

**Washington State Department of Health (DOH)  
Early Intervention Program (EIP)  
Steering Committee Meeting Minutes**

August 4, 2008

Holiday Inn Express -19621 International Boulevard, SeaTac WA

**Steering Committee Members Present:**

Richard Aleshire Co-Chair  
Darren Augenstein  
Shireesha Dhanireddy  
James Dutro  
Barry Hilt  
Ron Padgett  
Sam Curd

Dennis Bookhart Co-Chair  
Al Brownell  
Joe Vela  
Gwen Handcox  
Joseph Ready  
Dennis Klukan

**Steering Committee Members Absent:**

Bob Harrington (E), MaryRuth Mulhern (E), Debbie Stimpson (E)

**Guests Attending:**

Tabitha Jensen, Program Manager at Lifelong AIDS Alliance, filling in for Laura Treadway; Steel Desmarais from Tacoma Pierce County Health Department; Linda Lindegaard, consumer from Region 3; Micheal Moshier, consumer from Region 5, Doug North, DSHS, Bert Jones, Isom Hernandez, Todd McCoullough, Jerry Stenbakken, Kris Nicklaus, Christina Tran, Jodi Dumont, Jennifer Soler, Steven Carzasty, Group Health Cooperative, Stuart Pappas, Tibotec

**DOH Staff Attending:**

Richard Aleshire, Sheila Ichita, Rhonda Bierma, Teri Eyster, Brown McDonald

**DOH Staff Absent:**

Brad Roter (E),

**Business Meeting**

Motion was made by **Dennis Klukan**, to approve the May 5, 2008 meeting minutes; **Barry Hilt** seconded the motion, Minutes approved.

Agenda adoption proposed by **Dennis Klukan**, **Jamie Dutro** seconded the motion.  
Agenda adopted as proposed.

**Data Reports and Program Updates – Rhonda**

Rhonda pointed out the increase in EIP clients over the past 4 years.

The cost of drugs: the highest drug cost is for antiretrovirals, the 2<sup>nd</sup> highest are the antidepressants.

Dennis Klukan requested that in the future, page one of the reports should list the drug cost changes from highest to lowest.

Questions of concern were raised about the 24% of clients not enrolled in case management. A discussion followed about why clients may not need case management and why they may choose self management instead.

**Budget Report – Richard**

In Richards' Quarterly Update (QU) article, he talks about the agency cutbacks and the state of the economy. HIV Client Services is looking at ways to cut the costs of having meetings.

Discussion followed about possible ways to cut costs for the quarterly EIP Steering Committee meetings. Some suggestions:

- Meet 3 times a year instead of 4.

- Have an open conference call, with call-ins instead of meeting face-to-face.
- Customize conference calls that ensure higher meeting productivity.

### **Department of Health HIV Client Services EIP Decision Package introduction**

In order to obtain funds from the Washington State Legislature, each requesting state agency submits a “Decision Package” for each program requesting funds. EIP has submitted a decision package that is being reviewed internally at DOH for the next biennium (7-1-09 through 6-30-11). Richard reviewed some of the components of the development of the decision package:

- Where the money comes from
- What we are bound to do with the money
- The approval process
- Projections through 2011
- Projections of the increase of client enrollment by 4.9% each year

Assumptions:

- EIP won't delete any of the current services
- EIP will maintain the current standard of services
- EIP will appropriately spend the funded amounts
- Rebate dollars will continue to be received
- How projections are calculated:
  - Drug expenses – 48% of total expenditures, mostly antiretrovirals
  - Increase in drug costs
  - Amount of clients increased in how many antiretrovirals are taken, from 3 to 4 per day
  - Continue to pay for insurance premiums
  - Covering Medicaid spenddown (\$900 per month) – 13% increase each year
  - Medical visits – 25% increase each year
  - Administrative cost – 6-8% increase each year
- Overview of revenue and expenditures
- A contingency plan in the event our program is cut needs to be developed
- Next year if the economy is better, EIP will ask Department of Health and the State Legislature again to raise the client eligibility requirement.

**Dennis K.** made motion to form a subcommittee to work on a budget contingency plan, **Gwen H.** seconded the motion, motion passed.

Subcommittee volunteers include: Dennis K, Joe V, Darren A, Dennis B, Gwen H. Dennis K recommended Brad Roter to also participate if he is available.

