



BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

MEETING AGENDA

Thursday, September 26, 2013 at 9:00 a.m.

Samantha Kuryla, Chair

Brad Gammell, Vice Chair

Reminder: Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date

- 1. CALL TO ORDER**
- 2. MOMENT OF SILENCE**
- 3. WELCOME AND PUBLIC RECORD REQUIREMENTS**
 - a. Review Meeting Ground Rules, Public Comment and Public Record Requirements
 - b. Council Member and Guest Introductions
 - c. Excused Absences and Appointment of Alternates
 - d. Approval of 9/26/13 Meeting Agenda
 - e. Approval of 7/25/13 Meeting Minutes
- 4. PUBLIC COMMENT (Up to 10 minutes)**
- 5. FEDERAL LEGISLATIVE REPORT (Kareem Murphy) (Handout A)**
- 6. CONSENT ITEMS**

Consent #1	To recommend the appointment of Debbie Wilkins to the Affected Communities seat on the HIV Planning Council.
Justification:	Ensured representation of Unaffiliated Consumers on the HIVPC
Proposed by:	Membership/Council Development Committee

Consent #2	To appoint Gary Sullivan to the Quality Management Committee
Justification:	Mr. Sullivan serves as the Director of Contracts and Performance Management at Broward House
Proposed by:	Quality Management Committee

7. DISCUSSION ITEMS

Discussion #1	To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary.
Justification	Medications are no longer available; Hivid (Zalcitabine) has been removed from the market and Agenerase (Amprenavir) is no longer carried in most pharmacies.
Use	Treatment of HIV infection. Hivid (Zalcitabine) – Category: ARV’s/ NRTIs. Agenerase (Amprenavir) – Category: ARV’s/PIs.
Proposed by:	Priority Setting & Resource Allocation Committee

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
 Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
 Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

Discussion #2	To add Risperdal (Risperidone) and Neurontin (Gabapentin) to Tier 1 of the formulary.
Justification	Recommendation by the Medical QI Network; difficult obtaining assistance through PAP.
Use/Category	Risperdal (Risperidone) treats schizophrenia and certain problems caused by bipolar disorder. Category: CNS, Anxiety, Psych, Neuro, & Autonomic Neurontin (Gabapentin) is used to treat seizures and conditions causing nerve pain. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Annual Estimated Cost	Risperdal (Risperidone) FY10-11 Cost - \$810.13 (Number of clients: 17) Neurontin (Gabapentin) FY10-11 Cost - \$199.78 (Number of clients: 5)
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #3	To add Wellbutrin (Bupropion) to Tier 1 of the formulary.
Justification	Generic availability; multiple purposes. It is an older drug and relatively inexpensive. Wellbutrin (Bupropion) is easily tolerated and has fewer side effects than other antidepressants. Wellbutrin was on the formulary until 2011 when it was removed due to easy access through PAP's; that is no longer the case.
Amendment	Include all formulations of Bupropion.
Use/Category	Wellbutrin (Bupropion) can be used for minor depression and smoking cessation. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Annual Estimated Cost	Wellbutrin (Bupropion) FY10-11 Cost - \$4,814.21 (Number of clients: 98)
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #4	To remove Darvocet (Propox/Acet) from the formulary
Justification	Drug removed from the US market in 2010.
Use/Category	Pain Medication. Category: CNS, Anxiety, Psych, Neuro, & Autonomic
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #5	To add Levaquin (Levofloxacin) to Tier 1 of the formulary.
Justification	Can be used for clients who have an allergy to Penicillin or cannot use Cipro because of a heart condition. The Medical Network agreed that the formulary would benefit from a wider variety of antibiotics and recommended Levaquin (Levofloxacin) as a good choice because: 1) It can be used to treat a wide variety of bacterial infections including Community Acquired Pneumonia, 2) It is available in generic form and is inexpensive, 3) It was previously on the formulary but removed due to easy access through PAP's which is no longer the case.
Use/Category	Treats a wide variety of bacterial infections including Community Acquired Pneumonia. Category: Antiinfectives
Annual Estimated Cost	Levaquin 500mg brand name cost: \$3.30/tab; generic cost: \$0.25/tab. Levaquin (Levofloxacin) cost per FLDOH in Broward County utilization: Between 1/2009-12/2010, 203 prescriptions dispensed (combination of 250mg, 500mg, and 750mg) for a total estimated cost of \$550.00 using generic cost.
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion #6	To add Tetanus, Diphtheria, and Pertussis (TDAP) vaccine to Tier 1 of the formulary
Justification	Rise of Pertussis in adults; used as one time booster along with Tetanus, Diphtheria (TD) vaccine.
Use/Category	Used for immunization. Category: Vaccines.
Annual Estimated Cost	Range of cost per dose: \$24.62 (CDC Cost) - \$41.06 (Private Sector Cost). Proxy: FY12-13 TD Vaccine utilization - \$1,881.84 (51 clients).
Proposed by:	Priority Setting & Resource Allocation Committee

