HUMAN SERVICES DEPARTMENT
**COMMUNITY PARTNERSHIPS DIVISION / Health Care Services Section**
115 S Andrews Avenue, Room A300 • Fort Lauderdale, Florida 33301
954-357-5390 • FAX 954-357-5897

# Disease Case Management Network Meeting Agenda

Date: August 6th, 2021, at 2:30 – 3:45 p.m.
Location: WebEx Virtual Meeting Platform
Facilitator: Clinical Quality Management Staff
quality@brhpc.org
(954) 561-9681 ext. 1343

**I. Call to Order**
**II. Welcome/Introductions**
**III. Effectively Hosting/Creating Multidisciplinary Case Staffing Training**
Andrea Levin, PharmD, BCACP
Assistant Professor, Nova Southeastern University College of Pharmacy
Faculty, South Florida Southeast AETC
AETC Registration Link
**IV. Part B/ADAP Coverage of Medicare Premiums/Copays**
Serena Cook
RWPB Program Manager
FLDOH in Broward County
**V. Announcements**
**VI. Adjournment**

**Next Meeting Date: November 5th, 2021**

HUMAN SERVICES DEPARTMENT
**COMMUNITY PARTNERSHIPS DIVISION**
115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 954-357-8647 • FAX 954-357-8204

# DISEASE CASE MANAGEMENT NETWORK MEETING

**Date:** May 7th, 2021 at 2:30 – 3:45 p.m.
**Location:** WebEx Virtual Meeting Platform

**Facilitator: Clinical Quality Management Staff**
quality@brhpc.org
(954) 561-9681 ext. 1343

## MINUTES

**PROVIDERS PRESENT**
Marlena Salomon, AHF
Karen Jean Pierre, BCOM
Arielle Philippe, BCOM
Joyce Nunnally, Broward House
Cherise Martin, Memorial
Amy Pont, Memorial
Alicia Lee-Clarke, Care Resource

**GUESTS**
Elizabeth Sherman

**CLINICAL QUALITY MANAGEMENT (CQM) SUPPORT STAFF**
Whitney Saint-Fleur
Vanessa Oratien
Gritell Berkeley-Martinez

**PART A RECIPIENT STAFF**
Kelsey Giglioli
Timothy Thompson
Wismy Cius

### I. Call to Order
The meeting was called to order at 2:32 p.m.

### II. Welcome/Introductions
CQM Support Staff welcomed everyone and conducted a roll call of participating agencies to facilitate introductions.

### III. Medication Adherence Training
Dr. Elizabeth Sherman, PharmD AAHIVP provided training on medication adherence during COVID-19. This was a requested training topic on the network evaluation survey. Dr. Sherman stressed the value of adherence, as near 100% adherence is needed to achieve an undetectable viral load. The COVID-19 pandemic has presented challenges to maintaining adherence but has also provided opportunities to some clients. An example of this would be the increased use of telehealth, which is not

beneficial to clients who do not have the necessary technology to attend a virtual appointment. Dr. Sherman shared interventions to improve adherence including check-ins with clients when utilizing new regimens, encouraging routine care, and linking clients to social support networks for peer support, medication scheduling reminders, and simplified regimens. It was also noted that different single tablet regimens have respective food considerations. Many must be taken with food, while others require an empty stomach or a full meal for best absorption of the medication.

**IV. Network Meeting Evaluation Results**

CQM Support Staff reviewed the results of the Network Evaluation Survey completed by the Disease Case Management Network. The survey was completed by five network members. Members did not provide additional recommendations based on the results reviewed.

**V. Discussion: COVID-19 Vaccine**

DCM network members were asked to provide any updates related to the COVID-19 vaccine. One member stated that all skilled nursing facility residents have received both doses of the utilized vaccine. Conversely, there are clients who have become hesitant following the CDC-recommended pause on Johnson & Johnson vaccinations. Some provider agencies have set days for administering vaccinations and clients have been vaccinated efficiently. Overall, clients have had positive attitudes regarding vaccines and access.

**VI. Case Study Assignment**

The DCM Network was informed that case studies would be reviewed at future meetings. At each meeting, two case studies will be presented to the group and discussed. Yani Machado of AHF and Arielle Philippe of BCOM will each present a case study at the next DCM meeting.

