management agencies on a timely and regular basis.

~~8. The provider will work cooperatively with a community-based technical advisory group that will include at a minimum, representatives from primary care, case management, ADAP, the Grantee's office and PLWH. Measure: 8 a. Written documentation and documentation on file as examined by the Grantee.~~

**ANNOUNCEMENTS/
COMMUNITY
CONCERNS**

Vicki Kenyon announced that GlaxoSmithKline has provided community prescribers with patient support cards up to \$50 per month to cover Lexivia copayments for commercially funded clients.

Jimmy Baumgartner shared a concern regarding clients who are placed on ADAP (AIDS Drug Assistance Program) and do well enough to return to work and their new income level makes them ineligible for ADAP. These clients are not offered insurance coverage at work and are denied Patient Assistance by multiple drug companies. Once their two month supply of Ryan White funded antiretrovirals is consumed, these clients are without any means to obtain their medication. The committee suggested that the provider seek an exception through the Grantee's office.

Jimmy also shared a concern regarding the service cap on Patient Education. Ryan White funding needs to fill the gap since private providers do not typically accept Medicaid patients, Medicaid will not cover patient education costs, and the Medicaid reimbursement rate is extremely low. The committee and several providers will present a proposal to the Planning and Evaluation committee to consider eliminating the cap on patient education.

The following motion passed (M: Brown, S: Kenyon) with 9 yes votes, 0 no votes and 2 abstentions (Melartin, Van Doren Ruppell):

Motion 2/07-03

THE HEALTH SERVICES ADVISORY COMMITTEE SUPPORTS THE REMOVAL OF THE 25% CAP ON TREATMENT EDUCATION FROM PRIMARY CARE FUNDING

Don stated that the ad hoc formulary committee will meet in March to review expenditure and cost data for the past six months.

ADJOURNMENT

There being no further business to come before the Health Services Advisory Committee, the meeting was adjourned at 3:25 p.m.