Discussion Item #	Service Category	Recommended Sweep TO	Recommended Sweep FROM	Proposed by
7	Case Management (7)		(\$15,000)	PSRA Committee
8	Dental (2)		(\$200,000)	PSRA Committee
9	Substance Abuse (2)		(\$8,947)	PSRA Committee
10	Pharmaceuticals (3)		(\$59,000)	PSRA Committee
11	Food Bank (1)		(\$164,351)	PSRA Committee
12	Food Voucher (1)		(\$30,000)	PSRA Committee
13	Outreach (1)		(\$20,000)	PSRA Committee
	Total Part A Funds		(\$497,298)	
14	MAI Case Management (2)		(\$45,000)	PSRA Committee
15	MAI Mental Health (2)		(\$35,000)	PSRA Committee
	Total MAI Funds		(\$80,000)	
16	Ambulatory (5)	\$304,603		PSRA Committee
17	Case Management (7)	\$24,595		PSRA Committee
18	Pharmaceuticals (3)	\$150,000		PSRA Committee
19	Mental Health (3)	\$18,100		PSRA Committee
	Total Part A Funds	\$497,298		
20	MAI Ambulatory	\$80,000		
	Total MAI Funds	\$80,000		
	Centralized Intake and Referral (1)	\$0	\$0	
	Legal Assistance (1)	\$0	\$0	

Discussion #21	In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.
Justification	To clarify HIVPC stance on CARE Act reauthorization
Proposed by:	Part A Executive Committee

8. AUGUST & SEPTEMBER COMMITTEE REPORTS

a. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

August 1, 2013

Chair: K. Creary, Vice Chair: T. Wilson

A. Work plan item update / Status Summary:

Work plan item 1.1, 1.4 -- The Committee reviewed the Council makeup to ensure it reflects the epidemic; discussed filling mandated seats; ensured 33% of members are unaffiliated PLWHA.

Work plan item 1.1 --The members moved to recommend the appointment of Debbie Wilkins to the Affected Communities seat on the HIV Planning Council.

Work plan item 2.1-- Committee members reviewed and discussed the current recruitment and retention plan implemented by MCDC. Members discussed each strategy to decide what tasks are and are not occurring as well as what the Committee can do to improve the plan. Members discussed the importance of providing recruiting materials at SFAN and other community events. A Committee member volunteered to be the point-person for placing HIVPC calendar, recruiting brochure, and HIVPC application at all SFAN and Re-entry meetings. Additionally, the MCDC Chair will now announce the following information in the MCDC report at HIVPC meetings: 1) HIV Planning Council vacancies 2) the Mentoring Program 3) Topics for HIVPC Training.

Members also reviewed the recruiting brochure and suggested mailing out approximately 30-40 copies to providers. This would prevent providers from incurring cost for printing and copying the brochure if sent electronically. It was decided that the appearance of the brochure should be revamped before sending out mass amounts. Members also discussed the importance of translating recruiting materials into the following languages: Spanish, Creole, and French.

Work plan item 5.1-- Members reviewed the current work plan to view the progress of the work being completed by the Committee. Members also briefly reviewed the policies and procedures and discussed outdated terms, the excused absences policy for alternates, and process to address change in member affiliation. Revision of the policies and procedures will occur during the September meeting.

B. Rationale for Recommendations:

Appointing the aforementioned individual still ensured that the reflectiveness of unaffiliated consumers is maintained.

