Idaho Advisory Council on HIV and AIDS

Meeting Report
Videoconference Meeting

January 16, 2013

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208-724-7049

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Opening Remarks and Introductions

Chris Bidiman and Bebe Thompson, IACHA Co-Chairs, welcomed everyone to the January 2013 Videoconference Meeting of IACHA. All participating parties identified themselves and, where appropriate, the region they were representing.

Sherry Dyer provided an overview of the approach for conducting a successful videoconference meeting format. All participants introduced themselves, including IACHA's newest member, Lenny (Linwood) Fraser, HD 7. Several members who had confirmed their attendance were unable to attend due to illness or job requirements. During introductions, members verbally acknowledged their areas for potential conflict of interest. A list of meeting participants is attached.

Chris Bidiman provided a brief overview regarding the conference he attended in September 2012. The conference was the United States Conference on AIDS (USCA). Chris formally submitted a written report for the record. His comments to the group were that he was impressed with how far along Idaho is with incorporating prevention and care than other states are. Our Membership Matrix is much more thought out by comparison. Overall, this conference was very impressive with great diversity of information throughout the sessions.

FPSHP Program Staff Updates—Rebecca Schliep

Rebecca Schliep provided an overview of FPSHP staff. Aimee Shipman was introduced as the new FPSHP Program Manager. Rafe Hewett and Rebecca continue as the HIV Prevention staff. Merideth Bochenek is the HIV Care Quality Manager and Lorri Harris joined the department working with the Ryan White Part B Program supporting the ADAP program and provides some support to the HIV prevention program entering HIV testing data.

HIV Prevention Program Updates – Rebecca Schliep

Rebecca provided a status report on the HIV Prevention Program regarding 2013 funding. The CDC is operating under the continuing funding resolution with final outcomes based upon approval of the appropriations bill in March. They are currently operating on a budget of $394,731 which is 45% of the full requested award of $877,181. This full year budget represents a $55,381 increase over the 2012 budget. However, the prevention budget could still receive a cut in funding due to CDC implementing the second half of their FY 2012 rescission of .189 percent which accounts for a .5 million reduction. Idaho must submit a final, revised budget and responses to the grant application technical review to CDC by February 1, 2013.

Rebecca overviewed the FY 2013 funding budget. She provided a handout showing the percent in funds allotted to various programs and reflecting the percent of increase and decline over previous years (for copy of this handout, contact Lynsey Winters Juel).

- CRCS (About Balance and Positive Connections) will not be funded in 2013.
- Community Planning funds were decreased due to removal of funding for Regional Planning Groups
- No funds have been allocated to CLEAR and ARTAS; Funding will be determined after Idaho receives the final award from CDC, which is expected in March.
- The HIV Prevention program decreased funding to Cuidate, however this is a joint contract with the Adolescent Pregnancy Prevention program and they provide funding to regions 4 and 5.
- The training budget with Judy Thorne of ISU was increased. The contract includes funding for Fundamentals of Waived Rapid HIV Testing, Social Network Strategy, and Incorporating Viral Hepatitis Into Your Work. Social Marketing funds are provided to agencies that provide community based HIV testing. The money is to be used to help support these testing efforts.
- A contract with the marketing firm of Davis Moore is on hold until after March. The campaign will target regions 3 and 4, but will apply to all regions.

The HIV Prevention program uses the online reporting system called Evaluation Web. This has taken the place of PEMS. March 15th is the deadline for reporting HIV testing data, 2012 budget allocation information and partner services data. Client-level risk reduction (including PCC, Cuidate and Empowerment) will be added to Evaluation web at a later date.

Site visits were completed in 2012 for Eastern Idaho Public Health, Inland Oasis, NIAC, North Idaho Public Health District and Panhandle District Health Department. Proposed site visits for FY2013 are El Ada, a.l.p.h.a., Genesis Project and Health Districts 3, 4, 5, and 6.

