Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / www.BRHPC.org

MEETING AGENDA

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, April 15, 2015, 12:30 p.m.
Location: Governmental Center Annex Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 4/15/15 Agenda and 3/18/15 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS:**
   a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)
4. **UNFINISHED BUSINESS:**
5. **MEETING ACTIVITIES**

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA Scorecards (WP Item 1.2) (Handouts A-1-A-6)	ACTION ITEM: Review PSRA scorecards. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.

6. **SUBCOMMITTEE REPORTS**
   a. ad-Hoc Local Pharmacy Advisory Committee (LPAC) (Handout B)
      ACTION ITEM: Review recommendations for the Part A Formulary.
   b. ad-Hoc Food Services Eligibility Committee
      ACTION ITEM: Review eligibility model recommendations.
7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT** (Please sign up on the Public Comment Sheet)
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING:** May 20, 2015,12:30 p.m. **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA Data & Scorecards (WP Item 1.2)	ACTION ITEM: Review relevant data to the PSRA process, including data on other funders, CEC priority rankings, and scorecards. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.
How Best to Meet the Need (WP Item 1.3)	ACTION ITEM: Review language for directives to Grantee on How Best to Meet the Need.
PSRA Data Review Presentation	ACTION ITEM: Receive PSRA data review presentation from HIVPC Staff.
Priority Ranking (WP Item 1.5)	ACTION ITEM: Priority rank Part A & MAI service categories.

10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE PRINCIPLES IDEAS OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

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MEETING MINUTES

Committee: Priority Setting & Resource Allocation (PSRA)
Date/Time: Wednesday, March 18, 2015, 12:30 p.m. **Location:** Governmental Center Annex Room A-337
Chair: Carla Taylor-Bennett **Vice Chair:** Rick Siclari

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Guests**
1	DeSantis, M.	**X***			Lewis, L.
2	Gammell, B.	**X**			Runkle, D.
3	Grant, C.	**X**			
4	Hayes, M.	**X**			**Grantee Staff**
5	Katz, H. B.	**X**			Copa, R.
6	Reed, Y.	**X**			Degraffenreidt, S.
7	Schickowski, K.	**X**			Green, W.E.
8	Proulx, D.	**X**			Jones, L.
9	Siclari, R., *Vice Chair*	**X**			
10	Taylor-Bennett, C., *Chair*	**X**			**HIVPC Staff**
					Bente, A.
					Johnson, B.
	Quorum = 6	**10**			*on phone

1. CALL TO ORDER:

The Chair called the meeting to order at 12:44 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, guests, Grantee staff and HIVPC staff self-introductions were made.

2. APPROVALS:

Motion #1: To approve today's meeting agenda.
Proposed by: Hayes, M. **Seconded by:** Katz, H.B
Action: Passed Unanimously

Motion #2: To approve meeting minutes of 2/18/15.
Proposed by: Reed, Y. **Seconded by:** Grant, C.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS:

a. Monthly Expenditure/Utilization Report by Category of Service (WP Item 2.1)

Grantee staff explained the monthly utilization report explaining the end of the fiscal year. He explained the contacted, expended, and unexpended amounts, average monthly expenditures, and FY 2014-2015 projected expenditure amounts for each funded service category. He noted that final invoices have not been received by the Grantee. He explained the average HICP premium cost which is $352.47, average annual premium cost, $4,229.67, the premium monthly range $140-$771, average FPL 290%, average age 48, average age range, 25-64, and recommended annual HICP allowable amount is $6,500. There was a recommendation from the Grantee to increase the annual HICP allocation from $4,500 to $6,500. The following motion was made:

Motion #3: To increase the annual HICP allocation from $4,500 to $6,500
Proposed by: Proulx, D. **Seconded by:** Grant, C.
Action: Passed Unanimously

4. UNFINISHED BUSINESS:

a. Work Plan and Policies & Procedures (WP Item 5.3) (Handouts A-1 & A-2)
The committee reviewed the committee work plan and policies and procedures. No changes were made.

5. MEETING ACTIVITIES / NEW BUSINESS

a. Develop PSRA Timeline (WP Item 1.1) (Handout B)
The committee reviewed the PSRA timeline. A member suggested that the PSRA Data Review presentation take place in May, when rankings occur.

b. Review PSRA Data & Scorecards (WP Item 1.2) (Handouts C-1-C-5)
HIVPC Staff gave an overview of the PSRA data review of epidemiology. HIVPC staff explained why epidemiology is important, how it is utilized in the PSRA process, how it is used in the grant, and the difference between incidence and prevalence. HIVPC staff also reviewed Broward County HIV/AIDS incidence and prevalence data.

HIVPC staff explained the Broward County HIV and AIDS epidemiology report from the Florida Department of Health. HIVPC staff explained HIV/AIDS infection cases and rates by gender, race/ethnicity, and exposure categories. She also explained adult HIV and AIDS infection case rates by sex, race/ethnicity, and factors affecting disparities. A member asked if someone was an injection drug user (IDU) and heterosexual, which risk category would that person fall into. Another member answered by stating that IDU and heterosexual was not a significant risk category then a heterosexual IDU would fall into the IDU category.