Rhonda will provide background information on cost sharing and a mandatory Medicaid exercise from a couple years ago.

### **EIP – Teri Eyster**

- Teri talked about the *New English* and Spanish brochures that will be published soon and will also be posted on the HIV Client Services webpage.
- The revisions to the EIP application include a few new items and clarifications on some items.

**EHIP** – Tabitha Jenson, Program Manager at Lifelong AIDS Alliance, filled in for Laura Treadway. Tabitha shared the following Evergreen Health Insurance Pool (EHIP) Program Statistics.

## EHIP Program Statistics for the month of July 2008

	King County	Other Counties	Total
Total number of enrollees during the month	765	615	1380
New enrollees this month	31	20	51
New payables this month	2	0	2
Disenrolled this month	17	10	27
Current enrollees in COBRA Plans	51	27	78
Current enrollees in DSHS Plans	12	8	20
Current enrollees in Group Plans	34	24	58
Current enrollees in Individual Plans	31	28	59
Current enrollees in Medicare Part B	4	2	6
Current enrollees in MA-PDs	76	142	218
Current enrollees in PDPs	115	70	185
Current enrollees in WSHIP Basic Plus	51	41	92
Current enrollees in WSHIP Plans	427	301	728

## EHIP Historical Comparison - 2007/2008

July 2007		July 2008	
Total EHIP clients	1228	Total EHIP clients	1368
New clients	24	New clients	51
WSHIP clients	704	WSHIP clients	820
Medicare Part D clients	373	Medicare Part D clients	403

## Membership – Richard

The following four people are potential new members for the Steering Committee and Client Caucus group:

- Linda Lindegaard – Consumer representative from Region 3  
Linda shared some personal history, including her experience with caucus groups and her interest in HIV/AIDS.
- Micheal Moshier – Consumer representative from Region 5  
Micheal also shared his interests and qualifications.
- Doug North – DSHS representative talked about his work experience and interest in HIV/AIDS, he would replace the position vacated by Cathy Cochran.
- Steel Desmarais – Tacoma Pierce County Health Department, gave her background and past work experience in HIV/AIDS. She works at Tacoma-Pierce County Health Department, and is the Minority AIDS Initiative (MAI) grantee.
- Also a potential member but not present is David Lee with the AIDS Education and Training Center, he will attend November's meeting.

**Dennis Klukan** made the motion to nominate all four people to the Steering Committee. Motion unanimously approved.

## EIP Staff changes - Richard

None

## **General Program Topics**

### **Dental Services thru EIP**

On July 1, 2008, EIP expanded covered dental services to King County EIP clients not on Medicaid or other insurance as the result of funds received by Public Health – Seattle & King County. These funds previously went to Harborview dental clinic which closed effective 7-1-08.

### **Federal Poverty Level increase (FPL)**

Richard discussed the EIP program and Steering Committee request to the Department of Health to raise the financial eligibility amount from 300 to 500% of the FPL. The request was denied this year due to concerns about the economy in general, but EIP may make the request again next year if the budget projections are better.

### **Statewide Client Level Database – Richard**

HIV Client Services has contracted with University of Washington to begin a plan for the development of a database that would compile information from various clinics across the state including all Ryan White funded entities in the State per a requirement from HRSA (Health Resources and Services Administration - funder of Ryan White programs).

Consumers Ron Padgett, Dennis Bookhart, and Mark Garrett have joined the committee to work on advising about such a client level database. The Washington State Department of Health would be the keeper of the database.

### **Minority AIDS Initiative (MAI) Grant – Effective Date February 2008**

The purpose of this grant from HRSA is to increase the number of people of color into the EIP program. Funds will be used by the Tacoma Pierce County Health Department to locate people who have been diagnosed as HIV positive in the last 5 years, are currently not in care, and make efforts to get them into care.

The National ADAP Monitoring Project develops a report identifying ADAPs across the country and includes formulary medications that each State ADAP covers. These vary as some states have more money for services than others. The link to NASTAD's ADAP Monitoring Project report which has information on all state ADAP programs is:

[http://nastad.org/Docs/highlight/200847\\_ADAP%20Summary%20FINAL%20PDF%20\(3-31-08\).pdf](http://nastad.org/Docs/highlight/200847_ADAP%20Summary%20FINAL%20PDF%20(3-31-08).pdf)

## **Subcommittee Reports**

**Client Caucus – Joe Ready & Gwen Handcox** gave the report from the August 3, 2008 meeting

- Potential new Client Caucus/Steering Committee members Linda Lindegaard and Micheal Moshier attended the meeting.
- Richard discussed the topics of the Monday Steering Committee meeting.
- The group decided to discontinue in-between Steering Committee meeting conference calls.

