

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

May 4, 2009

Holiday Inn Express -19621 International Boulevard, SeaTac WA

Steering Committee Members Present:

Richard Aleshire Co-Chair

Dennis Bookhart Co-Chair

Darren Augenstein

Linda Lindegaard

Al Brownell

Micheal Moshier

Sam Curd

Doug North

Steele Desmarais

Ron Padgett

Jamie Dutro

Joseph Ready

Gwen Handcox

Debbie Stimpson

Bob Harrington

Joe Vela

David Lee

Steering Committee Members Absent:

Shireesha Dhanireddy (E), Dennis Klukan (E), Mary Saffold (A),

Guests Attending:

Laura Treadway, LifeLong AIDS Alliance, Colleen H., Ramsell, Kris N., Ramsell, Craig S., GSK, Todd M., Bristol-Myers-Squibb, Stephanie D., Bristol-Myers-Squibb, Stuart P., Tibotec, Jodi D., PCAF, Emily V., Abbott, Tony M., Abbott, Tony L., Moms Pharmacy, Andrew N., Moms Pharmacy, Stefanie C., Gilead

DOH Staff Attending:

Richard Aleshire, Sheila Ichita, Rhonda Bierma, Teri Eyster, Brad Roter, Tracy Mikesell, Maria Courogen, Elizabeth Mack, Katie Heidere

DOH Staff Absent:

None

Business Meeting

Motion was made by **Joe V.** to approve the Feb. 2, 2009 meeting minutes as written; **Sam C.** seconded the motion, **Dennis B.** abstained.

Minutes approved.

Agenda adoption proposed by **Joe V.**, **Dennis B.** seconded the motion.

Agenda adopted as proposed.

Data Reports and Program Updates – Rhonda

Rhonda gave an overview of some changes in the way clients have checked the ethnicity boxes on the application over the past year. The number of clients checking the box for “Hispanic or Latino/a” has increased. The number of people checking the “unknown” box has decreased. The number of people checking the “multi-racial” box has also increased.

On page 3 of the data report, the number of clients receiving services dipped in August, and that could have been caused by billing or payment delays.

Budget report/Leg Update - Richard

On the federal side, HIV Client Services received an additional \$1.4M for FFY2009, a 13 percent overall increase from FFY2008. This includes a 23 percent increase to our “base” award, which is provided to local communities. As a result of the request from DOH EIP for 5 percent to be returned to EIP to help with the budget cuts, it will mean an actual increase of only 18 percent for the local community programs. The “ADAP” line received a 9 percent increase.

On the State side, Richard handed out the Senate Ways & Means Omnibus Operating Budget (page 97) and pointed out the line items that affect Infectious Disease & Reproductive Health (IDRH) programs at the Department of Health. IDRH had some fund amounts reduced and some capped. HIV Client Services has a \$1M cut for the biennium.

See the Washington State Legislative page to view which of the 2009 bills passed and which didn't pass.

<http://www1.leg.wa.gov/legislature/>

Bills that could have affected EIP but did not pass:

- **5589** to consolidate committees and boards did not pass.
- **2360** - to eliminate the AIDSNET regions did not pass. We are still waiting for some clarification on this one as the budget language has some of the terminology of the bill that did not pass.

Bills that affect EIP and did pass:

- **5777** directs the WSHIP Board to conduct a study of sustainable funding sources for WSHIP, makes the SHQ change every 36 months instead of 18, and updates WSHIP eligibility criteria to reflect changes in Medicare while still grandfathering current WSHIP Medicare enrollees.
- **1401** makes it easier for some individuals (with 24 months of continuous coverage and would be eligible for COBRA but for the size of their employer, or who drop their COBRA) to be accepted to an individual insurance plan, which would mean they would not qualify for WSHIP.
- **2014** requires that Rx prescription pads be tamper proof effective July, 2010
- **6024** addresses the barriers for inmates leaving jail and getting on public programs

EIP – Teri

Teri gave an update from EIP

- EIP is still short staffed and the processing of applications is taking approximately 2 weeks to complete
- Applications sent in overnight mail will be processed within 48 hours instead of the usual 24 hours.
- Incomplete applications will go to end of the line until all information has been received by EIP.
- The revised EIP application became available on April 1, 2009.

The changes are:

- Registered domestic partners will be included in income determination.
- Underage children living with clients will now be counted in family size.
- Maximum of individual resources of \$10,000 or less (not counting your home, one automobile per licensed driver and some retirement funds), and *new*--no more than \$15,000 for family resources
- Washington State Drivers License submitted for address verification has to have a current Washington State address
- Notification letters to clients who are not on insurance went out to those clients encouraging them to get on insurance. Case managers were notified of the affected clients and EIP is tracking these changes.

