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. 1250

AGENDA

I. **Call to Order**
II. **Welcome/Introductions**
III. **Medication Adherence Training**
IV. **Network Meeting Evaluation Results**
V. **Discussion: COVID-19 Vaccine**
VI. **Case Study Assignment**
VII. **Announcements**
VIII. **Adjournment**

Next Meeting Date: August 6th, 2021

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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

May 7, 2021

2:30 – 3:45 PM

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Housekeeping Rules

Mute Microphone	Identify Yourself	Use the Chat Box	Raise Your Hand	Ask Questions
Participants will be automatically muted to limit background noise	State your name and agency when speaking	Type in the chat box to identify yourself and agency, ask questions, and request additional clarification	The "raise hand" option will notify the presenter of any questions that may arise	Please save questions until the end of each slide

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WELCOME & INTRODUCTIONS

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Medication Adherence During COVID-19

Elizabeth Sherman, PharmD, AAHIVP
Faculty, South Florida – Southeast AIDS Education and Training Center
Associate Professor, Nova Southeastern University College of Pharmacy
HIV Pharmacist Faculty, Memorial Healthcare System

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Presentation Outline

1. Importance of antiretroviral therapy (ART) adherence
2. Impact of COVID-19 on HIV service delivery
3. Strategies to improve medication adherence

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Presentation Outline

1. **Importance of antiretroviral therapy (ART) adherence**
2. Impact of COVID-19 on HIV service delivery
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Importance of ART Adherence

- Medication adherence defined as extent to which patients take medications as prescribed by their health care providers[1]
- ART requires lifelong commitment
  - Average ART adherence in US 70%[2]
- Patients taking ART encounter adherence difficulties[3]
  - 10% report missing ≥1 dose on any given day
  - 33% report missing ≥1 dose within past month

1. Osterberg L, Blasche T. N Engl J Med 2005; 353: 487-497. 2. HRSA. Guide for HIV/AIDS Clinical Care, January 2011.
3. Ickovics JR, Meade CS. J Acquir Immune Defic Syndr 2002; 31 Suppl 3:S98-10.

Importance of ART Adherence

- ART adherence correlated with
  - Suppressed HIV viral replication
  - Reduced rates of viral resistance
  - Increases in survival
  - Improved quality of life
  - Reduced HIV transmission to others

- ART works by reducing viral replication to below level of detection
  - Adherence rates near 100% needed for optimal viral suppression

DHHS panel on antiretroviral guidelines for adults and adolescents. Available at http://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/

Factors Associated with Poor Adherence

- Neurocognitive impairment
- Depression and other mental illness
- Active substance abuse
- Low health literacy
- Low levels of social support
- Stressful life events
- Homelessness
- Poverty
- Busy or unstructured daily routines
- Nondisclosure of HIV serostatus
- Denial; stigma
- Inconsistent access to medications due to financial and insurance status

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DHHS panel on antiretroviral guidelines for adults and adolescents. Available at http://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/

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Presentation Outline

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3. Strategies to improve medication adherence

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Delivering HIV Care During COVID: KFF National Ryan White Provider Survey

- Changes to services
  - Telehealth virtual appointments (99%)
  - Multi-month ART prescriptions (89%)
  - Onsite COVID-19 testing (70%)
- Changes to patient population
  - Increase in uninsured clients, private coverage loss, increase in Medicaid (40%)
- Impact on clients
  - Stress and uncertainty -- declines in mental health (57%), job loss (55%), decreased access to support services (33%)
- Operating challenges
  - Staff layoffs (27%), reduced staff hours (27%), low staff morale (74%)
  - Difficulty connecting w/ service partners (37%), increased costs (41%)
  - Inadequate clinic space for social distancing (32%)

https://www.kff.org/hivaids/issue-brief/delivering-hiv-care-prevention-in-the-covid-era-a-national-survey-of-ryan-white-providers/

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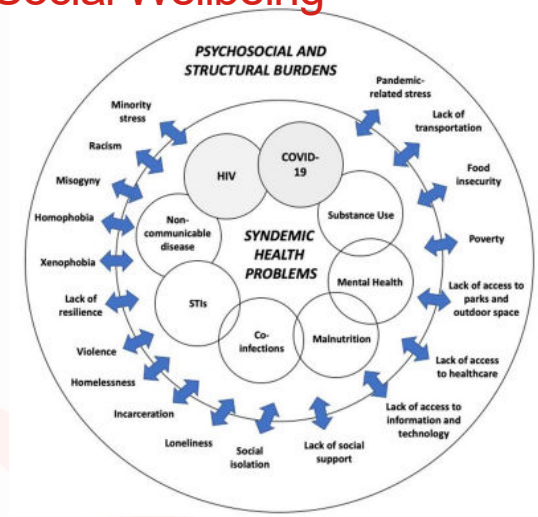
The HIV and COVID-19 Syndemic: Physical, Emotional, and Social Wellbeing