Affordable Care Act and Medicaid Update – Corey Surber, Director, St. Alphonsus Health System Community Health Initiatives

Affordable Care Act

Corey Surber serves as the facilitator on Governor Otter's Health Insurance Exchange Working Group composed of 11 other members. The group was tasked with evaluating a State-based Exchange or a Federal-State Partnership Exchange. The default option would be for Idaho to join the Federal Exchange. After three meetings, the group voted 10-2 to support the development of a state-based exchange through a private nonprofit model (see

www.KeepItInIdaho.com). In December 2012, the U.S. Department of Health and Human Services granted conditional approval with timelines and check-ins.

To be successful, the Exchange must be ready to enroll participants in October, 2013 for participation by January 1, 2014. There must be "check-ins" throughout this period to ensure progress is being made and to get help, if needed.

The conceptual details are before the Idaho Legislature awaiting their decision of whether to endorse the Governor's decision or not. Currently, there is a lot of activity to help educate legislators.

Medicaid Update

In June 2012, the U.S. Supreme Court determined that the Medicaid expansion under the Affordable Care Act would be optional. In Idaho, Governor Otter appointed a 15 member workgroup to collect and analyze data and to make recommendations. Three components that need to be addressed include: access, cost and quality. Shifts in one area affect the other.

The options for decision were as follows:

- Maintain status quo (which would have meant Idaho would *only* implement the mandatory expansion)
- Make reforms to the indigent program and implement the mandatory expansion
- Recommend an expansion of Medicaid

Considerations were to be cost and savings, economic impact on Idaho, benefit design and personal accountability and service delivery system redesign.

National consultants and experts were engaged to collect data. The final report and recommendations of the workgroup were presented to Governor Otter in December 2012.

Some data regarding the economic analysis include:

- An estimated $9.24 billion in federal funds for healthcare claims enters the state during the next 10 years
- Estimates of the multiplier effect over this 10-year period to generate 16,000 new jobs and $615 million in sales, property and income taxes (from an economist at the University of Idaho and presented by the Idaho Hospital Associations).

Additional considerations are the continuing healthcare workforce shortage. And Affordable Care Act will reduce hospital Medicare payments by $500 million over the next 10 years, regardless if Medicaid expands. Without the optional expansion, and thereby, new revenue for hospitals, unreimbursed costs would be passed along to the insured.

It is clear that increased access to preventive and primary care can lead to a more productive workforce, healthier children in schools and the reduction of

expensive episodic care. These economic impacts point to the need of the recommendation to expand Medicaid. However, there is resistance to having more entitlement programs.

Ultimately, the workgroup recommendation provided universal support to expand coverage to the working poor, but only if personal accountability measures for consumers and providers and a redesigned medical service delivery system is included, shifting incentives from volume of visits to value of care.

The vision for Idaho is to build an efficient, integrated healthcare system that ensures individual responsibility, a patient-centered medical home, community care networks, shared electronic information, private and public payers and focus on a healthy population.

Corey provided significant data supporting the results of the study and the recommendations made to Governor Otter. The details of her presentation have been made available to IACHA members and technical advisors (please contact Lynsey Winters-Juel for a copy of her presentation).

Ryan White Program Updates – Bebe Thompson

ADAP Program

The ADAP Advisory Committee has been formed and is now "official" in its role. The Committee will meet at least quarterly by email or conference call. They will meet more frequently, if needed. The first conference call was held in October 2012.

In October, the ADAP Committee agreed to add Stribilt to the Idaho ADAP Formulary. Currently, one patient receives this medication. Also the ADAP Committee agreed to start the ADAP waitlist immediately and put new ADAP enrollees on the list given the potential for significant cuts in funding starting April 1, 2014. In addition, the committee developed guidelines for removing clients from ADAP, if deemed necessary. There are currently 20 people on the ADAP waitlist.

There will be several program changes made to ADAP in the coming year. We will be working with a contract with Pharmacy Benefit Management (PBM) by April 1, 2013. Clients with Medicare Part D and IDAGAP will be the first "test clients. The contracted PBM will be able to back-bill Medicaid for ADAP expenditures of up to three months once a client is approved. The PBM will track Medicare/Insurance coverage, pay on behalf of ADAP insurance co-pays and deductibles and provide data reports. The PBM contractor can also search for other insurance coverage that currently the program may not be aware of, if not self reported.. Additional funding for the Emergency Relief Fund ($102,922) was approved for cost containment activities. We requested approval to switch the use of these funds to cost containment. ADAP will use these funds to enroll

current Part B and C clients with insurance under 200 percent poverty level and provide deductible and co-pay assistance. Projections are that for every three clients on the Health Insurance Continuation, the program will recoup enough rebate income to support one ADAP client.