HIVPC staff explained HIV and AIDS cases by zip code. A member asked that future presentations include testing sites where those test HIV-positive are located. HIVPC staff also explained annual prevalence of adults living with HIV disease, top priority populations, and death rates. The Chair asked for data regarding causes of death among people with HIV/AIDS.

The committee reviewed the scorecards and a committee member asked that colors be changed to better differentiate between categories, and that whole numbers be spelled out on the narrative. HIVPC staff explained the legal services, CIED, and pharmacy service category scorecards. The FY 2014-2015 scorecards now include clients that are not virally suppressed and not retained in care. The Grantee asked how long clients utilize legal services. A member stated that some cases can take up two to three years depending on complexity. The Grantee asked for the number of CIED staff members and locations from 2010 through 2015. The committee asked for the total number of clients served and not in care for each service category. The Grantee asked for the total number of unduplicated CIED (as clients are seen bi-annually) clients and total numbers of referrals made. HIVPC staff explained that the top ten prescriptions utilized included chronic diseases such as diabetes and high blood pressure. There was committee discussion regarding when clients fall out of care it is difficult to identify if the client fell out of care or moved onto to other systems of care. A members asked that each payor source be discussed on the pharmacy scorecard.

6. SUBCOMMITTEE REPORTS

a. ad-Hoc Local Pharmacy Advisory Committee (LPAC) (Handout D)
The ad-Hoc LPAC Chair explained that there were four medications reviewed at the last LPAC meeting. Two antiretroviral medications (ARVs) were reviewed and not added as they are not yet on the Florida AIDS Drug Assistance Program (ADAP) formulary. ARVs approved by ADAP are automatically added to the Part A formulary. The committee reviewed Keppra, an anti-seizure medication that is currently on Tier 3 of the formulary. The committee decided to until further review was completed regarding this medication before moving it onto a different tier. The committee also reviewed Januvia, a diabetes medication to be added to the formulary. The ad-Hoc LPAC Chair explained the committee decided to add the medication to Tier 3 of the formulary as is offers a patient-assistance program (PAP) and there is no other diabetes medication on Tier 3. The following motion was made:

Motion #4: To add Januvia to Tier 3 of the Part A formulary **Proposed by:** Proulx, D. **Seconded by:** Hayes, M. **Action:** Passed Unanimously

b. ad-Hoc Food Services Eligibility Committee

The Chair explained that there was a request from the ad-Hoc Food Services Eligibility Chair to make a presentation at the March HIVPC meeting. The Chair believed the committee is not ready to make a presentation as an eligibility model has not been created. There was discussion regarding the impact of the new model. A member asked for the goal of this committee. The Grantee stated that the goal is to discontinue pre-bulk purchases. A member stated that with the implementation of the Affordable Care Act (ACA) and Part A saving money, support services funding should be increased. The Grantee stated that the effects of the ACA have not yet been felt by Part A as ACA implementation is new. A member stated that expenditures must be reduced for this service category. The Chair stated that there needs to be measurable health outcomes for clients utilizing this service category. There was discussion regarding if every service category measure health outcomes. The Grantee noted that several but not all service categories measure health outcomes. The Chair stated that the ad-Hoc Food Services Eligibility Chair has a clear idea how to steer this committee and new model will be executed. A member stated that the needs of clients that desperately need one box of food a month should not be discounted. The Chair stated that the presentation will be pulled from the March HIVPC agenda.

7. GRANTEE REPORT

None.

8. PUBLIC COMMENT

None.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: April 15, 2015 **Venue:** A-337

Goal/Work Plan Objective #:	*Accomplishments*
Review PSRA Data & Scorecards (WP Item 1.2)	ACTION ITEM: Review relevant data to the PSRA process. Determine how the data relates to the PSRA process and how it can be used in the FY16-17 PSRA process.

10. ANNOUNCEMENTS

None.

11. ADJOURNMENT

The meeting was adjourned at 3:30 p.m.

Priority Setting Resource Allocation Committee Attendance CY 2015

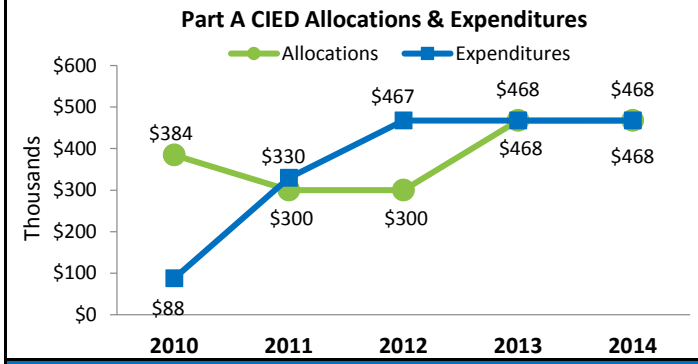
Count	Meeting Month:	Jan	Feb	Mar
	Meeting Date:	21	18	18
1	DeSantis, M.	X	X	X
2	Gammell, B.	X	X	X
3	Grant, C.	X	X	X
4	Hayes, M.	X	X	X
5	Katz, H.B.	X	X	X
6	Proulx, D.	X	X	X
7	Reed, Y.	X	E	X
8	Schickowski, K.	X	X	X
9	Siclari, R., *Vice Chair*	X	X	X
10	Taylor-Bennett, C., *Chair*	X	X	X
	Quorum = 6	10	9	10

