Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, May 16, 2019, 9:00 a.m.
Location: Governmental Center A-337
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 5/16/19 Agenda and 4/18/19 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. Monthly Expenditures/Utilization Report- by service category
4. **UNFINISHED BUSINESS**
   None.
5. **MEETING ACTIVITIES**

Work Plan Activity 1.1: Review data relevant to the PSRA process	
Part A Eligibility for Service Categories (Handouts A1-A2) *1.5 hours*	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for Mental Health, Legal, Outpatient/ Ambulatory Health Services (OAHS), and AIDS Pharmaceutical Assistance (Local) service categories.
Work Plan Activity 1.1: Review data relevant to the PSRA process	
Part F Funder Presentation (Handout B) *1 hour*	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for Part F.

6. **RECIPIENT REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** June 20, 2019 **Time:** 9:00 a.m. **Venue:** Gov't Center A-337

Work Plan Activity 1.1: Review data relevant to the PSRA process	
Part B, Part C, and Part D Funders' Presentations	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for service categories.
Work Plan Activity 1.1: Review data relevant to the PSRA process	
Part A Eligibility for Service Categories	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for Substance Abuse, Food Bank, and Health Insurance Premium & Cost-Sharing Assistance (HICP) service categories.

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Thursday, April 18, 2019 9:30 a.m.
Location: Secret Woods Nature Center
Chair: Lorenzo Robertson **Vice Chair:** Marie Hayes

ATTENDANCE				
#	**Members**	**Present**	**Absent**	**Guests**
1	Barnes, B.	**X**		Burger, R.
2	Fortune-Evans, B.	**X**		Mester, B.
3	Grant, C.	**X**		Cook, S.
4	Hayes, M., *Vice Chair*	**X**		Lewis, V.
5	Katz, H. B.	**X**		Leonard, C.
6	Lopes, R.	**X**		Rodriguez, J.
7	Moreno, V.	**X**		Carter, J.
8	Robertson, L., *Chair*	**X**		Guerrier, G.
9	Schickowski, K.	**X**		Cius, W.
10	Schweizer, M.	**X**		Hidalgo, J.
11	Siclari, R.	**X**		Johnson, B.
				HIVPC Staff
				Martinez, G.
				Oratien, V.
				Guice, M.
				Joseph, A.
				Grantee Staff
				Anderson, T.
Quorum = 7		**11**		Robinson, J.
				Jones, L.

1. CALL TO ORDER:

The PSRA Chair called the meeting to order at 9:47 a.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve 4/18/2019 meeting agenda
Proposed by: Hayes, M. **Seconded by:** Grant, C.
Action: Passed Unanimously

Motion #2: To approve the meeting minutes of 3/21/2019
Proposed by: Hayes, M. **Seconded by:** Moreno, V.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Monthly Expenditure/Utilization Report: There is no current utilization data to report. A utilization report will be prepared after the invoice submission date (April 15th).

4. **UNFINISHED BUSINESS** None.

5. **MEETING ACTIVITIES**

PSRA Presentation and Member Agreement: Members were given personalized PSRA reference Binders which include all documents reviewed during committee meetings. Throughout the PSRA process, all new meeting materials and data will be added every meeting. The HIVPC consultant reviewed the requirements and expectations for the PSRA Process which included the purpose of PSRA, what to expect, and the 4-month timeline of meetings. Members then reviewed and signed the member agreement. All members were required to sign and return the Member Agreement.

The HIVPC Consultant reviewed the allocations process flow chart and the data-based decision-making components involved in the PSRA Process. She also discussed the key participants, funders and stakeholders that are important contributors to the process, emphasizing final review and approval of all priorities, allocations and how best to meet the need language would take place with the HIV Planning Council.

Part A Eligibility for Service Categories: The committee reviewed the Part A eligibility for three Service Categories; Disease Case Management, Case Management, and Oral Health, the scope of services, comparable EMA eligibility and previous utilization of services.