The Committee will continue to table the review of current council members' applications until September; member update forms will be completed by all HIVPC members by that time period.

The Committee agreed to table further review of the MCDC Policies and Procedures until the September meeting due the remaining meeting time allotted.

The Recruitment and Retention plan and recruitment brochure will be further addressed at the October Committee meeting. Per request of the Grantee, staff will bring draft pictures that can be included on the brochure in effort to make the revamp the appearance of the material. Drafts will be provided at the October meeting.

C. Data Reports / Data Review Updates:

The Committee reviewed the demographics of the Council as it reflects the epidemic of Broward County.

D. Data Requests:

The Committee requested to view the evaluation data completed by members or guests for the Council and Committee meetings for the past year in effort to conduct recruitment and retention.

E. Other Business Items:

Members reviewed and revised draft letters relating to the Mentoring Plan. Both letters are signed from the Membership/Council Development Committee. *Agenda Items for Next Meeting:* Review Planning Council Members and Seats; Review Policies & Procedures; Review and Approve HIVPC Training Survey; Review Evaluation Summary for Council and Committee meetings. *Next Meeting Date:* September 12, 2013

September meeting cancelled

Chair: K. Creary, Vice Chair: T. Wilson

Next Agenda Items: Update Mentoring Plan; Review HIVPC members and seats; HIVPC Training Survey; Policies & Procedures; Meeting Evaluations *Next Meeting Date:* October 3, 2013

b. **JOINT CLIENT COMMUNITY RELATIONS COMMITTEE (JCCR)****August 6, 2013***Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington***A. Work plan item update / Status Summary:**

Work plan item 1.2 --Members received training on the scope of HIV/AIDS by Dr. Puga, Medical Director for Children's Diagnostic and Treatment Center's Comprehensive Family AIDS Program. Dr. Puga introduced recent media reports regarding the cures for HIV and Leukemia. She also discussed stories detailing possible "cure studies." Additionally, she stressed the importance of Committee members remaining in the best health possible by taking medicines, eating right, exercising, getting enough sleep, and avoiding the contraction of additional STIs. A question and answer session followed; Dr. Puga announced that she would like feedback on the patient/doctor relationship in a future hot topic session.

Work plan item 1.1 -- Members reviewed a handout of their proposed social media strategy. This handout included various ways to reach consumers in order for them to attend JCCR's community events (letters, posters, press releases, PSAs, and provider websites). Members discussed having a Facebook account as well as getting more peers involved in order to attract individuals to the events. Members requested Grantee approval for a Facebook group; the Committee will receive an answer by next month. Members also reviewed research on social media strategies utilized by other EMAs.

Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 2nd community event: the Resource Fair. The event will take place September 24, 2013 from 5:00 p.m.-8:00 p.m. The location is still pending Grantee approval, but it will possibly be held at the African American Library. The Committee discussed the role of JCCR members on that day as well as what materials should be provided. Each member was given a "save the date" flyer.

Work plan item 1.3 -- Members briefly discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained. Some members expressed concern that they are already educating their community and wondered if this was necessary. The discussion was tabled until the next Committee meeting. Members are willing to have a peer educator speak at their next hot topic presentation.

B. Rationale for Recommendations:

JCCR Co-Chairs suggested tabling the discussion on Peer Educators due to time constraints. The Committee will need to further define what peer education means to the members.

C. Data Reports / Data Review Updates:

The Committee reviewed the Geomap of Broward County for PLWHA and AIDS case rates per 100,000 through 2012.

D. Data Requests:

Members requested Grantee approval for a Facebook group in order to advertise community events.

E. Other Business Items:

Members briefly reviewed a handout on the impact of the Affordable Care Act implementation. *Agenda Items for Next Meeting:* Finalize details of Resource Fair; Continue planning for the 3rd Community Event; Discuss Training for Peer Educators. *Next Meeting Date:* September 3, 2013

September 3, 2013*Part A Co-Chair: H.B. Katz, Part B Co-Chair: L. Washington***A. Work plan item update / Status Summary:**

Work plan item 1.2 --Members received training on peer education from representatives from the Memorial Healthcare System, Gustavo Bello and Amy Pont. The committee was informed of the role of peer educators in the community, which is to help clients navigate through the system. Peer educators help provide moral support to clients, especially if they embody fears associated with

being newly diagnosed. Members also heard about the role peer educators play in ensuring clients are adherent to their medical appointments so that they do not fall out of care. The ultimate goal is to help the client with the following: obtain independence to navigate the system themselves, keep appointments; avoid depression, obtain education, and eliminate barriers. A question and answer session followed.