See HIV Client Services Home page for complete information:

http://www.doh.wa.gov/cfh/HIV_AIDS/client_svcs/

Evergreen Health Insurance Program (EHIP) – Laura Treadway, Program Director

- EHIP is currently conducting a client satisfaction survey. About one third of the clients were mailed surveys - a little over 500 at the time the mailing list was created. EHIP received 207 back and have processed 120 responses to date.
- EHIP has been involved in several Department of Health trainings. Trainings in March and April were to prepare HIV case managers to assist clients with spenddown make the adjustments to DSHS's new restriction on EIP being able to pay spenddown in anticipation rather than as an incurred expense.
- EHIP dropped four clients who failed to complete their 2008 WSHIP eligibility paperwork, their WSHIP stopped effective Jan 1, 2009.
- The big news is increased enrollment. EHIP has seen an increase in clients who qualify for COBRA since last fall, and private prescription drug plans (PDP's) and Washington State Health Insurance Pool (WSHIP) continue to increase. EHIP will be hiring a temporary insurance advocate to help handle the increased application load as the EIP encourages more clients to obtain insurance, and as spenddown clients enroll in Medicare Advantage plans.
- Lifelong AIDS Alliance is the apparently successful bidder in the Request for Qualifications and Quotations (RFQQ) process and will remain EIP's insurance benefits management provider.

Evergreen Health Insurance Program Enrollment Statistics

Mar-08		Mar-09	
Total EHIP clients	1331	Total EHIP clients	1557
New apps rec'd	44	New apps rec'd	78
New clients/new payables	41	New clients/new payables	54
COBRA clients	82	COBRA clients	108
Medicare Part D clients	382	Medicare Part D clients	428
WSHIP clients	781	WSHIP clients	985

Membership – Richard

Steering Committee 3-Year Membership terms expiring in 2009:

Richard's term as co-chairperson ended in February and he was voted in for another 3-year term, Dennis Bookhart's term as co-chairperson ends in July and he was nominated to continue (see section below on nomination for co-chair), Al Brownell's term ends in August, Jamie Dutro's term ends in August, Joseph Ready's term ends in November, Gwen Handcox's term ends in December, Dennis Klukan's term ends in December, and Joe Vela's term ends in December.

Minority AIDS Initiative (MAI) Grant

Steele D. shared the summary sheet for the first and second years of the MAI Grant.



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CS Staff Changes – Richard

The case management coordinator position previously filled by Evelyn will not be filled at this time.

Evelyn, who is currently filling the fiscal coordinator position, will be retiring at the end of June. The fiscal coordinator position in HIV Client Services will be filled soon.

Subcommittee Reports

Client Caucus – Gwen H. gave the meeting report from the May 3, 2009 meeting.

Present: Richard A., Dennis B., Ron P., Gwen H., Al B., Jamie D., Micheal M., Linda L.

Absent: Joe R.

- Richard discussed the topics of the Monday Steering Committee meeting
- Budget reductions
- Elections for the Steering Committee co-chair beginning in July, 2009
- Legislative bills that didn't pass
- The Client Caucus would like to propose that the future EIP Steering Committee meetings still be held quarterly with the Client Caucus meeting from 10 a.m. – noon and the Steering Committee meeting from 1 p.m. – 4:00 p.m.

Formulary Report – Brad

The objective is to save \$100,000 from the current formulary

There will be two formularies created –

- One formulary will be for clients that have insurance
- The second formulary will be for EIP-only clients, will be less robust and is meant to incentivize them to get insurance for which EIP can pay the premium

Brad went over some possible medications to consider removing from the formulary.

Most of the medications he suggested to cut are covered by most insurance companies.

Motion was made to reduce the formulary as suggested by Dr. Roter:

Dennis B. made the motion to remove the medications suggested by Dr. Roter from the formulary for individuals without insurance, **Jamie D.** seconded the motion.

Motion to reduce the formulary was unanimous.

No changes are being made to the formulary for clients with insurance.

Medical Monitoring Project (MMP) update - Maria Courogen

IDRH Assessment Unit Section Manager

With Elizabeth Mack & Katie Hiedere, Assessment Unit Staff

Maria gave an overview of the past year's MMP project results. She also handed out a MMP Fact Sheet and a questionnaire (below) to find out what 3 top priorities the Steering Committee would like to consider for the future. Maria asked for the Steering Committee to list their first, second, and third priorities of the 10 listed. She collected the completed questionnaires and will use them for future MMP planning. She went over the highlights of the 2008 MMP cycle that closed last week and what the plans are for the 2009 cycle.