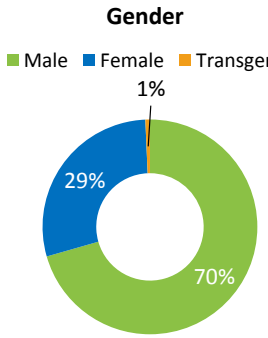
Handout A-1

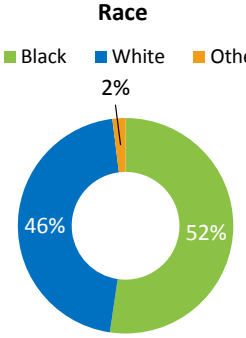
FY 2014-15 Scorecard: Part A and MAI Centralized Intake and Eligibility Determination (CIED)

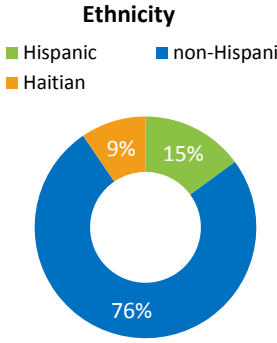
ELIGIBILITY: HIV+, Broward Resident

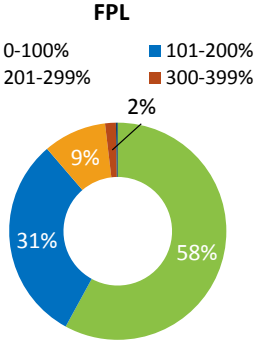
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$467,513	$290,957	**$758,470**	$467,500	$290,946	**$758,446**	0.00%	**$16,012,762**	**4.7%**	**1**
2013	$467,513	$290,957	$758,470	$467,513	$290,946	$758,459	0.01%	$15,366,650	4.9%	1
2012	$300,000	$290,957	$590,957	$467,438	$290,943	$758,381	22.2%	$15,423,413	4.9%	2
2011	$300,000	$290,957	$590,957	$329,542	$290,957	$620,499	136.7%	$15,006,261	4.1%	5
2010	$384,043	$290,957	$675,000	$87,765	$174,354	$262,119	N/A	$15,395,252	1.7%	2











FY 14-15 CIED Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	7,665	**9.20%**	1,384	**18.1%**
2013	6,960		1,225	17.6%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	1	1

FPL*	#	%
0-100%	4,443	63.8%
101-200%	2,357	33.9%
201-299%	721	10.4%
300-399%	123	1.8%
400% & over	21	0.3%

Insurance	#	%
Private	996	13.0%
Medicare	1,675	21.9%
Medicaid	1,084	14.1%
Other Public	40	0.5%
None	3,760	49.1%

	2010		2011		2012		2013		2014	
Gender	#	%	#	%	#	%	#	%	#	%
Male	4,983	70.0%	4,918	70.0%	4,635	69.9%	4,906	70.6%	5,436	70.9%
Female	2,110	29.7%	2,076	29.6%	1,962	29.6%	1,999	28.8%	2,179	28.4%
Transgender	23	0.3%	28	0.4%	32	0.5%	48	0.7%	50	0.7%
Race	#	%	#	%	#	%	#	%	#	%
Black	3,733	52.5%	3,656	52.1%	3,520	53.1%	3,639	52.3%	3,997	52.1%
White	3,169	44.5%	3,117	44.4%	3,028	45.7%	3,177	45.7%	3,486	45.5%
Other	214	3.0%	249	3.5%	82	1.2%	137	2.0%	182	2.4%
Ethnicity	#	%	#	%	#	%	#	%	#	%
Hispanic	997	14.0%	1,014	14.4%	1,034	15.6%	1,140	16.4%	1,257	16.4%
non-Hispanic							5,758	82.8%	6,320	82.5%
Haitian	651	9.1%	696	9.9%	687	10.4%	725	10.4%	754	9.8%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A/MAI Centralized Intake and Eligibility Determination (CIED)

ELIGIBILITY: HIV+, Broward Resident

FY 14-15 CIED Referrals

	2013			2014		
	Part A	Other	Total	Part A	Other	Total
Medical	279		279	133		133
Pharmaceutical	251		251	137		137
Oral Health	880		880	612	56	668
MCM	750		750	421	4	425
Mental Health	109		109	28	1	29
Substance Abuse	15		15	7		7
Food Bank	553	10	563	699	2	701
Legal Assistance	774	2	776	931		931
Outreach	25		25		2	2
AICP	74		74		41	41
Med. Copay		28	28		4	4
Transportation		14	14		3	3
Housing		152	152		109	109
Health Insurance			0	316		316
Other Services		25	25		56	56
Total*	**3,710**	**231**	**3,941**	**3,284**	**278**	**3,562**