- Mental health
- Substance abuse
- Poverty
- Loneliness
- Medical mistrust
- Food insecurity
- Housing insecurity
- Racism, homophobia

…from COVID-19 public health response all likely to affect PWH disproportionately

Shiau S, et al. AIDS Behav, 2020 Apr 18;1-6.

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Presentation Outline

1. Importance of antiretroviral therapy (ART) adherence
2. Impact of COVID-19 on HIV service delivery
3. **Strategies to improve medication adherence**
   a. **Patient education**
   b. **Counsel and manage side effects**
   c. **Encourage routine care**
   d. **Social support network**
   e. **Medication scheduling reminders**
   f. **Simplified regimens**

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Adherence Interventions: Patient Education

- Importance of adherence
- Need to take ARVs exactly as prescribed
- Missing single dose on rare occasion usually will not result in regimen failure
- Frequently skipping doses may make regimen ineffective and HIV may develop resistance to ARVs
- Notify clinic of missed doses
- Medication adverse effects

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Adherence Interventions: Counsel and Manage Side Effects

- Patients experiencing medication adverse effects more likely to skip doses
- Prior to regimen initiation counsel on possible adverse effects and when most likely to occur
  - NIH HIV/AIDS Drug Database [https://clinicalinfo.hiv.gov/en/drugs]
- Initiate calls between clinic visits to address possible adverse effects
  - Notify prescriber to address possible concerns, encourage patients to seek attention if needed

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Adherence Interventions: Encourage Routine Care

- Reminders of clinic appointments
  - Prompt contact if appointment missed
- Clinic environment that helps patients feel comfortable
  - Positive interface with clinic
  - Friendly greeting from staff
  - Shortened waiting time
  - Signs in languages other than English
- Broad scope of services
- Telephone follow-up to supplement appointments

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Adherence Interventions: Social Support Network

- Link patients to counseling to overcome stigma, substance use, or depression
- Network of friends or family members to encourage/assist patient in medication adherence
- Local peer support

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Adherence Interventions: Medication Scheduling Reminders

- Reminder devices
  - Watch/cell phone alarm, mobile apps, text messaging, calendars
- Pillbox organizers
  - Organizes meds and verifies dose taken
- Scheduling
  - Tie dosing to established daily routine
- Privacy
  - Make plans for taking medication in a private area

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Adherence Interventions: Simplified Regimens

- Change ART to simplify dosing or reduce side effects
- Use of co-formulated ARV agents and once-daily dosing can reduce pill burden and simplify dosing schedules
  - Single tablet regimens (STRs)
- Simplified treatment regimens
  - Effective
  - Favored by patients and providers
  - Associated with better adherence

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Single Tablet Regimens (STRs)

Year of FDA Approval	Brand Name	Generic Name	Antiretroviral Drug Classes
2006	Atripla	Efavirenz/tenofovir DF/emtricitabine	NNRTI + dual NRTI
2011	Complera	Rilpivirine/tenofovir DF/emtricitabine	NNRTI + dual NRTI
2012	Stribild	Elvitegravir/cobicistat/tenofovir DF/emtricitabine	INSTI + booster + dual NRTI
2014	Triumeq	Dolutegravir/abacavir/lamivudine	INSTI + dual NRTI
2015	Genvoya	Elvitegravir/cobicistat/tenofovir AF/emtricitabine	INSTI + booster + dual NRTI
2016	Odefsey	Rilpivirine/tenofovir AF/emtricitabine	NNRTI + dual NRTI
2017	Juluca	Dolutegravir/rilpivirine	INSTI + NNRTI
2018	Biktarvy	Bictegravir/tenofovir AF/emtricitabine	INSTI + dual NRTI
2018	Symtuza	Darunavir/cobicistat/tenofovir AF/emtricitabine	PI + booster + dual NRTI
2018	Delstrigo	Doravirine/tenofovir DF/emtricitabine	NNRTI + dual NRTI
2019	Dovato	Dolutegravir/lamivudine	INSTI + NRTI

Key: DF = disoproxil fumarate; AF = alafenamide; NNRTI = non-nucleoside reverse transcriptase inhibitor; NRTI = nucelos(t)ide reverse transcriptase inhibitor; INSTI = integrase strand transfer inhibitor; PI = protease inhibitor

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Food Considerations with STRs

Single Tablet Regimen	Food Considerations
Atripla	Empty stomach
Biktarvy	With or without food
Complera	With a full meal (not a protein drink)
Delstrigo	With or without food
Dovato	With or without food
Genvoya	With food
Juluca	With a full meal (not a protein drink)
Odefsey	With a full meal (not a protein drink)
Stribild	With food
Symtuza	With food
Triumeq	With or without food

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What exactly does empty stomach, with food, or with a full meal mean?