Medical Monitoring Project (MMP) Fact Sheet

Background

HIV/AIDS surveillance programs function in all U.S. states to collect a core set of information on persons diagnosed with, living with, and dying from HIV infection and AIDS. Supplemental surveillance projects have historically provided complementary information about clinical outcomes of HIV infection and behaviors of HIV-infected persons with respect to care seeking, utilization of care, and ongoing risk behaviors. Over time, the Centers for Disease Control and Prevention (CDC) has funded supplemental projects that have allowed for collection of medical record and interview data. The Medical Monitoring Project (MMP) arose out of the need for a

nationally representative, population-based surveillance system to assess clinical outcomes, behaviors, and the quality of HIV care in a scientifically rigorous way. Washington State was one of 26 sites selected in 2004 via random sampling to participate in the project.

Purpose

The primary objectives of MMP are to obtain data from a probability sample of HIV-infected persons receiving care in Washington State in order to:

- Describe HIV care and support services being received and quality of such services.
- Describe the prevalence and occurrence of co-morbidities related to HIV disease.
- Determine the prevalence of ongoing risk behaviors and access to and use of prevention services among persons living with HIV.
- Identify met and unmet needs for HIV care and prevention services in order to inform community and care planning groups, health care providers and other stakeholders.

Methodology

MMP methodology involves selection of patients currently receiving HIV care using a three-stage sampling design, in-person interview of eligible patients, and abstraction of their HIV-related medical records. For the first stage of sampling, systematic sampling proportional to size was conducted for all 50 states plus the District of Columbia and Puerto Rico. At the second stage of sampling, facilities currently providing medical care for HIV infected adults in Washington State were sampled. For 2009, 41 Washington facilities were selected for participation. The third stage of sampling involves random selection of patients from participating facilities. Patients from each facility who are eligible are those who have a diagnosis of HIV, are at least 18 years old, and received medical care at the facility in a defined period of time.

Data Collection

Patients are interviewed first and then their medical records are abstracted. Patients are compensated \$30 for their time. The time period of interest for the interview (the surveillance period) is the 12-month period directly preceding the interview. Information from the patients' medical records is abstracted from this surveillance period as well as prior to this period. Patient participation in interviews is strictly voluntary and data are protected with the same rigor that HIV/AIDS surveillance data are protected.

WA State MMP Staff:

Maria Courogen, Principal Investigator (360) 236-3458
Salem Gugsu, Project Coordinator (253) 395-6730
Katie Heidere and Elizabeth Mack, Interviewers

Provider Advisor:

Dr. Brad Roter

Public Health – Seattle & King County Staff:

Advisor:

Susan Buskin, Site Principal Investigator (206) 205-6123
Elizabeth Barash, Site Project Coordinator (206) 296-2907
Winnie Alston, Lexa Moongrace, and Shonita Savage, Interviewers

Community

Mark Garrett

MMP Update, 5/4/09

- The 2008 data collection cycle ended on 4/30/09. After adding in patients from 2008, the total number of interviews completed with patients sampled for MMP is just over 500 (507). Of these, 366 (71%) were from King County and 141 (29%) were from outside KC.
- Forty-one facilities were selected for participation in the 2009 data collection cycle, 27 in King County and 14 outside of King County. Staff is working on recruitment with the assistance of the Provider Advisor – to date, 28 facilities have been given a final status and of these, 23 have agreed to participate.
- For facilities that agree to participate, staff collects patients' lists/tallies from each facility for patients seen for HIV care between January 1, 2009 and April 30, 2009.

Use of MMP Data in National Prevention Indicators

MMP data will be used to measure progress towards national HIV prevention goals. In the most current CDC strategic plan, there is a goal to reduce the number of new HIV infections in the U.S. by 5% per year, or at least 10% through 2010, focusing particularly on eliminating racial and ethnic disparities in new HIV infections. This goal has several short term milestones and progress towards these milestones will be measured with MMP data.

- Milestone 1 – By 2010, decrease by at least 10% the number of persons in the U.S. at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained and evidence-based HIV prevention interventions. Specific objective – Decrease risky sexual and drug using behaviors among persons living with HIV.
 - Questions from MMP- unprotected sex, multiple sexual partners, sharing of syringes, receipt of one-on-one and group level prevention interventions.
- Milestone 3 – By 2010, increase from the current estimated 50% to 65% the proportion of newly diagnosed HIV-infected people in the U.S. who are linked to appropriate prevention, care, and treatment services.
 - Questions from MMP – initiation of medical care within three months of diagnosis, receipt of HIV care and treatment consistent with current standards (any antiretroviral therapy, HAART), receipt of TB skin test, and screening for STDs and hepatitis.