2013

	Enrolled	Applied	Approved
Medicaid	2,551	124	2
Medicare	1,642		
Private Ins.			
Food Stamps	3,405	104	34
Cash Assist.		1	
Total*	**7,598**	**229**	**36**

2014

	Enrolled	Applied	Approved
Medicaid	2,006	4	
Medicare	1,451		
Private Ins.	940		
Food Stamps	3,376	126	13
Cash Assist.	3	5	3
Total*	**7,776**	**135**	**16**

*Totals are not unduplicated

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	1,077	15.6%
Gender	#	%
Male	684	13.9%
Female	377	19.6%
Transgender*	16	33.3%
Age	#	%
18-28	159	31.5%
29-38	237	23.9%
39-48	268	16.1%
49-58	313	12.1%
59+	100	8.8%
Living Arrangements	#	%
Permanent	757	14.4%
Non-Permanent	311	19.7%
Institution*	8	18.2%

Race/Ethnicity	#	%
Black non-Hispanic Male	361	17.8%
Black non-Hispanic Female	323	20.9%
Total Black non-Hispanic	**684**	**19.20%**
White non-Hispanic Male	227	12.3%
White non-Hispanic Female	29	15.5%
Total White non-Hispanic	**256**	**12.50%**
Hispanic Male	92	9.4%
Hispanic Female	24	13.6%
Total Hispanic	**116**	**10.0%**
Haitian	92	12.7%
Non-Haitain	984	16.0%
Educational Level	#	%
<8th Grade	69	16.5%
8-12th Grade	699	17.0%
College	309	13.1%

Risk Factor	#	%
MSM	452	13.9%
Black MSM	172	21.5%
White MSM	275	11.5%
Hispanic MSM	33	10.0%
	#	%
Heterosexual	544	16.6%
Black Hetero	479	17.9%
White Hetero	64	11.0%
Hispanic Hetero	70	10.3%
	#	%
Hemophilia*	5	22.7%
IDU	16	12.2%
MSM/IDU*	5	13.5%
Perinatal*	34	45.9%
Transfusion*	3	12.0%

*Small population group (N<75 in program year)

FY 2014-2015 CIED Service Category

Overview of Service Category

The Centralized Intake and Eligibility Determination (CIED) service is the key entry point into the Part A system. CIED determines eligibility for Part A and MAI services, identifies health insurers, identifies other community resources, and provides information and referral to clients for needed services. One service provider administers CIED services, although CIED staff is out-posted at 11 additional provider sites throughout Broward. CIED was initially implemented in 2010 for Part A and MAI services. The service expanded in 2013 when the EMA implemented HRSA's requirement to complete eligibility every 6 months. The number of CIED staff increased from 6 in 2010 to 12 in 2014.

Utilization

For fiscal year (FY) 14-15, the Part A CIED program served 7,665 unduplicated clients, approximately a 10% increase from the previous FY. CIED completed 11,825 eligibility determinations, including initial intake and recertification, in FY 14-15.

Allocations & Expenditures

The expenditures for CIED were significantly lower than the allocation for 2010 due to partial implementation of the service. When the HRSA requirement for eligibility redetermination changed to every 6 months in 2011, expenditures increased by 22.2%. The increase in expenditures is likely due to the increase in staff and service utilization. In FY 14-15, CIED was allocated a total of $758,470, which included $467,513 in Part A funds and $290,957 in MAI funds.

Referrals

CIED ensures that appropriate referral services are available to clients. Referrals for food services have increased, which is likely due to eligibility changes for food services in 2013. The Federal Poverty Level (FPL) increased from 150% to 250% in 2013 allowing additional clients to access food services. Referrals for health insurance also increased due to the implementation of the Health Insurance Continuation Program (HICP) in 2014. Medical and pharmacy referrals have decreased, which may be due in part to clients enrolling in private insurance with coverage for medical and pharmacy benefits.

Viral Suppression

Of the 7,665 CIED clients, 15.6% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (19.6%) were more likely not to have a suppressed viral load compared to men (13.9%).

Race/Ethnicity: Black non-Hispanic women were more likely not to have a suppressed viral load (20.9%), compared to white non-Hispanic women (15.5%) and Hispanic women (13.6%). Black non-Hispanic men were more likely not to have a suppressed viral load (17.8%), compared to white non-Hispanic men (12.3%) and Hispanic men (9.4%).

Age: 18-28 year olds made up the smallest proportion of CIED clients (only 7%). This age group was more likely not to be virally suppressed (31.5%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (19.7%) compared to clients with permanent housing (14.4%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (17.0%) followed by clients with less than an 8th grade education (16.5%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (16.6%), followed by clients who identify men who have sex with men (MSM) as a risk factor (13.9%). Black Heterosexual men and women (17.9%) were more likely than Whites (11.0%) and Hispanics (10.3%) not to be virally suppressed. Black MSM (21.5%) were far more likely not to be virally suppressed than both Hispanic (10.0%) and white MSM (11.5%).