- Empty stomach: 1 hour before a meal or 2 hours after a meal
- With food: Within 2 hours after eating
- With a full meal: At least 400 calories

Full meal of at least 400 calories (good examples and bad examples):

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Summary

- ART adherence ensures regimen success and is a significant determinant of survival
- Public health responses to COVID-19 are critical to prevent/contain spread of coronavirus
  - May hinder access to ART and reduce likelihood of adherence
- Implement adherence interventions that are situation-specific and tailored to the patient

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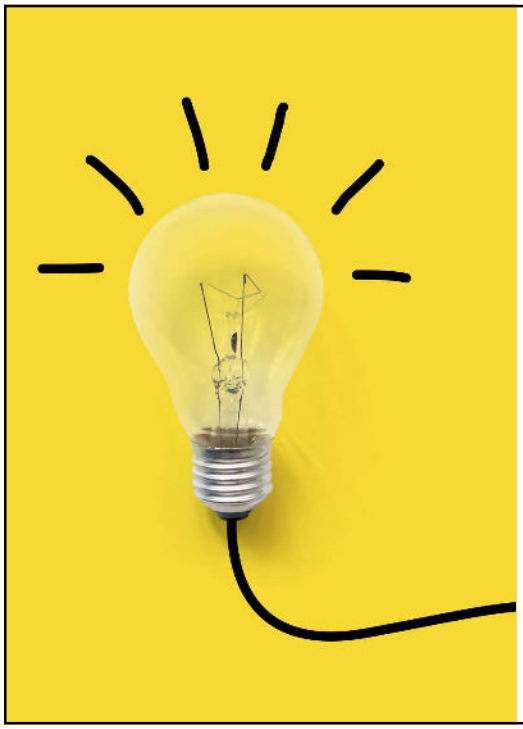

NETWORK MEETING EVALUATION RESULTS

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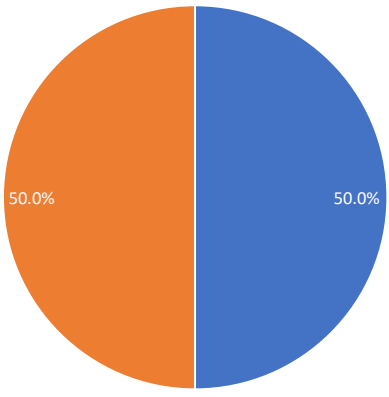
1. The meeting agenda consisted of topics that were informational, constructive, and beneficial to deliver Ryan White Part A services.



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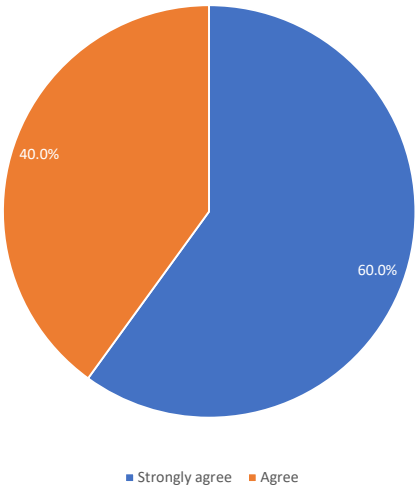
2. The meeting discussions were on-topic, constructive, and valuable.



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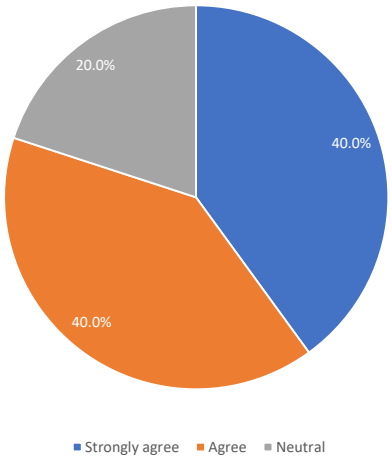
3. The meeting materials were well organized, visually appealing, and easy to follow.