Calendar of Upcoming Events

Data collection

- De-identified patient lists for sampling are due to CDC by June 30, 2009 (we are trying to get them to CDC sooner than that so that sampling can be completed quickly).
- Statewide call with case managers in June.
- Starting in July, eligible patients will be contacted to let them know they have been selected to participate if they choose. The goal is to contact patients as soon as possible to avoid problems with loss-to-follow-up.
- Patient interviews and medical record abstraction will continue through April 30, 2010.
- The Care and Prevention Project (also known as CAP, a “lite” version of MMP) will be conducted at participating and interested facilities outside of King County in 2009.

Data analyses

- Analyses of MMP interview data will be conducted starting in May and presentations will be scheduled with interested facilities and groups starting in June and ongoing.
- CDC continues to enter medical record abstraction data from the 2007 data collection cycle. This is expected to be completed in September 2009. Data will be cleaned and distributed back to sites close to the end of 2009.

Budget Discussion – Richard – The task at hand was to finalize a contingency plan to reduce EIP costs by \$1.5M annually. This is based upon the work at the last 2 Steering Committee meetings when possible cuts were brainstormed and prioritized. The goal today is to find reductions totaling at least \$1.5M annually knowing that additional cuts may be needed over the biennium.

The Committee finalized its recommended contingency plan for reducing costs over the upcoming biennium. The Committee is taking a multi-pronged approach and its recommendations include:

1. Highly recommend that clients obtain insurance/WSHIP, which premiums can be paid by EIP. On average, insurance premiums cost \$384 per month per client less than paying for clients' medical care and medications.
2. Reduce administrative and staff costs by HIV Client Services by at least \$100,000 annually.
3. Retain some of the federal Ryan White grant increase (5%) for the EIP program rather than passing it all to the community.
4. Eliminate events such as our annual statewide conference, CAREvent, which will save approximately \$100,000.

5. Decrease the amount paid for medical/lab services (currently 133% of Medicaid) to 125%/100% of Medicaid's rate.
6. Decrease the amount paid to pharmacies by 1%.
7. Reduce the formulary for clients without insurance (to incentive them to get insurance) and to save \$100,000.
8. Increase clients' cost share slightly for those without insurance, again as an incentive to obtain insurance.

By spreading the cuts across many entities, services to clients will be less disruptive but still reduce program costs to stay within its budget for the upcoming biennium.

Joe V. made the motion to approve the contingency plan, **Gwen H.** seconded the motion. Motion to approve was unanimous.

Meeting format discussion – finalize how to have meetings beginning August 2009 to save costs

The Client Caucus and Steering Committee meeting cost reductions will be implemented for the August 2009 meeting. The Client Caucus will meet on the same day as the Steering Committee from 10 a.m. until noon. The Steering Committee will meet from 1 p.m. until 4 p.m. Box lunches will be provided for the Client Caucus members only. Every other meeting there will be a Formulary Sub-committee meeting and this group will meet from noon until 1 p.m. between the Client Caucus and Steering Committee meetings. All in attendance were in agreement with this plan.

Nominations for a Committee Co-Chair beginning 7-1-09

Jamie D. nominated **Dennis B.** to continue as the Steering Committee Co-Chair, **Linda L.** seconded the motion. Voting will take place at the August meeting.

Public comments/input

David Lee let everyone know about the upcoming HIV and Nursing Conference on June 11th and 12th. It is sponsored by the Northwest AIDS Education & Training Center (NW AETC). <http://depts.washington.edu/nwaetc/calendar/HIVRNConf.pdf>

The Northwest AIDS Education and Training Center (NW AETC) is headquartered at the University of Washington in Seattle and houses offices across a five state region. Through these regional offices, the NW AETC offers HIV treatment education, clinical consultation, capacity building and technical assistance to health care professionals and agencies in Washington, Alaska, Montana, Idaho, and Oregon.

David Lee and Micheal Moshier talked about the lack of dental care in Kitsap county. David L., Micheal M., and Richard A. will be meeting with the Kitsap Dental Association next week to discuss.

Future Agenda Topics

- >Part 4 of 5 of the Vision Document
- >The effect of possible new guidelines for the initiation of antiretroviral drugs on the budget.

Remaining Meeting Dates for 2009

8/3/09 & 11/2/09

Note new meeting time 1:00 p.m. to 4:00 p.m. at same location.