***Disease Case Management Services*-** The HIVPC Consultant briefly reviewed the responsibilities, elements and requirements of providers through Disease Case Management (DCM). Members were given the opportunity to read through the scope of services for Disease Case Management. Members discussed how services were provided to clients and were reminded DCM is a more clinical level of case management in which clients who are least likely to be retained, higher risk, have comorbidities are provided more intensive services to help improve health outcomes. It was noted the viral load suppression (VLS) rates for this service category was approximately 83%. A member also suggested the committee review pre and post outcomes of clients receiving these services to determine how effective the service category is in achieving and/or improving VLS rates.

Although DCM is one of the newer service categories, over the years, there have been notable improvements to the service delivery. Due to limited Part A funding, there is a minimal allotment of case managers at agencies that provide this service, which impacts the outcomes as well. Utilizing individuals with nursing licenses, has fostered greater communication with physicians when it comes to lab reports, medication, etc. has helped to support improved health outcomes. A member mentioned it is important to consider both VLS rates as well as overall improvements in health outcomes such as lowered A1C rates, cholesterol levels, etc. when determining effectiveness of this service. Providing support services such as medication adherence for patients on ARVs and medications associated with comorbidities and observing how these medications interact are all useful towards achieving health outcomes for clients. A member suggested the examination of the DCM and Case Management Services to determine any overlap or duplication in services. Members also requested data regarding health outcomes, specifically VLS rates from initiation of service compared to current rates. They also suggested reviewing retention rates of the clients accessing DCM.

ACTION ITEM: Data that shows the client's suppression rate from day 1 of services, compared to their current viral suppression rates. Looking at retention in care rates for disease case management.

***Case Management Services*-**The committee reviewed Case Management (CM) Services. The HIVPC Consultant explained to the committee members that Case Managers in this service category serve as a referral service for their clients and make recommendations of additional services that will help support the overall health of the clients they work with. The Recipient staff shared with the committee that Peers are utilized through CM to help support clients in navigating the system, understanding doctor's visits, and as overall support to clients with similar background and experience living and thriving with HIV. A member discussed his experience of working with the peers and the impact that they have on the success of the clients that are being served. The member emphasized the point that there is no experience that compares to receiving support from another PLWHA and that these services are extremely valuable.

Right now, peer services are only offered through CM. However, if it is identified peers can be utilized in other service categories, consideration for this can be discussed when approving language for how best to me the need in the upcoming PSRA process. A member strongly suggested the committee investigate ways to utilize the peers that would provide the maximum support to the clients. Another committee member suggested when ranking, to include the distinction between Medical Case Management (DCM) and Case Management as it is defined by Part A. Additionally, he requested services such as medical nutrition therapy services which fall under Outpatient Ambulatory Medical Services (OAHS) be included in the service definition, so members are fully aware of available services within each category.

ACTION ITEM: Provide additional definitions in the manual that explains each service provided, along with the service delivery, in the Broward EMA.

Oral Health Care Services- Before the committee was given the opportunity to review the services in the Oral Health Service (OHS) category, the Part F recipient noted to the members that the fee schedule for this category is changing and that some services previously billed, are no longer being billed to clients. They have been making an effort as a service category to implement cost savings initiatives, while still offering the same or improved services to the clients. A committee member asked if clients who had Medicaid but did not have dental services under Medicaid will now be eligible for dental services through Ryan White Part A. Medicaid clients who receive dental services must reach a cap before they are eligible to receive Part A dental services. Both routine and specialty care is provided through Ryan White with a $3,000 per client/per year cap for all clients. Some services such as extractions have been moved from specialty care to routine care based on the need for several clients. It was noted that OHS has one of the highest viral load suppression rates of all service categories at 93%.