## **Formulary Report – From Brad Roter**

Richard read Brad's report on Formulary Restriction Review and Uncovered Drugs suggested for addition at last Steering Committee meeting (report attached at the end of the minutes).

**Dennis K.** made a motion to accept Brad's recommendations, **Sam C.** seconded the motion. Motion unanimously approved.

## **Review Vision Document question #3 for updates**

Add to "treatment education"

- Make sure practicing physicians have access to current training, new medications, and practices.

**Public Comments – Richard**

None

**Announcements – Richard**

Harborview-Madison Clinic will have a once-a-week clinic in Snohomish County.  
Harborview-Madison Clinic will also continue to have a once-a-week clinic in Bremerton.  
Yakima Farmworkers clinic doctors visit weekly at a Wenatchee area clinic.  
HIV Client Services is partnering with Department of Corrections (DOC) by providing funding for one full-time employee to assist HIV positive inmates released from prison get into care at the time of their release.

DOH HIV Prevention

Brown McDonald gave the new estimates from CDC with a new methodology—old and new data for calculating positives is 40% higher than what was previously thought. Washington State is a little below the national average HIV positive growth rate. HIV Prevention applied for grant money to study newly infected HIV cases.

**Future Agenda Topics – Richard/Dennis**

Budget contingency planning  
Vision Document

*Remaining Meeting Dates for 2008*

11/3/08

*Meeting Dates for 2009*

2/2/09, 5/4/09, 8/3/09, 11/2/09

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**EIP Formulary Report**  
Steering Committee Meeting  
August 4, 2008  
Brad Roter, MD

**HIV Clinical Consultant**

***Formulary Restriction Review***

1. Restricted drugs now available generically
  - a. Azithromycin: price has dropped considerably to about \$30 per course of treatment (6 250mg tablets). *Drop restrictions on the generic drug that limited it to certain indications*
  - b. Cefpodoxime: currently restricted to gonorrhea treatment. Other possible uses would cost about \$90 (for 20 200mg tablets). No change suggested.
  - c. Ciprofloxacin: currently restricted to 14-day supply to preserve supply for anthrax outbreaks. Remains somewhat expensive (\$90 for 14 days of treatment) and public health rationale may still apply. No change suggested.
  - d. Clarithromycin: currently restricted to prevention or treatment of MAC (MAI). Remains expensive, \$60 for 10 day course. No change suggested.
2. Drugs with pill-splitting requirement
  - a. Citalopram (Celexa): No change. Still saves significant expense.
  - b. Paroxetine (Paxil): No change. Still saves significant expense.
  - c. Sertraline (Zoloft): No change. Still saves significant expense.
  - d. Atorvastatin (Lipitor): *Remove pill-splitting requirement* since tablets no longer scored.
  - e. Valacyclovir (Valtrex): *Remove pill-splitting requirement* since now there is no significant price savings in pill-splitting.  
(1000mg = \$12.25/tab vs. 500mg = \$6.87/tab).

***Uncovered Drugs Suggested for Addition at Last S.C. Meeting***

1. Pyrazinamide
  - a. Used only for TB treatment for 2 months at about 1400mg/day.
  - b. Cost only about \$70/month or \$140 for total course of therapy.
  - c. Estimated utilization very low, about two clients a year.
  - d. *Recommend adding it to formulary without restriction.*
2. Mupirocin (Bactroban)
  - a. Topical treatment for impetigo, very commonly prescribed as an alternative to oral antibiotics for impetigo
  - b. Relatively inexpensive at \$29 for a course of therapy
  - c. *Recommend adding it to formulary without restriction.*
3. Linezolid
  - a. Used as treatment for MRSA (resistant staph) that is resistant to other inexpensive antibiotics used for MRSA
  - b. Extraordinarily expensive at \$1500 for 10 days of therapy (20 tabs)
  - c. Recommend not adding it unless we start hearing more demand
  - d. We can cover it by special request if it seems appropriate