Work plan item 1.3 -- Members discussed the role of peer educators and how it relates to the JCCR Committee as well as whether they should be formally trained. Some members expressed ways they could continue to help clients navigate through the system such as guiding them to Centralized Intake and Eligibility Determination (CIED). The Committee also debated whether the title of “peer educator” was important. Members feel that it is their responsibility to give clients important information. The Committee will continue to define their role at the next meeting.

Work plan item 2.2, 3.2. -- The Committee continued their discussion on their 2nd community event: the Resource Fair. The event will take place September 24, 2013 from 5:00 p.m.-8:00 p.m. at the African American Research Library. The Committee discussed the role of JCCR members on that day as well as what materials should be provided. Members volunteered to arrive at 3:00 p.m. to help set up; others will sit at the table during the assigned shifts. Each member was given flyers to promote the event, which was provided in English, Spanish, and Creole.

Members briefly discussed the 3rd Community event, which will be focused on the Affordable Care Act (ACA). Details surrounding the event will be discussed at the next meeting.

B. Rationale for Recommendations:

In order to devote time to adequately plan for the next community event, JCCR Co-Chairs suggested having no Hot Topic at the next Committee meeting.

C. Data Reports / Data Review Updates:

The Committee received the Geomap of Broward County for PLWHA and AIDS case rates per 100,000 through 2012.

D. Data Requests:

None.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Continue discussing the role of JCCR as peer educators; Continue planning for the 3rd Community Event. *Next Meeting Date:* October 1, 2013

c. **JOINT PLANNING COMMITTEE**

Aug. & Sept. Meetings Cancelled Part A Co-Chair: Vacant, Part B Co-Chair: Kim Saiswick

Next Agenda Items: Approve Focus Group Questions; Review HHS Indicators; Develop Linkage to Care Recommendations. *Next Meeting Date:* September 9, 2013

d. **QUALITY MANAGEMENT COMMITTEE (QMC)**

August 19, 2013

Chair: C. Grant

A. Work plan item update / Status Summary:

Work plan item 2.2 – Review, update and approve 3-year work plan. The Committee tabled review of the 3-year work plan pending Grantee approval.

Follow-Up on Viral Load Report Definition – The Committee heard clarification on the difference in denominators for the Viral Load Suppression measure in the HHS Indicators report and the Viral Load Analysis report in Provide Enterprise (PE).

Development of Training for Quality Management Committee – The Committee discussed development of a Quality Management Committee Training for new and existing members to educate on the purpose and goals of the QM Committee and its activities. The Committee agreed that a half-day retreat would be beneficial. Members suggested topics for the training and agreed to send additional retreat ideas to Staff.

Approve Oral Health Service Delivery Model (SDM) – The Committee was informed that the Oral

Health (OHC) QI Network reviewed their SDM. The Grantee suggested adding recommendations from the OHC study before approving the SDM. The Committee tabled review of OHC SDM until the recommendations have been added.

Approve MAI Medical Case Management (MCM) Service Delivery Model – The Committee tabled review of the MAI MCM SDM.

Medical QI Network Update - The Committee heard a review of the Medical QI Network cervical screening Quality Improvement Project (QIP). The presentation included a review of Phases I and II of the QIP, including: Definition of the HAB performance measure for cervical screening and exclusions; Current Part A cervical screening standards; Cervical screening QIP initial steps; Preliminary cervical screening rates; HIVQual studies summarizing barriers and successful interventions; 2009 Broward women’s focus group findings; PE/Electronic Medical Record (EMR) review findings; Proposed exclusions; Common barriers and improvement strategies; Factors influencing cervical cancer screening in HIV+ women; Blinded agency specific findings; and Next steps.