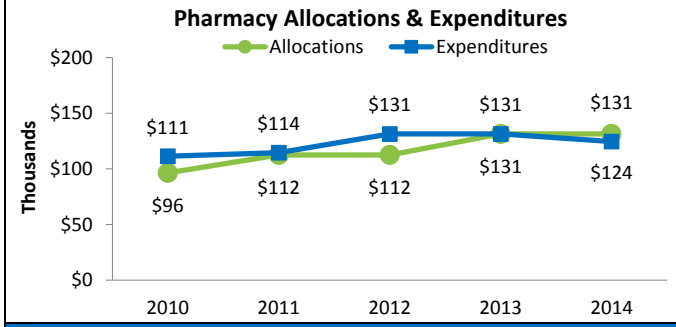
Conclusion

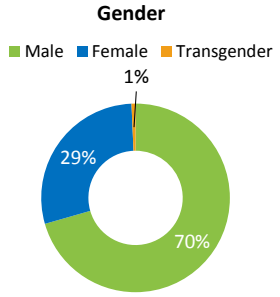
CIED continues to be the single entry point into the Part A system. As navigating the different payers (private insurance, Medicare, Medicaid, Ryan White, and HICP) becomes more difficult, CIED will become more critical in ensuring Ryan White remains the payer of last resort. CIED may require additional dollars to ensure that clients are effectively navigating the system, especially as it relates to assisting with enrollment in Marketplace insurance plans.

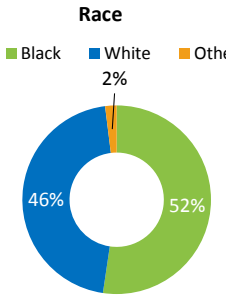
FY 2014-15 Scorecard: Legal Services

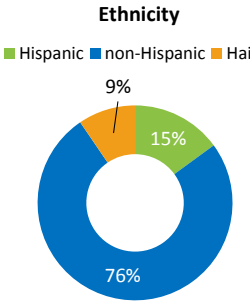
ELIGIBILITY: Proof of Income, </= 300% FPL

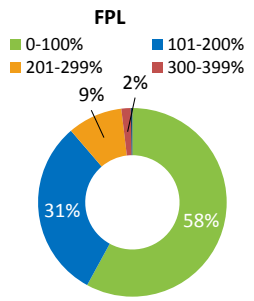
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$131,426	$0	**$131,426**	$124,418	$0	**$124,418**	-5.33%	**$16,012,762**	**0.8%**	**3**
2013	$131,426	$0	$131,426	$131,423	$0	$131,423	0.00%	$15,366,650	0.9%	3
2012	$112,426	$0	$112,426	$131,423	$0	$131,423	14.84%	$15,423,413	0.9%	5
2011	$112,426	$0	$112,426	$114,444	$0	$114,444	2.76%	$15,006,261	0.8%	3
2010	$96,426	$0	$96,426	$111,375	$0	$111,375	N/A	$15,395,252	0.7%	5











FY 14-15 Legal Services Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	210	**12.86%**	107	**51.0%**
2013	183		100	54.6%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	1	0

FPL*	#	%
0-100%	111	52.9%
101-200%	73	34.8%
201-299%	23	11.0%
300-399%	3	1.4%
400% & over	0	0.0%

Insurance	#	%
Private	23	11.0%
Medicare	62	29.5%
Medicaid	33	15.7%
Other Public	3	1.4%
None	89	42.4%

Demographics, cont.		
Gender	#	%
Male	2,206	1050.5%
Female	910	433.3%
Transgender	29	13.8%
Race	#	%
Black	1,735	826.2%
White	1,375	654.8%
Other	34	16.2%
Ethnicity	#	%
Hispanic	607	289.0%
non-Hispanic	2538	1208.6%
Haitian	464	221.0%

Legal Cases^	FY 2013		FY 2014		% Δ FY 2013-14
	#	%	#	%	
Medicaid	14	8.7%	18	6.6%	28.6%
Medicare	3	1.9%	0	0.0%	-100.0%
Food Stamps	11	6.9%	17	6.2%	54.5%
SSDI	5	3.1%	14	5.1%	180.0%
SSI	70	43.8%	105	38.3%	50.0%
Unemployment	8	5.0%	17	6.2%	112.5%
Wills & Estates	30	18.7%	64	23.4%	113.0%
Other	19	11.9%	39	14.2%	105.3%
Total	**160**	**100.0%**	**274**	**100.0%**	