2017 Epidemiology Data Presentation: The presentation, provided by Dr. Julia Hidalgo, reviewed the 2017 Epidemiology data, covered incidents/new Cases, HIV prevalence, AIDS incidents, in-migration data, HIV/AIDS death rates, HIV linkage continuum, the HIV Care Continuum, Part A funding and new clients (the presentation was emailed to all Committee members). HIV prevalence data revealed HIV prevalence increased significantly in the 55 and older age groups, and that overall, Broward County has experienced a steady increase in prevalence compared to Miami-Dade. Dr. Hidalgo encouraged members to consider the growth of HIV Prevalence during the PSRA process. AIDS incidents in males have dropped, but AIDS incidents amongst women require closer study as it is continuously increasing while other populations are declining. Data also revealed that CD4 counts are dropping in the female population while male CD4 has maintained. However, the care continuum amongst males is not consistent.

It was noted that Broward County has the highest in-migration in the state of Florida. In regard to the HIV Linkage Continuum, over 80% are linked to care within three months of diagnoses, retained in care and virally suppressed. The HIV Care Continuum data should be an area of focus for HIVPC. While 60% are retained in care, and their chances of viral suppression are high, many Broward clients still remain highly detectable for many years and are out of care, which is an issue that can lead to increased infections.

Part A funding was then reviewed. There was a plateau in the most recent fiscal year's expenditures. However, the Broward EMA has increased the number of services offered to clients. New services such as HICP and BSS have been added over the last few years.

PE Data have been a discussion topic in many quality networks, due to insurance eligibility and data not being consistently updated. Dr. Hidalgo recommended that PE data be cleaned periodically to limit the occurrence of data inconsistencies. The importance of having skilled staff working with the clients to collect and input this data was also emphasized. The presentation ended with an emphasis on the importance of the PSRA Committee focus on core medical services. On average in FY 2017-2018, $5,900 was spent per client on Outpatient Substance Abuse Services alone. In contrast, for Outpatient Medical Services, $1,600 on average was being spent per client. Only 2% of funding went to mental health services in the same year, showing Part A funding was allocated towards serving a small pool of clients (103). Looking forward, this data is important when selecting priorities that would be in the best interest of clients being served.

6. **RECIPIENT REPORT** None.

7. **PUBLIC COMMENT** None.

8. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** May 16, 2019 **Time:** 9:00 a.m. **Venue:** Gov't Center A-337

Goal/Work Plan Objective #:	*Accomplishments*
Review Part A Eligibility for Service Categories	ACTION ITEM: Review scope of service, comparable EMA eligibility, and previous utilization of services for service categories.
Discuss Cost Containment Strategies and Develop Language for HBTMTN	ACTION ITEM: Review best practices, service limitations/caps, and cost sharing data

9. **ANNOUNCEMENTS**

Broward House- Dining Out for Life- Thursday, April 25, 2019
World AIDS Museum- World History Project- *Documenting stories around the world on HIV*, interested parties contact Requel Lopes
BTAN- Outreach Event- Saturday, April 27th 2-6p.m, Pompano Beach, FL.

10. **ADJOURNMENT**

The meeting was adjourned at 12:43 p.m.

Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

PSRA Attendance CY2019

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	17	31	21	21	18									
0	1	1	**1**	Barnes, B.	X	A	X	X	X									
0	0	0	**2**	Fortune-Evans, B.	X	X	X	X	X									
0	0	1	**3**	Grant, C.	E	A	X	X	X									
0	0	0	**4**	Hayes, M. *V Chair*	X	X	X	X	X									
1	1	1	**5**	Katz, H.B.	X	A	X	E	X									
0	0	**2**	**6**	Lopes, R.	X	A	X	A	X									
0	0	0	**7**	Moreno, V.	X	X	X	X	X									
1	1	0	**8**	Robertson, L. *Chair*	X	X	X	X	X									
0	0	0	**9**	Schickowski, K.	X	X	X	X	X									
0	0	1	**10**	Schweizer, M.	X	X	X	A	X									
0	0	**2**	**11**	Siclari, R.	X	A	A	X	X									W - 2/21
				Quorum = 7	10	6	10	8	11	0	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - cancelled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
	R - removal letter

Ryan White Funders Presentation for PSRA

RYAN WHITE PART F/AETC

The Ryan White Part F/AETC Program Overview

The purpose of the **Community Based Dental Partnership Program (CBCPP)** is to improve access to oral health care services for low- income, underserved, and uninsured people living with HIV (PLWH) in underserved geographic areas while simultaneously providing education and clinical training for dental students, dental hygiene students, dental residents, or other dental providers in community-based settings. Program goals must be accomplished through collaborations between dental and dental hygiene education programs recognized by the Commission on Dental Accreditation and community-based dental providers.