B. Rationale for Recommendations:

1. The Committee discussed the meeting scheduled for September and voted to cancel the September Quality Management Committee meeting. Members agreed to have a QM Retreat on October 14, 2013 from 12:30pm-4:30pm.

2. Gary Sullivan, Broward House, Director of Contracts and Performance Measures, expressed interest in joining the QM Committee. Members voted unanimously to add Mr. Sullivan to the Committee.

C. Data Reports / Data Review Updates:

The Committee heard a review of the Medical QI Network cervical screening Quality Improvement Project (QIP).

D. Data Requests:

There were no requests for information/directives.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items, Quality Management Training Retreat. *Next Meeting Date:* October 14, 2013 from 12:30pm-4:30pm.

e. **PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE**

No August meeting _____ *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

September 18, 2013 _____ *Part A Co-Chair: C. Taylor-Bennett, Part B Co-Chair: Vacant*

A. Work plan item update / Status Summary:

The PSRA Committee was updated on the ad Hoc Local Pharmacy Advisory Committee’s (LPAC) recommendations for revision of the Ryan White Part A formulary. The PSRA Committee ratified the following motions from LPAC:

- To delete Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (medications are no longer available)
- To add Risperdal and Neurontin to Tier 1 of the formulary (recommendation by the Medical QI Network; difficult obtaining assistance through PAP)
- To add Bupropion (Wellbutrin) to the formulary (generic availability; multiple purposes; difficult obtaining assistance through PAP)
- To remove Darvocet from the formulary (drug removed from the US market in 2010)
- To add Levaquin to the formulary (recommendation by the Medical QI Network; commonly

used to treat CAP)

- To add TDAP to the formulary (rise of Pertussis in adults; used as one time booster along with TD).

Work Plan Item 2.1, 2.2 (Sweeps) – The Committee discussed grantee recommended sweep amounts for Part A and MAI service categories for FY13/14. The Committee approved to reallocate the following amounts *from* these Part A service categories: 1)Pharmaceuticals: \$59,000 2) Case Management: \$15,000 3) Substance Abuse: \$8,947 4) Food Bank \$164, 351 5) Food Voucher \$30,000 6) Outreach \$20,000 7) Dental: \$200,000

The Committee approved to reallocate the following amounts *from* these MAI service categories: 1) Case Management: \$45,000 2) Mental Health: \$35,000

The Committee approved to reallocate the following amounts *to* these Part A service categories: 1) Ambulatory: \$304,603 2) Pharmaceuticals: \$150,000 3) Case Management: \$24,595 4) Mental Health: \$18,100

The Committee approved to reallocate the following amounts *to* the following MAI service category: Ambulatory: \$80,000

The total Part A funds being swept to and from service categories is \$497,298. The total MAI funds being swept to and from service categories is \$80,000.

B. Rationale for Recommendations:

The Committee approved the FY 13/14 reallocations based on the Grantee's recommended sweep amount. The Grantee explained that factors associated with recommendations included outstanding billing, expended amount, average monthly expenditures, projected expenditures, and the dollar amount that providers requested. Projections were based on reimbursement requests submitted by service providers for the months of March through August.

To provide further clarification, the Committee recommended that additional justifications be provided for LPAC's motions before the HIV Planning Council meeting. Overall use of the drugs will also be provided.

Members recommended that the effective date for formulary changes begin October 1, 2013 to provide clarification.

Due to time restrictions, members agreed to table the review of PSRA policies and procedures and discussion of ACA impact on allocations until the October PSRA meeting.

Members agreed that review of the MAI Case Management service category is needed to analyze its effectiveness.

C. Data Reports / Data Review Updates:

Members reviewed FY 13/14 Part A and MAI Reallocation spreadsheet as well as utilization and cost data for drugs on the formulary.

D. Data Requests:

The Committee requested that the Grantee provide an analysis of the MAI Case Management service category at the next meeting. Components include client utilization and outcomes.

E. Other Business Items:

None. *Agenda Items for Next Meeting:* Assessment of the Administrative Mechanism; Review Policies and Procedures; Review ACA Impact on Allocations. *Next Meeting Date:* October 16, 2013.