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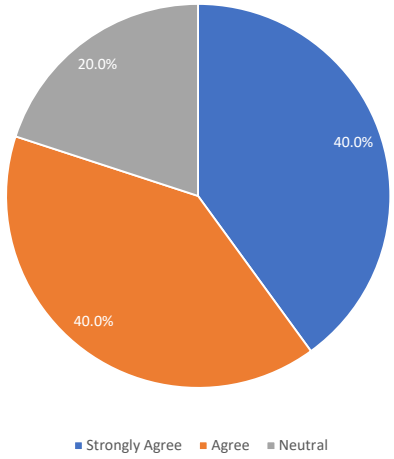
4. I was able to utilize WebEx meeting platform to effectively participate in this meeting.



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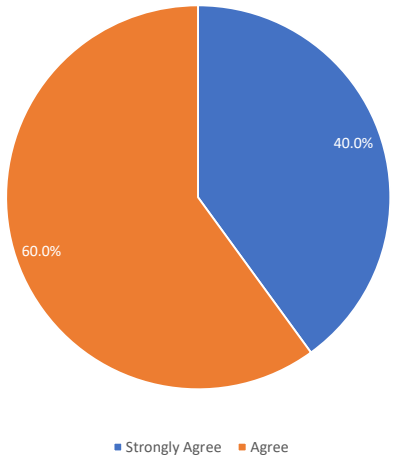
5. This meeting made progress towards improving the quality of care received by Ryan White Part A clients in the Broward EMA.



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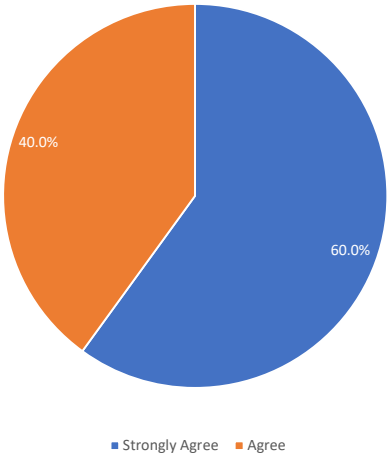
6. The meeting promoted an environment that encourage networking among participants.



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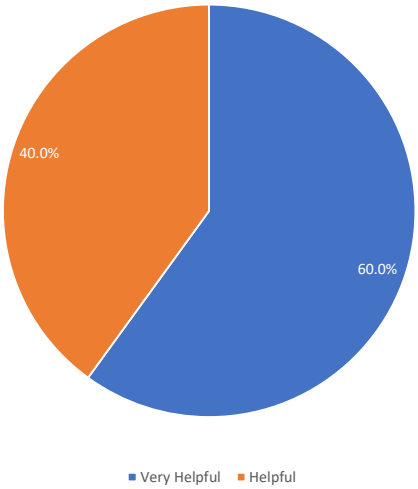
7. Overall, I consider this meeting to be:



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8. PLEASE LIST A MINIMUM OF TWO DISCUSSION OR TRAINING TOPICS FOR FUTURE NETWORK MEETINGS:

"DCM assessment."

"Use of PE reporting to assist DCM; ways to effectively host/create a multidisciplinary case staffing."

"More on the new acuity tool as we begin to use it."

"Uniform DCM document forms; retaining patients and patient medical treatment adherence during COVID-19."

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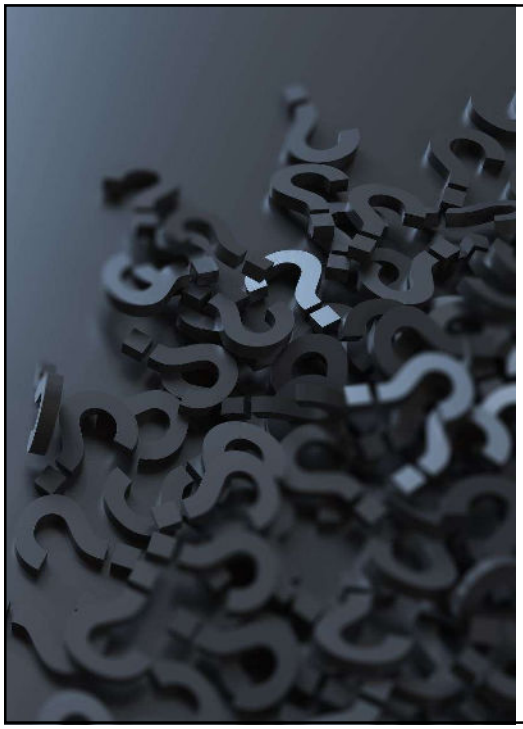

ADDITIONAL RECOMMENDATIONS?