^Cases are only counted if opened or closed during the reporting period

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A Legal Services									ELIGIBILITY: </=400% FPL
FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation									
All Clients	#	%	**Race/Ethnicity**	#	%	**Risk Factor**	#	%	
	23	11.0%	Black non-Hispanic Male*	5	16.7%	MSM	13	11.7%	
Gender	#	%	Black non-Hispanic Female*	5	11.9%	Black MSM*	3	16.7%	
Male	15	10.5%	**Total Black non-Hispanic**	**10**	**13.90%**	White MSM	9	9.8%	
Female*	6	15.4%	White non-Hispanic Male*	6	8.1%	Hispanic MSM	3	15.0%	
Transgender*	2	100.0%	White non-Hispanic Female*	0	0.0%		#	%	
Age	#	%	**Total White non-Hispanic**	**6**	**7.50%**	Heterosexual*	9	15.3%	
18-28*	4	40.0%	Hispanic Male	3	11.5%	Black Hetero*	8	15.4%	
29-38*	2	20.0%	Hispanic Female	1	33.3%	White Hetero*	1	14.3%	
39-48*	5	14.7%	**Total Hispanic**	**4**	**13.8%**	Hispanic Hetero*	1	25.0%	
49-58	10	10.8%	Haitian	0	0.0%		#	%	
59+*	1	2.7%	Non-Haitain*	23	12.9%	Hemophilia*	0	0.0%	
Living Arrangements	#	%	**Educational Level**	#	%	IDU*	0	0.0%	
Permanent	19	12.3%	<8th Grade*	1	16.7%	MSM/IDU*	0	0.0%	
Non-Permanent*	4	13.8%	8-12th Grade	18	17.5%	Perinatal*	1	50.0%	
Institution*	0	0.0%	College	4	5.3%	Transfusion*	0	0.0%	

*Small population group (N<75 in program year)

FY 2014-2015 Legal Service Category

Overview of Service Category

Legal services are provided to persons living with HIV/AIDS (PLWHA) to address legal matters directly necessitated by the individual's HIV status. Service include, but are not limited to, preparation of powers of attorney and living wills; interventions to ensure access to eligible benefits; and permanency planning for an individual or family. Funds may not be used for criminal defense or class-action suits unless related to access to services eligible for funding under the Ryan White HIV/AIDS Program. Legal services are provided by one service provider.

Utilization

For fiscal year (FY) 2014-2015, Part A legal services served 210 clients, approximately a 13% increase from the previous FY. Approximately 50% of clients utilizing legal services in FY 2014 were new. The majority of clients are seeking help for Supplemental Security Income (SSI) disputes and wills and estate planning.

Allocations & Expenditures

The expenditures for legal services increased approximately 18% since 2010, but remained stable over the past several years. In FY 14-15, legal was allocated a total of $131,426 in Part A funds.

Viral Suppression

Of the 210 legal clients, approximately 11% were not virally suppressed. The number of legal clients is a very small population group. It is important to note the small population size when reviewing the differences among subpopulations. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (15.4%) were more likely not to have a suppressed viral load compared to men (10.5%).

Race/Ethnicity: Black non-Hispanic clients (13.9%) and Hispanic clients (13.8%) were more likely not to have a suppressed viral load compared to White clients (7.5%).

Age: The 18-28 age group was more likely not to be virally suppressed (40%) compared to other age categories.

Housing Status: There were no significant differences based on housing status.

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (17.5%) followed by clients with less than an 8th grade education (16.7%).

Risk Factor: There were no significant differences based on risk factor.

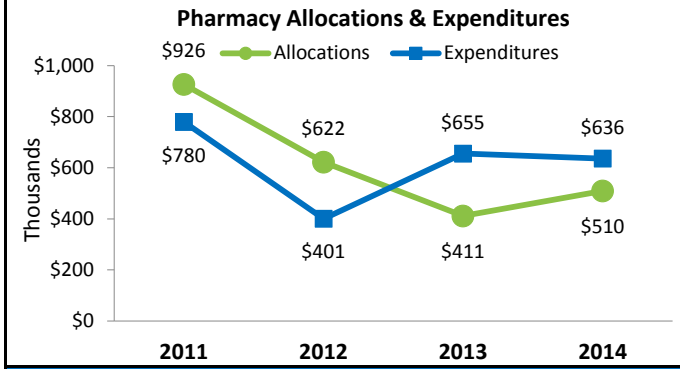
Conclusion

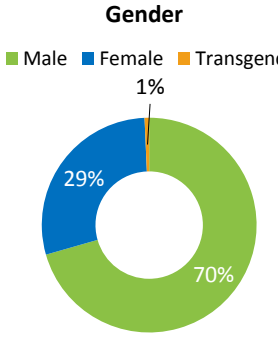
Legal services has remained stable in allocations and expenditures over the past several years, even though client utilization has fluctuated. Large increases in the number of client cases for unemployment, SSI, and SSDI indicates that clients may be experiencing problems finding employment and accessing services when they are not employed. The increase in the number of wills and estate documents may also be representative of the aging HIV positive population in Broward.