LOCAL PHARMACY ADVISORY COMMITTEE (LPAC)**July 30, 2013***Chair: Dionne Proulx***A. Work plan item update / Status Summary:****Review Medical Network Recommendations for Additions/Removals from the Part A Formulary:**

- The Committee reviewed the Medical QI Network's recommended changes to the Formulary: *Add to Tier 1-Risperidone (Risperdal), Bupropion (Wellbutrin), Gabapentin (Neurontin), Zithromax (Azithromycin), Diflucan (Fluconazole), Remeron (Mirtazapine), Levaquin (Levofloxacin), Prevnar 13, Gardasil, and Zostavax; Remove from Tier 1-Darvocet N-100 (Propox/Acet).*
- Members reviewed medications on Tier 3 of the formulary to identify medications that should move to Tier 1 as a result of the end of the ADAP waitlist and consequent increased difficulty assessing medications through PAPs. The following motion was made: *To remove Hivid (Zalcitabine) and Agenerase (Amprenavir) from the formulary (Tier 3). Justification: Medications are no longer available.*
- Members agreed Lipitor (currently on Tier 1) is sufficient for the Statin class and is more cost effective than the other options available on Tier 3 (Crestor, Lopid, Pravacho, and Tricor).
- Members agreed to add Risperdal and Neurontin (currently on Tier 3) to Tier 1 and noted challenges obtaining the medications through PAPs. The following motion was made: *To add Risperdal and Neurontin to the formulary (Tier 1). Justification: Recommendation by the Medical QI Network; difficult obtaining assistance through PAP.*
- A member recommended moving Megace from Tier 3 to Tier 1 since the only option for Wasting on Tier 1 is Periactin. The member noted that Periactin causes drowsiness and is not a preferred medication for Wasting. The member also noted that the PAP that provides Megace ships the medication to providers without clear dosing instructions and directions for use which can be a liability. The Committee to revisit the topic of drugs available for Wasting at a later date.
- Members reviewed the Medical Network's recommendation to add Zithromax and Diflucan (currently on Tier 2) to Tier 1 and asked to defer decision until further justification and an estimated utilization of Zithromax and Diflucan are provided.
- Members reviewed the Medical Network recommendation to add Remeron and Wellbutrin to Tier 1 (removed from the Formulary in March 2011). There was discussion on the dual prescribing purpose of Wellbutrin for smoking cessation. The following motion was made: *To add Bupropion (Wellbutrin) to the formulary (Tier 1). Justification: Generic availability; multiple purposes; difficult obtaining assistance through PAP.* The Committee requested medical justification for adding Remeron to the formulary.
- Members agreed to remove Darvocet from Tier 1 of the formulary. The following motion was made: *To remove Darvocet from the formulary (Tier 1). Justification: Drug removed from the US market in 2010.*
- Members agreed that Levaquin (not on the formulary) should be added to Tier 1 of the formulary. The following motion was made: *To add Levaquin to the formulary (Tier 1). Justification: Accept Medical Network recommendation; Commonly used to treat Community Acquired Pneumonia.*
- The Committee reviewed the Medical Network recommendation to add Prevnar 13, Gardasil,

and Zostavax vaccines to Tier 1 of the formulary. Members expressed concern over the lack of conclusive data and cost associated with both Gardasil and Zoster vaccines. The Committee supported the recommendation to add Prevnar 13, however, due to the high cost of the vaccine and the PAP eligibility requirements, the Committee requested further analysis by the Medical Network. It was suggested the Medical Network review the cost implications of adding Prevnar 13 to Tier 1 of the formulary and determine priority populations who would be vaccinated initially.

- Members discussed the Tetanus, Diphtheria, and Pertussis (TDAP) vaccine and made the following motion: *To add TDAP to the formulary (Tier 1). Justification: Rise of Pertussis in adults; used as one time booster along with TD.*

Review FY12-13 Pharmacy Utilization: The Committee reviewed the FY12-13 Pharmacy. The Committee discussed the meeting schedule and agreed to meet at least 3 times per year.

B. Rationale for Recommendations:

Approval of Medical Network recommendations; difficulty obtaining assistance through PAPs; medical need.

C. Data Reports / Data Review Updates:

FY12-13 Pharmacy Cost and utilization

D. Data Requests:

None.

E. Other Business Items:

There was no other business.