**VII. Announcements**

Recipient Staff – The DCM assessment & acuity tool is programmed and is in the testing environment. It will likely be live by May 14, 2021. Training will be provided by GTI for this tool on Thursday, May 20, 2021, at 11:00 a.m. GTI's service-specific trainings during the week of May 17, 2021 will be geared toward service providers.
Agencies – no announcements
CQM Support Staff – no announcements

**VIII. Adjournment**

The meeting was adjourned at 3:20 p.m.

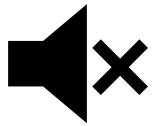
**Next Meeting Date: August 6th, 2021**

# Disease Case Management Network Meeting

AUGUST 6TH, 2021

2:30 PM

# Housekeeping Rules



Mute Microphone

Participants will be automatically muted to limit background noise

Identify Yourself

State your name and agency when speaking

Use the Chat Box

Type in the chat box to identify yourself and agency, ask questions, and request additional clarification

Raise Your Hand

The “raise hand” option will notify the presenter of any questions that may arise

Ask Questions

Please save questions until the end of each slide

# Welcome and Introductions

AETC AIDS Education & Training Center Program Southeast

# Effectively Hosting/Creating Multidisciplinary Case Staffing

**Andrea Levin, PharmD, BCACP**
**Assistant Professor, Nova Southeastern University**
**Ambulatory Care Pharmacist Faculty, Memorial Primary Care**
**Faculty, South Florida Southeast AIDS Education and Training Center**

# Objectives

- Describe the importance of Team Based Care
- Explain how Team Based Care can be carried out in your institution

# Team Based Care

- Defined by the National Academy of Medicine (formerly known as the Institute of Medicine) as "...the provision of health services to individuals, families, and/or their communities by at least **two** health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care”

# Benefits

- Comprehension of care
- Coordination
- Efficiency
- Effectiveness
- Value of care
- Patient and provider satisfaction

# What changes are needed?

- Organizational behaviors
- Interaction with colleagues
- Education
- Training
- Understanding roles and responsibilities

# Advantages in Team-Based Primary Care

- Enhancing access to care
  - Expanded hours and shorter wait times
- Efficiency
- High quality care
- Expanding patient education, behavioral health, self-management, coordination of care
- Improved job satisfaction

# Advantages in Patient-Centered Care

- Patient empowerment
- Improves physician-patient communication and relationship
- Improves patient knowledge and adherence
- Improves patient outcomes

# Opportunities

- Consider patient feedback while setting practice-level procedures and policies
- Identify a group of patients that could provide continuous input
- Allow for opportunities for patients input

# How to proceed

- Buy-in from leadership
- Make the philosophy of patient-centered care known
- Make decisions with your philosophy in mind
- Philosophy should be incorporated in polices and procedures
  - Hiring team members that share philosophy
  - Appropriate training

# Training in Patient-Centered Care

- Communication
- Motivational interviewing
- Active listening
- Truly seeing the patient
- Being culturally competent
- Identify a truly good match between provider and patient

# Information Sharing

- Written
  - Utilizing EHR
  - Shared plans
- Verbal
  - Proximity
  - Overlap schedule
  - Daily Huddles
  - Rounds

# Values and Ethics of IPP

- Population health and health equity
- HIPAA
- Cultural diversity of patient and healthcare team
- Respect toward members of the healthcare team
- Cooperation
- Trust
- Ability to manage ethical dilemmas
- Honesty and integrity
- Keeping up-to-date with one's scope of practice

# Actions Speak Louder than words…

# Interprofessional Inpatient Care

# Huddle/Pre-round/Case Staffing

# Interprofessional Outpatient Care

# Summary

- Consider the examples illustrated throughout the presentation
- Reflect on potential implementation in your department
- Remember that teamwork is a vital component providing optimal patient centered care

# References


- Schottenfeld L, Petersen D, Peikes D, Ricciardi R, Burak H, McNellis R, Genevro J. Creating Patient-Centered Team-Based Primary Care. AHRQ Pub. No. 16-0002-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2016.
- Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

# Department of Health

## AIDS Drugs Assistance Program

## ADAP

Program Manager: Solia Matthews
Assistant Program Manager: Winsome Wilson
Program Supervisor: Serena R. Cook
Clerical Supervisor: Taneshia C. Filmore

# ADAP

- The AIDS Drug Assistance Program (ADAP): A statewide, federally funded program for low-income people living with HIV.