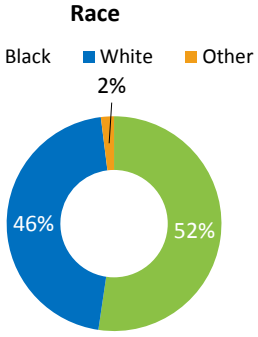
FY 2014-15 Scorecard: Pharmacy

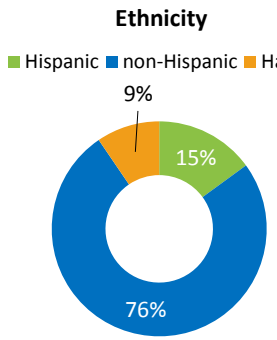
ELIGIBILITY: </=400% FPL

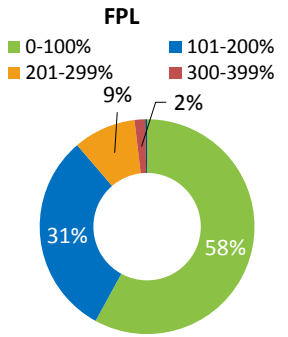
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	**Total**	**% of Total**	
2014	$639,001	$0	**$639,001**	$898,837	$0	**$898,837**	41.3%	**$16,012,762**	**5.6%**	**2**
2013	$509,576	$0	$509,576	$636,175	$0	$636,175	-2.9%	$15,366,650	4.1%	2
2012	$411,109	$0	$411,109	$655,486	$0	$655,486	63.5%	$15,423,413	4.2%	2
2011	$622,385	$0	$622,385	$400,827	$0	$400,827	-48.6%	$15,006,261	2.7%	2
2010	$926,000	$0	$926,000	$780,125	$0	$780,125	N/A	$15,395,252	5.1%	2











FY 14-15 Pharmacy Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	3,145	**1.18%**	687	**21.8%**
2013	3,108		816	26.3%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	3	0

FPL*	#	%
0-100%	1,917	61.0%
101-200%	854	27.2%
201-299%	327	10.4%
300-399%	45	1.4%
400% & over	2	0.1%

Insurance	#	%
Private	276	8.8%
Medicare	65	2.1%
Medicaid	218	6.9%
Other Public	16	0.5%
None	2,570	81.7%

Gender	#	%
Male	2,206	70.1%
Female	910	28.9%
Transgender	29	0.9%

Race	#	%
Black	1,735	55.2%
White	1,375	43.7%
Other	34	1.1%

Ethnicity	#	%
Hispanic	607	19.3%
non-Hispanic	2538	80.7%
Haitian	464	14.8%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Pharmacy

ELIGIBILITY: </=400% FPL

FY 14-15 Top 10 Prescriptions

Top 10 Formulary Dispenses

Name of Rx & Condition Treated	% of Dispenses	% of Clients
1. Lisiniopril	7.7%	19.4%
Treats high blood pressure & heart failure		
2. Therapeutic Multivitamins	7.2%	20.5%
Treats or prevents low levels of vitamins in the body		
3. Hydrochlorothiazide	4.2%	10.8%
Treats fluid retention & high blood pressure		
4. Antioxidant Formula	3.2%	8.6%
Helps protect cells from free radicals		
5. Lansoprazole	3.1%	9.3%
Treats stomach ulcers, gastroesophageal reflux disease, & helps heal damaged esophagi		
6. Atorvastatin Calcium	2.9%	10.7%
Lowers cholesterol		
7. Amlodipine Besylate	2.8%	8.4%
Treats hypertension		
8. Proventil HFA	2.6%	9.5%
Treats or prevents asthma, especially exercise-induced asthma		
9. Trazodone Hydrochloride	2.5%	9.0%
Treats major depressive disorder in adults		
10. Citalopram Hydrobromide	2.4%	7.8%
Treats depression		

Top 10 Formulary Expenditures

Name of Rx & Condition Treated	% of Expenditures	% of Clients
1. Lisinopril	6.4%	19.4%
Treats high blood pressure & heart failure		
2. Combivent Respimat	4.1%	1.1%
Treats chronic obstructive pulmonary disease		
3. Hydrochlorothiazide	3.5%	10.8%
Treats fluid retention & high blood pressure		
4. Lansoprazole	2.9%	9.3%
Treats stomach ulcers, gastroesophageal reflux disease, & helps heal damaged esophagi		
5. Atorvastatin Calcium	2.5%	10.7%
Lowers cholesterol		
6. Nystatin-Triamcinolone	2.3%	3.1%
Treats fungal skin infections		
7. Amlodipine Besylate	2.3%	8.4%
Treats hypertension		
8. Celebrex	2.1%	2.3%
Treats pain, including pain caused by arthritis		
9. Proventil HFA	2.1%	9.5%
Treats or prevents asthma, especially exercise-induced asthma		
10. Blood Glucose Trutrack	2.1%	4.8%
Blood glucose monitoring system		

Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	347	11.1%
Gender	**#**	**%**
Male	225	10.3%
Female	113	12.6%
Transgender*	9	31.0%
Age	**#**	**%**
18-28	41	20.8%
29-38	69	15.0%
39-48	99	11.7%
49-58	114	9.4%
59+	24	6.0%
Living Arrangements	**#**	**%**
Permanent	229	10.0%
Non-Permanent	115	14.0%
Institution*	3	18.8%