F. Agenda Items for Next Meeting:

Standing Agenda Items, Review Medical Network justification for formulary additions/deletions, Review pharmacy utilization and expenditure data, Review Marketplace Exchange formularies.
Next Meeting Date: November 2013 (exact date TBD)

f. **JOINT EXECUTIVE COMMITTEE**

No August Meeting

Part A Chair: S. Kuryla, Part B Chair: J. Wynn

Next Agenda Items: TBD; Next Meeting Date: October 17, 2013

g. **PART A EXECUTIVE COMMITTEE**

August 15, 2013

Chair: S. Kuryla, Vice Chair: B. Gammell

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met. It was noted that certain committees did not occur before the Executive meeting due to the month beginning on a Thursday.

The Committee discussed the Resource Fair scheduled for September 24th from 5-8 p.m. at the African American Research Library. Members also discussed the HIV Planning Council (HIVPC) agenda and whether the Healthcare Reform Update should be listed as a standing reporting item as well as who would give this update. The item will be a standing item on the Executive agenda; the Executive Committee will then decide whether it should appear on the HIVPC agenda for the current month. Some Committee members expressed concern about the important need to inform the community about the implementation of the Affordable Care Act (ACA). It was noted that information specific to the HIV population should be distributed as soon as possible. Other members stated that there are many unknowns with the implementation of the ACA and the Council should not rush to disperse information that may not be complete or correct.

WP Item 2.4--Nominating Committee: In order to prepare for upcoming elections, the Chair announced the appointment of Will Spencer as the Nominating Committee Chair. It was noted that the Nominating Committee should consist of at least 5 members and be reflective of the epidemic in Broward County. An email will be sent to members requesting their participation on the Committee.

WP Item 5.5--EIIHA Strategy: Members were informed that the FY 2014 Ryan White Part A grant guidance was released on August 12th and is due on October 9th. The EIIHA section is still worth the same amount as last year (33 points). The grantee representative informed the Committee that an update on the changes to the EIIHA guidance will be provided at a later date.

WP Item 2.1--Mentoring Plan: The Executive Committee reviewed the mentoring plan proposed by the Membership/Council Development (MCDC) Committee. Members discussed the issue of making the program mandatory due to the inability to establish the following: 1) specified criteria/qualification for mentors (e.g. educational level of the HIVPC process) 2) standardized training for mentors 3) core competencies of the mentoring program (e.g. topics the mentoring program will cover) 4) mentor job description. Members also questioned how the program would be fair in cases where some mentors are forcing individuals to complete the program for the maximum amount of time when it is not necessary. The Executive Committee recommended that the mentoring program remain voluntary; if mandated, it should be standardized. Members also raised the question of whether mentoring only applied to HIVPC members, excluding committee members. The Chair stated that it is the responsibility of committee chairs to educate their members. It was also suggested that mentors be educated regarding the Sunshine Law to prevent violation. Following the discussion, the MCDC chair pulled the mentoring plan from the HIVPC agenda in order to send it back to the committee for revision.

B. Rationale for Recommendations:

The Priority Setting & Resource Allocation (PSRA) Committee and HIVPC meetings were cancelled in August because there were not many items that needed to be accomplished. The Joint Planning and MCDC Committee meetings were cancelled in September to allow for more time to focus on preparing the FY 2014 Part A Grant Application.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

The Committee requested that staff include a handout at the HIVPC meetings with resource links regarding the ACA.

E. Other Business Items:

None. *Items for Next Meeting:* Review FY13/14 Reallocations. *Next Meeting Date:* September 19, 2013 at 12:30 p.m.

September 19, 2013

Chair: S. Kuryla, Vice Chair: B. Gammell

A. Work plan item update / Status Summary:

The Part A Executive Committee reviewed the HIV Planning Council agenda for the upcoming meeting. Committee chairs also reported on their work plan progress to ensure that goals are being met.

The Committee discussed the Resource Fair scheduled for September 24th from 5-8 p.m. at the African American Research Library. It was noted that a representative from CMS will speak about ACA implementation. Members also discussed the HIV Planning Council (HIVPC) agenda regarding whether the Healthcare Reform Update should be listed as a standing reporting item as well as who would give this update. The Executive Committee decided not to list it on this month's HIVPC agenda until more information is known. However, the item will be a standing item on the Executive agenda; the Executive Committee will then decide whether it should appear on the HIVPC agenda for the current month. A discussion was held regarding Navigators providing information to the community and the lack of funding on a large scale in Broward County. Members expressed concern about clients/community knowledge.