Funding

During a meeting of RW Grantees in November 2012, it was discussed that the Emergency Relief Fund would be granted a no- cost extension until September 30, 2013.

Funding will remain relatively stable for RWPB Medical Case Management and Support Services in FY 2013. An RFP will be released in February for Medical Case Management in District 5 with a contract start date of April 1, 2013. Contract amendments for 2013 will include requirements for supervisory review of all intake paperwork prior to submitting it to the state office. New Medical Case Management standards will be implemented when approved. HRSA site visit standards require annual site reviews. There will be additional requirements for proof of residency.

Looking forward to 2014, Health Insurance Continuum will continue. As for the Health Insurance Exchange, we will have to wait to see if it will be a state or federally run program and how the premium assistance tax credit will work for clients up to 400% of FPL.

Jurisdictional Comp Plan Goal Monitoring Report – Lynsey Winters Juel

Lynsey overviewed the Monitoring Report form developed by the Data Committee which helps to track progress on Jurisdictional Comprehensive Plan goals. Lynsey asked for feedback from the group. Suggestions were to make the "no" box a different color so that it stands out better. Also, the suggestion was made to add a "still pending" notation, rather than just indicating "no" to reflect when work is continuing to be done on a goal.

Mini Reports Regarding Jurisdictional Comp Plan Goals

1. IDU Needs Assessment – Rebecca Schliep
   The survey was developed and made available. Only one person responded and that person did not represent the required profile. Rebecca noted that it may not be realistic that people will participate and questioned at what point do we need to make a cost/benefit consideration. She also noted that we still need to determine how best to help people understand their risk factors. IACHA may want to consider a peer-based structure – people in recovery might be our best option; they might be able

to better access active users. This will be addressed during our April meeting.

2. AHEC newsletter – Lynsey Winters Juel
   Our goal is to provide 2 per year. Both Bebe and Rebecca wrote articles in the last one and it has been posted on the AHEC website (rather than the newsletter due to limited space).

3. Ryan White Brochure – Lynsey Winters Juel
   The brochure is completed and distributed. It is available in Spanish and English versions.

4. HIV/HEP C Resource Directory – Lynsey Winters Juel
   Competed

5. Targeted Social Media – Rebecca Schliep
   We have requested funding from CDC. We are looking to use Davies Moore for the project. We want to develop and test this with the media, distributing through different channels. We will receive information about our funding in March. We will get feedback from the group later in 2013.

6. Add the Words – Lynsey Winters Juel
   Alex tried twice to contact the organizers of Add the Words, but didn't hear back from them. The movement appears to have moved to a city by city approach.

7. Text reminders/phone tools used in other states – Lynsey Winters Juel
   Rick Pongratz found examples used in other states, which has been forwarded to Bebe.

Administrative Report – Lynsey Winters Juel

1. IACHA Membership Survey – the survey will be sent to members this month (January). Members are requested to bring the completed survey with them to the April meeting.

2. Restructuring of Subcommittees – The new structure was proposed and recommended by the Administrative Committed and is provided in the agenda with 3 focus areas: Reducing HIV Incidence, Increasing Access to Care and Optimizing Health Outcomes, and Reducing HIV-related Health Disparities.

   Subcommittee Chairs are Chris Bidiman, Gary Rillema and Bebe Thompson, respectively. The role of the chairs is to guide discussion and help direct members toward recommendations. Lynsey will provide technical support to all 3 subcommittees. The DHW agencies are ultimately the responsible parties for the outcomes of the subcommittees.

The Membership Committee membership and leadership will not change. It will continue to meet and function as it is currently established.

Decision: Lynsey asked the group to provide feedback and recommended IACHA move forward with these committees and committee structure. The group agreed by consensus with the structure and makeup.