**Services provided are as follows:**

- Direct Dispense Clients: Uninsured eligible clients, receive medications directly from the CHD Pharmacy.
- Purchase of health insurance that includes coverage for HIV/AIDS medications.
- Copayment assistance for clients that have insurance (Employer/COBRA/Medicare/Marketplace).

# ADAP ELIGIBILITY & ENROLLMENT

- Client and/or Case Manager Contacts ADAP to schedule appointment for Eligibility Determination and/or Enrollment.
- Staff reviews required documents for enrollment
- Staff schedules appointment – ensures sufficient medication
- ***Clients can also be referred through the Test and Treat Program

# ADAP ELIGIBILITY & ENROLLMENT CONT…

**Required Documents:**

- Proof of HIV Status
- Proof of Living in Broward County
- Proof of income or Letter of Support if not working (for both client and spouse if married)
- A valid Prescription for ARV (Antiretroviral) medication
- Identification (Recommended but not required)

# ADAP 2021

- Florida ADAP Expanded Formulary

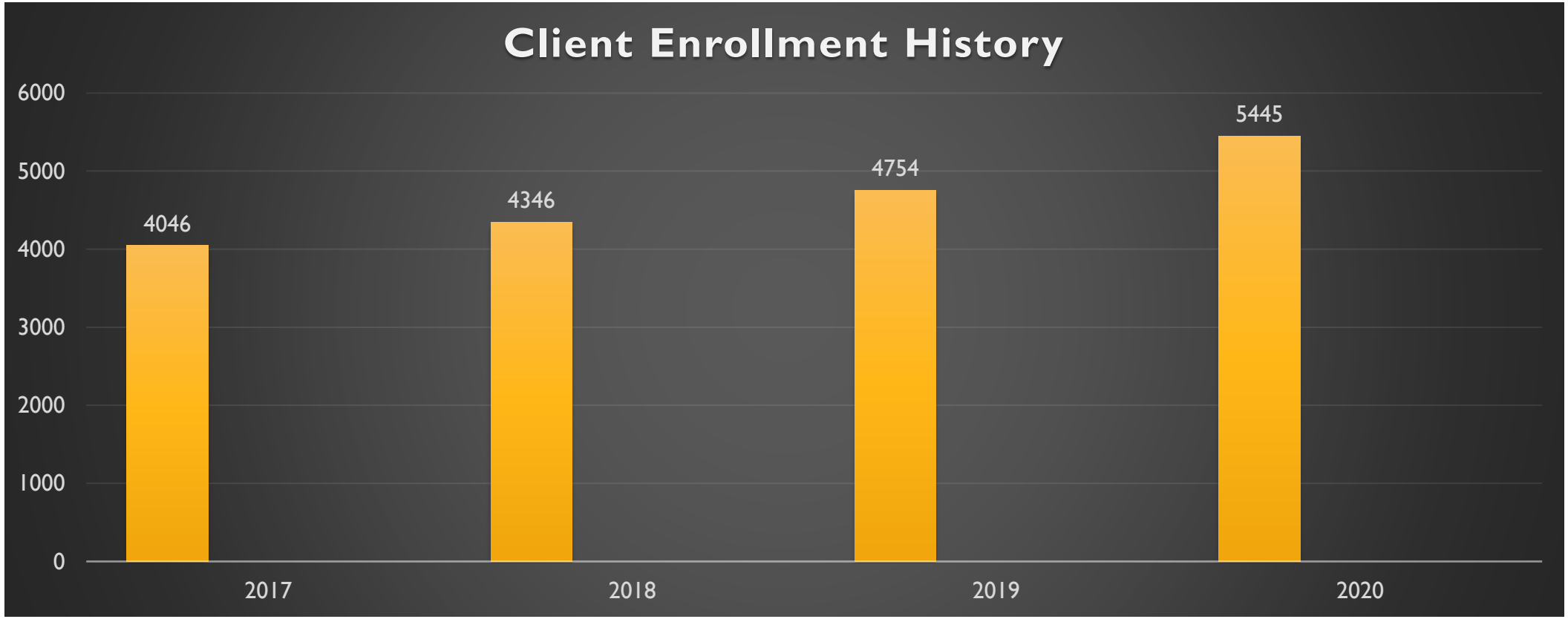
http://www.floridahealth.gov/diseases-and-conditions/aids/adap/adap-formulary.html

- CVS Caremark Card for Uninsured ADAP Clients (Copay Assistance)