Members discussed the issue surrounding Ryan White CARE Act reauthorization and whether it should

be actively pursued. The Committee also discussed the County's position surrounding the support of reauthorization. One member expressed concern about the Council involving itself in political lobbying. It was decided that the Council would simply state its opinion on reauthorization. Members discussed implications of Ryan White not being reauthorized and questioned whether appropriate funding will be allocated to the program without reauthorization.

B. Rationale for Recommendations:

It was recommended that By-Laws hold another committee meeting to further discuss the revision to the Grievance Policy and Procedure before it is forwarded to HIVPC for approval.

To clarify HIVPC stance on CARE Act reauthorization, the Part A Executive Committee made the following motion: In furtherance of the County's support for the 2013 Federal Legislative Program, HIVPC similarly endorses the necessary and appropriate reauthorization of the CARE Act and the effective full funding of the HIV Continuum of Care.

C. Data Reports /Data Review Updates:

None.

D. Data Requests:

None.

E. Other Business Items:

None. *Items for Next Meeting:* Assess JCCR Community Events. *Next Meeting Date:* October 17, 2013 at 2:00 p.m.

h. **AD HOC BY-LAWS COMMITTEE**

September 19, 2013

Chair: W. Spencer

A. Work plan item update / Status Summary:

The Committee discussed the work it has done thus far and reviewed the remaining documents for revision. Members discussed the remaining parking lot items and made changes to the Planning Council Grievance Procedure and Form. Members voted to approve the By-Laws Grievance Policy and Procedure, Notice of Grievance for Planning Council Actions Form, and the Policy on Reporting Violations of By-Laws and Policies & Procedures. The recommended changes to the By-Laws and Grievance documents will be reviewed at another By-Laws meeting before it is approved by Executive and HIVPC.

B. Rationale for Recommendations:

The Committee continued editing the Planning Council Grievance procedure and form. The members were reminded that the new language would assign grievances to be handled by the Part A Executive Committee. This ensured that the grievance procedure was specific to Part A and that the steps to file a grievance were stated clearly. The titles of the documents were changed to reflect that this type of grievance was only in regards to Planning Council actions and decisions. Members decided to keep language relating to mediation since it is a HRSA requirement. A member will double check with NSU to confirm arbitration services.

Members reviewed a proposal sent from the Membership/Council Development Committee, which was to review the excused absence policy so that council members that are consumers will receive an excused absence if they obtain the opportunity to go to a conference or training to improve specific and direct HIV knowledge or leadership abilities, considering that the excused absence is requested in advance. Members believed that the administrative code could not be changed and the policy will remain the Council Chair's discretion. Members voted that the absence will remain unexcused until the member presents or provides a summary of the conference or training to the Council Chair within 30 days.

Members reviewed the proposal to set a maximum number of excused absences for consumer council members and alternates. Members recommended amending the policy to allowing consumers a maximum of 6 excused absences within a calendar year. Members discussed effective date of January 2014 to coincide with calendar year.

Outdated language was also recommended to be removed from the By-Laws.
C. Data Reports / Data Review Updates:
None
D. Data Requests:
None
E. Other Business Items:
No other business. <i>Items for Next Meeting:</i> Review and Revise Planning Council Grievance Procedure. <i>Next Meeting Date:</i> October 17, 2013.

9. GRANTEE REPORTS (up to 10 minutes)

- a) Part A
- b) Part B

10. OTHER REPORTS (up to 10 minutes)

- a) Part C
- b) Part D
- c) HOPWA
- d) Prevention

11. UNFINISHED BUSINESS

12. NEW BUSINESS

13. ANNOUNCEMENTS

14. PUBLIC COMMENT (Up to 10 minutes)

15. REQUEST FOR DATA

16. AGENDA ITEMS FOR NEXT MEETING: October 24, 2013 at 9:00 a.m. **VENUE:** BRHPC

17. ADJOURNMENT