3. Lynsey reminded members of the opportunities for conference attendance. There are funds for two people to attend a conference in 2013. There are funds for one IACHA member to attend any HIV-related conference.

   Additionally, there are funds for the co-chair to attend a conference. This funding is set aside for the co-chair to attend a conference recommended by the department. Please contact Lynsey for information, if you are interested.

4. CDC Guidance Monitor Questions – Lynsey requested member feedback regarding the four Guidance Monitor Questions

   a. Extent to which HIV service providers and other stakeholders participate in the planning process:

      Member Response: We are kept informed via email and direct contact. There is good opportunity to provide feedback and give input. Information is provided ahead of time, which provides helpful preparation time. It is important to have materials in advance. We know what we are going to discuss so we can read and prepare. We are frequently asked for our feedback.

   b. Extent to which engagement process achieves a more coordinated, collaborative and seamless approach to accessing HIV services for the highest-risk populations:

      Member Response: We are constantly assessing target populations as part of our process. We need more targeting to access women. We do not have representation of organizations that specifically target women with HIV/AIDS. We have a variety of effective interventions to reach people in Idaho.

   c. Extent to which input from HPG members, other stakeholders and providers are used to inform and monitor the development/update and implementation of the Jurisdictional HIV Prevention Plan:

      Member Response: The monitoring report spreadsheet is a way to make sure nothing falls between the cracks. The tracking and posting

of goal achievements is valuable. We are moving forward with 3 Focus Groups involving members and technical advisors.

d. Extent of utilization of surveillance and service data/indicators are utilized to inform and monitor the development and implementation of the Jurisdictional HIV Prevention Plan

Member Response: We use the Epi Data, Care Program data, consumer surveys and provider surveys to help inform and monitor Prevention Plan goals.

Public Comment

Wava Weikel stated that various people with HIV in our community that are concerned about changes to health care, wondering what will happen related to access to medications and care. Concern is high. There is also excitement about the changes. She was glad to hear the Medicaid and Affordable Care Act updates. It is all now more understandable and the information answered a lot of questions, which helps to alleviate fears. These programs and efforts could be the push needed for medical improvements in general, not just HIV.

New member, Linwood Fraser, stated that he has lived in 4 states. When he moved to Idaho, he thought he would fall through the cracks for support. People in Idaho are connected and informed about care options. The patient model is much better. Idaho needs to be applauded for the planning and the models for patient care.

Michael Pitkin stated he had 4 areas he wanted to comment on:

- He has talked to friends in the gay community and none of them knew about the IACHA group. As a consumer, he feels it would be good to ensure more is done to get the word out in the community. a.l.p.h.a. is currently the best source for information.
- Would like to see the Medicaid and Affordable Care Act presentation PowerPoint put on the IACHA website so consumers can access it. Perhaps find a way for consumers to make public comment about it, anonymously or otherwise.
- Would like to see public contact information for the IACHA Board Members so people can get questions answered.
- Raised questions about why people are uncomfortable in Idaho about talking about HIV/AIDS. Why is disclosure so uncomfortable?

The meeting was adjourned by Lynsey Winters Juel with reminders about the upcoming meeting in April.

Attachment 1: IACHA Meeting Attendee List

Members

Kituta Asimba
Chris Bidiman
Stacie Lechot
Mary Linn
Cynthia Lynn Opdycke
Whitney Holman
Linwood Fraser (new member from HD 7)
Bebe Thompson
Frances Nagashima (briefly called in)
Shane Anderson

Excused Members
Rick Pongratz
Mercedes Walser
Alex Zamora
Gary Rillema
Katy Kujawski

Technical Advisors

Lynsey Winters Juel
Sherry Dyer
Rebecca Schliep
Rafe Hewett
Treena Clark
Lisa Kramer
Aimee Shipman (new DHW FPSHP Program Manager)
Meridith Bochenek (new HIV Care Quality Manager)
Lorri Harris (new DHW employee in Ryan White Part B)

Guests

Corey Suber
Diane Zhitlovsky, Bristol Meyers Squib
Michael Pitkin
Wava Weikel
Deborah Wafer, Gilead
Nancy Lowe, Gilead