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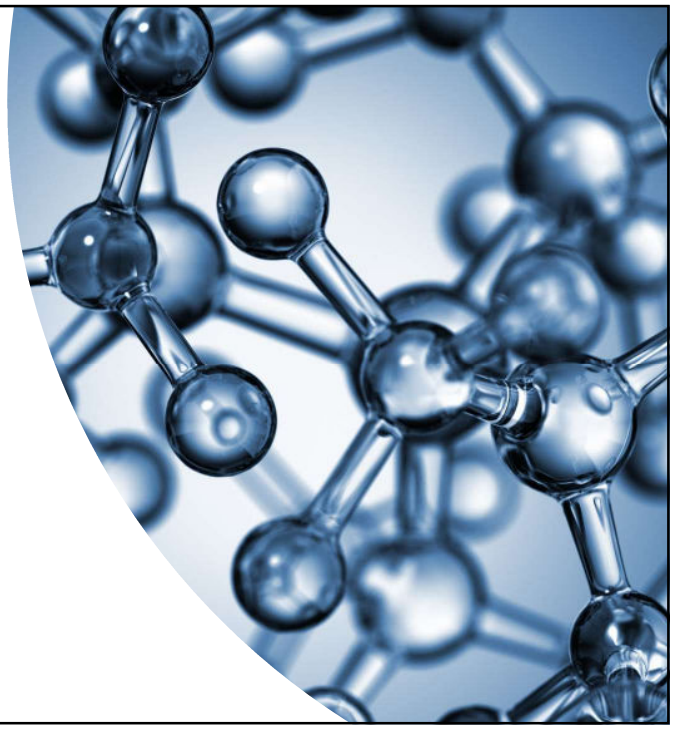
DISCUSSION: COVID-19 VACCINE



Confidence

Hesitancy

Challenges

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CASE STUDY ASSIGNMENT

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GET CARE
BROWARD
TREAT HIV BEAT HIV
RYAN WHITE PART A

HUMAN SERVICES DEPARTMENT
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Case Study

Viral Load:	
History of Viral Load	
Mode of Transportation:	
Housing Status:	
Insurance Status:	
Length of Time in Care:	
Other Medical Conditions:	
Support System (Family, Friends, etc.):	
Other Barriers to Care:	

Client History:

Client Issues:

- Each agency is required to present a case study
- Two volunteers are needed for the next network meeting

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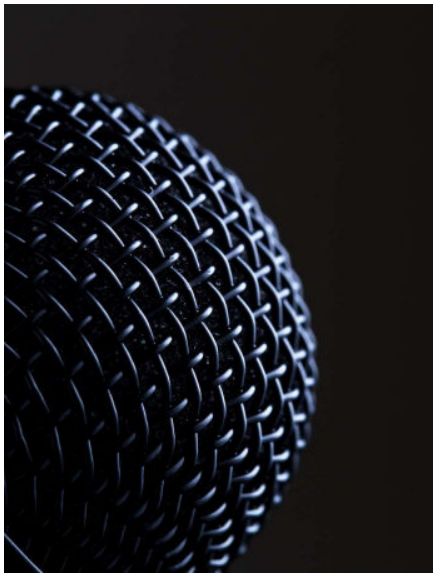
ANNOUNCEMENTS



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PE TRAINING OPPORTUNITIES

Ryan White Part A Provide Enterprise Training Schedule (May 17 – 21, 2021)		
Date	**Time**	**Session Type**
Monday, May 17	12:00 p.m. to 2:00 p.m.	Basic Navigation
Monday, May 17	3:00 p.m. to 5:00 p.m.	Case Management Training
Tuesday, May 18	3:00 p.m. to 5:00 p.m.	Mental Health/Substance Abuse Training
Wednesday, May 19	11:00 a.m. to 12:30 p.m.	Food Bank/Food Voucher Training
Wednesday, May 19	1:00 p.m. to 2:30 p.m.	Ambulatory Outpatient Medical Care – Reviewing Import Files and Checking Eligibility
Wednesday, May 19	3:00 p.m. to 5:00 p.m.	EHE Module Training *(EHE funded providers only)*
Thursday, May 20	11:00 a.m. to 1:00 p.m.	Disease Case Management Training
Thursday, May 20	3:00 p.m. to 4:30 p.m.	Outcomes Report Discussion
Friday, May 21	11:00 a.m. to 01:00 p.m.	Billing and Invoicing

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NEXT MEETING DATE:

August 6th, 2021

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