- Online Recertification (Updated Notice of Program Enrollment Form)

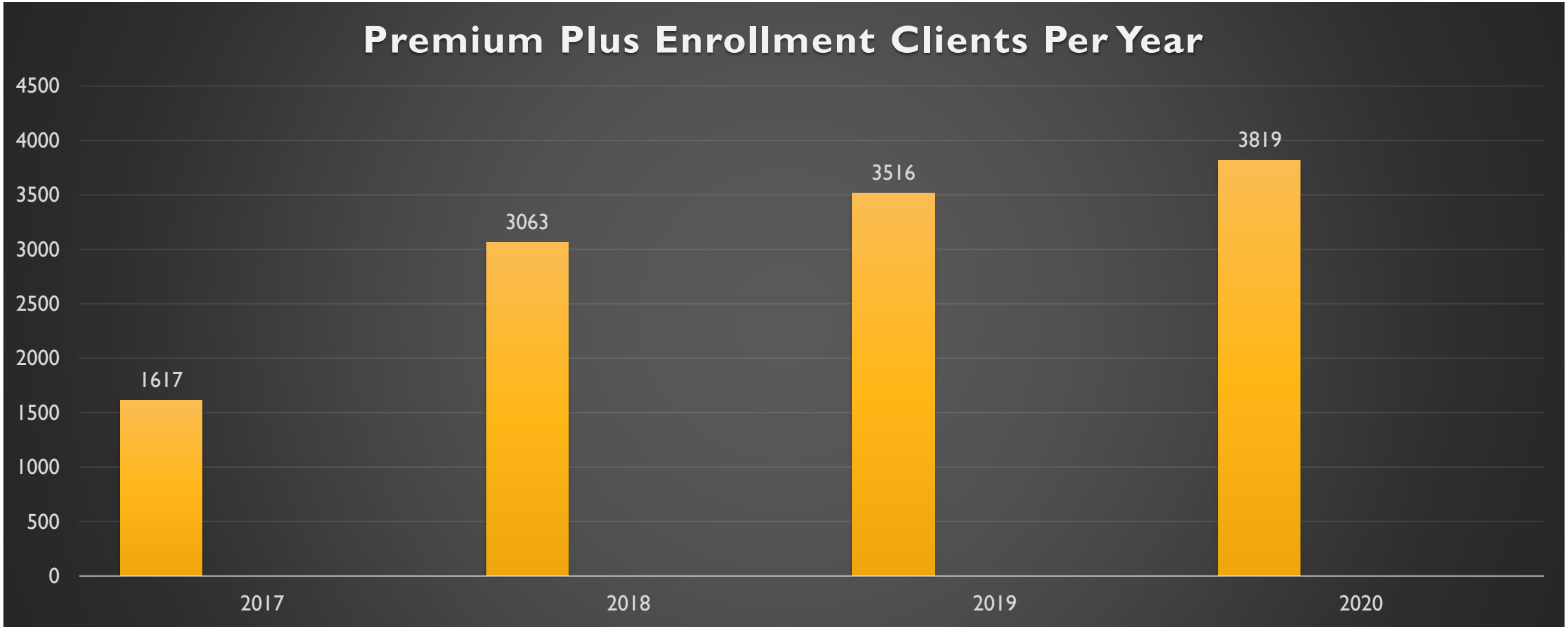
- Advance Premium Payment

# ACTIVE CLIENTS PER YEAR

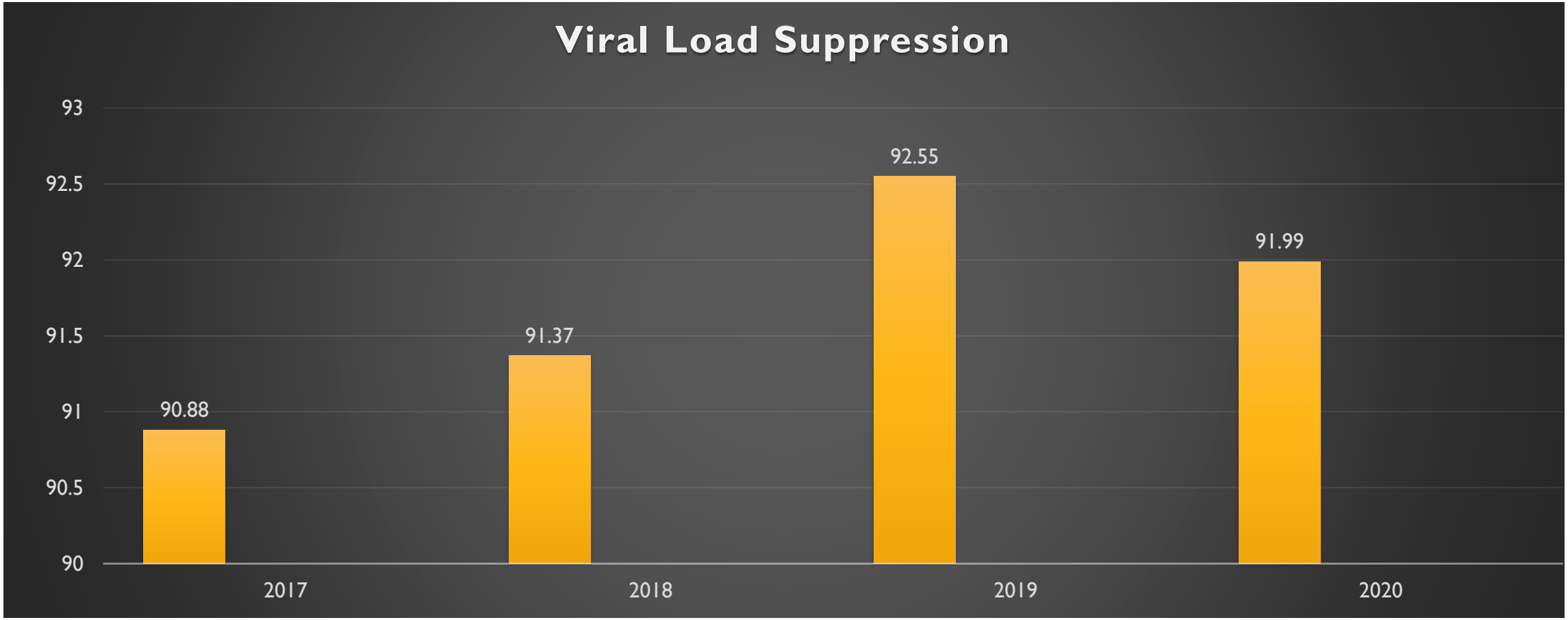


# NEW CLIENTS ENROLLED PER YEAR

# PREMIUM PLUS ENROLLED CLIENTS PER YEAR



# VIRAL LOAD SUPPRESSION



# MOST CURRENT REPORT

| ADAP REPORT JUNE 2021 | |
|---|---|
| Total Enrolled | 5,179 |
| Total Virally Suppressed | 4,744 |
| Percentage of Virally Suppressed (91.60%) | 92% |
| | |
| ADAP Enrollments and Re-enrollments Processed | 1,172 |
| | |
| Enrolled in Mail Order Delivery | 1,425 |
| Total Enrolled in Direct Dispense | 3,125 |
| | |
| Total Enrolled in Online Recertification | 1,714 |
| | |
| No Show Report | *25.05% |

Enrollments 1,172
878 were scheduled; 576 Completed eligibility
596 previous No-Shows completed elgiblity June 2021

# BROWARD ADAP CONTACT INFORMATION

- ***Fort Lauderdale Office (State Road 84)***

  ***2421 SW 6th Ave, Fort Lauderdale, FL 33315***

  ***Monday: 8 Am to 8 PM***

  ***Tuesday to Friday: 8AM to 5PM***

***Phone: 954-213-0623***

***Pharmacy: 954-412-7199***

- ***Paul Hughes Health Center (Pompano Beach)***

  ***205 NW 6th Ave, Pompano Beach, FL 33060***

  ***Monday-Tuesday-Thursday & Friday: 8AM to 5 PM***

  ***Wednesday: 9:30AM to 6:30PM***

***Phone: 954-884-3898***

***Pharmacy: 954-412-7199***

# QUESTIONS

# Department of Health

## RYAN WHITE ASSISTANCE PROGRAM (RWAP)


## Ryan White Part B

**Program Manager: Serena R. Cook**
**954-412-7086**

# Ryan White Part B

**Ryan White Part B:** A Federally and State Funded Program that provides support services to People Living with HIV (PLWH) to enhance their life experience while coping with the disease. The program avails those that do not have adequate health care coverage and/or financial resources needed for managing HIV disease or AIDS.