The AIDS Education and Training Center (AETC) Program is the **training arm of the Ryan White HIV/AIDS Program.** The AETC Program is a national network of **leading HIV experts** who provide locally based, tailored education, **clinical consultation and technical assistance** to healthcare professionals and healthcare organizations to integrate **high quality, comprehensive care for those living with or affected by HIV**. HIV care is a complex, challenging field, and ongoing, high-quality training and support is essential for clinicians caring for people living with HIV.

Program Budget

- FY2018 Budget and Final Expenditures **$219,230/219,230**
- FY2019 Budget **$219,230**
- Any Other Funding Sources/Resources **Medicaid/Medicare/Private Insurance**

Services Provided

Please list all of the services provided by your program, including:

- Definition of the Services: Comprehensive **Oral Health Care and Specialty Care**
- Client Eligibility: **PLWH**
- Number of Unduplicated clients in FY2018 **412/236 new clients**

  384 HIV/26 AIDS/2 Unknown

  265 Male/152 Female/2 Transgender

  134 Hispanic/278 Non-Hispanic

  164 White/226 Black/9 Asian/4 Native Hawaiian or other Pacific Islander

  Ages 13-24 10/25-44 125/45-64 228/>65 49

  Equal or below Federal Poverty Level/405

  100-200% 7

Services Provided

Please list all of the services provided by your program, including:

- Definition of the Services: Comprehensive **Oral Health Care and Specialty Care**
- **Diagnostic 346**
- **Preventive 320**
- **Oral Health Education 410**
- **Oral Pathology 4**
- **Restorative 224**
- **Periodontic 205**
- **Prothodontic 48**
- **Oral Surgery 75**

Program Budget-AETC

- FY2018 Budget and Final Expenditures **$108,000**
- FY2019 Budget **TBD**
- Any Other Funding Sources/Resources N/A

Services Provided-AETC

Please list all of the services provided by your program, including

101 (Demographics, Pathogenesis, Diagnosis, Testing, ART)

HIV

PEP and PrEP

Oral Health and HIV (Oral Lesions Diagnosis and Treatment)

HPV and HCV

Social Determinants of Health/Cultural Competency/Patient Engagement and Retention

Case Presentations

Case Reviews

Technical Assistance

Training Partners-AETC

STUDENTS

Nova Southeastern University College of Dental Medicine

Lecom College of Dental Medicine

University of Louisville College of Dental Medicine

Larkin University

CONTINUING EDUCATION

Florida Dental Association

Broward County Dental Association

Seattle Study Club

Palm Beach Dental Association

South Florida Dental Hygiene Association

University of Louisville

Nova Southeastern University College of Dental Medicine

Webcast Wednesdays

>1000 students

>1000 providers

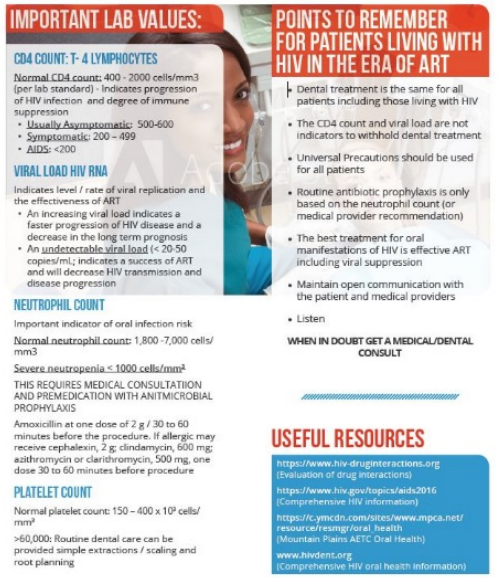
Services Provided-AETC

COMMUNITY HEALTH CENTERS/FQHC

PUBLICATIONS

Monthly Short Bites

Oral Health Brochure for Dental Professions



IMPORTANT LAB VALUES:

CD4 COUNT: T- 4 LYMPHOCYTES

Normal CD4 count: 400 - 2000 cells/mm3 (per lab standard) - Indicates progression of HIV infection and degree of immune suppression

- Usually Asymptomatic: 500-600
- Symptomatic: 200 – 499
- AIDS: <200

VIRAL LOAD HIV RNA

Indicates level / rate of viral replication and the effectiveness of ART

- An increasing viral load indicates a faster progression of HIV disease and a decrease in the long term prognosis
- An undetectable viral load (< 20-50 copies/mL; indicates a success of ART and will decrease HIV transmission and disease progression

NEUTROPHIL COUNT

Important indicator of oral infection risk

Normal neutrophil count: 1,800 -7,000 cells/mm3

Severe neutropenia < 1000 cells/mm³

THIS REQUIRES MEDICAL CONSULTATIION AND PREMEDICATION WITH ANITMICROBIAL PROPHYLAXIS

Amoxicillin at one dose of 2 g / 30 to 60 minutes before the procedure. If allergic may receive cephalexin, 2 g; clindamycin, 600 mg; azithromycin or clarithromycin, 500 mg, one dose 30 to 60 minutes before procedure

PLATELET COUNT

Normal platelet count: 150 – 400 x 10^3 cells/mm³

>60,000: Routine dental care can be provided simple extractions / scaling and root planning

POINTS TO REMEMBER FOR PATIENTS LIVING WITH HIV IN THE ERA OF ART

- Dental treatment is the same for all patients including those living with HIV
- The CD4 count and viral load are not indicators to withhold dental treatment
- Universal Precautions should be used for all patients
- Routine antibiotic prophylaxis is only based on the neutrophil count (or medical provider recommendation)
- The best treatment for oral manifestations of HIV is effective ART including viral suppression
- Maintain open communication with the patient and medical providers
- Listen

WHEN IN DOUBT GET A MEDICAL/DENTAL CONSULT

USEFUL RESOURCES

https://www.hiv-druginteractions.org (Evaluation of drug interactions)

https://www.hiv.gov/topics/aids2016 (Comprehensive HIV information)

https://c.ymcdn.com/sites/www.mpca.net/resource/resmgr/oral_health (Mountain Plains AETC Oral Health)

www.hivdent.org (Comprehensive HIV oral health information)

RESOURCE GUIDE FOR ORAL HEALTH PROFESSIONALS

ORAL HEALTH MEDICAL/ DENTAL CONSIDERATIONS FOR PATIENTS LIVING WITH HIV ON ANTIRETROVIRAL THERAPY

Mark Schweizer, DDS MPH
Dental Director
Southeast AIDS Education Training Center

AETC Southeast

WWW.SEAETC.COM

Needs, Gaps, Barriers to Care

- Are there any service gaps? (services that clients needed but weren't available) NO
- Are there waiting list for your services? **NO**
- What are the primary barriers to care reported by your clients? **Transportation, Housing, Food**

Notable Trends

On this slide please describe any notable trends occurring in your program, including:

- **Newly diagnosed populations**
- **Young Adults (18-28)**
- The elderly
- Recently reengaged in care
- Clients with high viral loads vs. virally suppressed clients
- **Mental health or substance use issues**

Recommendations

What are some of the successes of your program:
Building increase awareness of providers of importance of Oral Health

Providing Access to care for clients with no previous access to care in an interprofessional setting

What activities do you feel are contributing to the success of the program?

Outreach by the AETC and Community Partner

What are some of the challenges faced by your program:

Patients failing appointments due to lack of transportation

Based on the identified challenges, how can all Ryan White Parts collaborate to address these barriers to receiving care?

Provide more innovative ways to provide transportation and better patient management by case managers

Are there any services/resources outside of Part F available to clients to reduce gaps in services?
Increase level of knowledge and engagement in oral health care and increased funding

Questions?

Discussion