# Ryan White Part B Eligibility

| Service | Documents |
|---|---|
| Part B Eligibility | Photo ID & Social Security Card |
| | Proof of HIV Status |
| | Utility bill, etc. |
| | 3 months of pay stubs, W-2, 1040, or Letter of Support |
| ADAP & Medication Copayment | Insurance ID Card & Benefit Summary (if applicable) |
| | Current Prescriptions |
| | Pharmacy information |
| Home Health & Meals/Nutritional Supplement | Referral Form signed by Case Manager **&** Plan of Care |
| | Current Prescriptions signed by Doctor |

# Services Provided

Ryan White Part B assist clients with the following services:

- Emergency Financial Assistance
- Health Insurance Continuation Program
  - Medication Copayment
- Home and Community-Based Health Services
- Home Delivered Meals
- Medical Nutritional Supplements
- Medical Transportation Services
  - (Bus Passes)
- Substance Abuse Services- Detox & Residential

# Emergency Financial Assistance

- Limited one-time or short-term payments to assist the Part B clients with an emergent need.
- <u>Service Components:</u>
  - ✓Essential Utilities
  - ✓Housing
  - ✓Transportation
  - ✓Medications
  - ✓Food Vouchers

  ***Emergency financial assistance will occur as a direct payment to the agency never to the client.

# Health Insurance Continuation

- Medication Co-Payment: Programs provides monthly co-payments for FDA-approved medications to insured clients who are not eligible for ADAP.
- Service Components:
  - ✓ Client's choose one of the participating pharmacies
  - ✓ Client's pick-up medications monthly (RWPB Approved Formulary)
  - ✓ After applying co-pay cards; pharmacy submits bills to RWPB for clients portion.
  - ✓ RWPB submits invoices for payments within 5-business days

# Health Insurance Continuation Cont'd

- Temporary assistance with insurance premiums, doctor visit co-payments, laboratory co-payments, co-insurances, and deductibles.
- <u>Service Components:</u>
  - ✓Insurance Premiums
  - ✓Laboratory Payments
  - ✓Co-Payments
  - ✓Co-Insurance and Deductibles

# Home and Community-Based Health Services

- Assist homebound clients based on a plan of care strategy by client's Case Manager and Physician.
- Service Components:
  - ✓ Home Health Aide/Personal Care/Homemaker: Assist with daily cleaning and bathing as needed.
  - ✓ Wound Care Nurse: Assist clients with Chronic Ulcer care.
  - ✓ Durable medical equipment: catheters, surgical lube, oxygen tanks/refills, and shower chairs.

# Home Delivered Meals/Food Bank

- Assist homebound clients based on a plan of care by client's Case Manager and Physician.
- <u>Service Components:</u>
  - ✓ Home Delivered Meals: Alternative breakfast, lunch, and dinner.
    - Microwaveable meals are delivered to client, at the physician's request, based on dietary needs.
  - ✓ Nutritional Supplement shakes:
    - Ensure/Generic cases are delivered by Walgreens Pharmacy based on dietary needs; ***however***, client does not have to be homebound.

# Medical Transportation Services

- Ryan White Part B staff issues Bus Passes to Part A case managers for distribution monthly.
- Client Case Manager must provide proof of medical appointments.
- <u>Service Components:</u>
  - ✓ All Day Bus Pass: Client with 6 or fewer medical appointments per month
  - ✓ 31-Day Bus Pass: Clients who exceeds 7 medical appointments per month
  - ✓ Clients with Medicaid are not eligible to participate MTS.

# Substance Abuse Services

- Provides Detoxification and Residential substance abuse treatment services to clients with substance abuse at BARC: Broward Addiction Recovery Center.
- Client's must be Broward County residents and at least 18 years of age.
- Service Components:
  - ✓ Detoxification (Detox): Medically supervised inpatient detoxification 7-days per episode.
  - ✓ Residential Treatment Services (RTS): Residential substance abuse treatment 30-days per episode.
  - ✓ Additional 30-days of RTS can be requested via the RWPB Program Manager

# Ryan White Assistance Program (RWAP)

## QUESTIONS

Ryan White Part B Team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# Announcements

# Disease Case Management Evaluation Survey

- 3-minute required survey
- If you are part of multiple networks, you will complete a separate evaluation for each network
- The data collected will be used to inform future meeting discussion and training topics

# Next Meeting Date:

NOVEMBER 5TH, 2021