Race/Ethnicity	#	%
Black non-Hispanic Male	124	12.9%
Black non-Hispanic Female	95	13.2%
Total Black non-Hispanic	**219**	**13.10%**
White non-Hispanic Male	71	10.1%
White non-Hispanic Female	10	12.7%
Total White non-Hispanic	**81**	**10.30%**
Hispanic Male	28	5.6%
Hispanic Female	7	7.3%
Total Hispanic	**35**	**5.9%**
Haitian	44	9.5%
Non-Haitain	303	11.4%
Educational Level	**#**	**%**
<8th Grade	29	12.3%
8-12th Grade	220	11.7%
College	98	9.7%

Risk Factor	#	%
MSM	137	9.9%
Black MSM	54	15.5%
White MSM	81	8.0%
Hispanic MSM	22	5.6%
	#	%
Heterosexual	187	11.5%
Black Hetero	164	12.3%
White Hetero	23	8.2%
Hispanic Hetero	10	5.5%
	#	%
Hemophilia*	0	0.0%
IDU*	5	10.0%
MSM/IDU*	4	20.0%
Perinatal*	6	33.3%
Transfusion*	2	25.0%

*Small population group (N<75 in program year)

FY 2014-2015 Pharmacy Service Category

Overview of Service Category

The Local AIDS Pharmaceutical Assistance Program (LPAP) is a pharmacy assistance program implemented by Part A. LPAP is a complementary service to the Part B AIDS Drug Assistance Program (ADAP). Most clients receive their antiretroviral medication (ARVs) through ADAP; ARVs are only available through Part A on an emergency basis. Three (3) Part A providers provide pharmacy services.

Utilization

For fiscal year (FY) 2014-2015, the Part A pharmacy program served 3,145 clients, a slight increase from the previous FY. Pharmacy utilization for FY 2014 indicates that clients are seeking care for long-term, chronic conditions, such as diabetes and heart disease. This is expected, as people living with HIV are living longer increasing the likelihood of developing co-morbidities. This has implications for the pharmacy service category, which may see an increase in expenditures as an increasing numbers of clients with chronic conditions need medications filled on a monthly basis.

Allocations & Expenditures

The expenditures for pharmacy have decreased approximately 18% since 2010, which may be due in part to ADAP no longer having a waiting list. In FY 14-15, pharmacy was allocated a total of $639,001 in Part A funds.

Viral Suppression

Of the 3,145 pharmacy clients, approximately 11.1% were not virally suppressed. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (12.6%) were more likely not to have a suppressed viral load compared to men (10.3%).

Race/Ethnicity: Overall, Black non-Hispanic clients were more likely not to have a suppressed viral load (13.1%) compared to White clients (10.3%).

Age: The 18-28 years old age group was more likely not to be virally suppressed (20.8%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (14.0%) compared to clients with permanent housing (10%).

Education Level: Clients with an education level less than an 8th grade education (were most likely not to be virally suppressed (12.3%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (11.5%), followed by clients who identify men who have sex with men (MSM) as a risk factor (9.9%). Black Heterosexual men and women (12.3%) were more likely than Whites (8.2%) and Hispanics (5.5%) not to be virally suppressed. Black MSM (15.5%) were more likely not to be virally suppressed than both Hispanic (5.6%) and white MSM (8.0%).

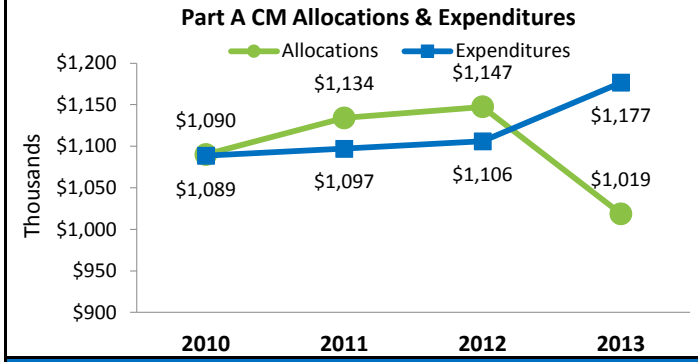
Conclusion

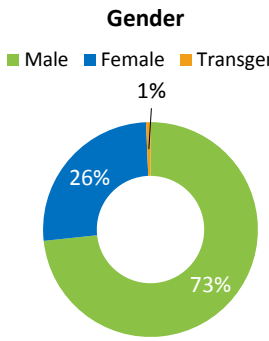
As clients transition into Marketplace insurance plans, utilization and expenditures in the pharmacy program may decrease. This is due to insurance plans covering the costs of medications. The Part A program will only need to pay minimal costs for co-payments, or no cost at all, depending on the medication. However, utilization of medication for chronic conditions may increase, as the population continues to age. The ad-Hoc Local Pharmacy Advisory Committee should continue to monitor utilization and expenditures to identify significant changes.

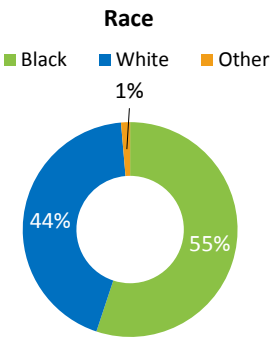
FY 2014-2015 Scorecard: Case Management

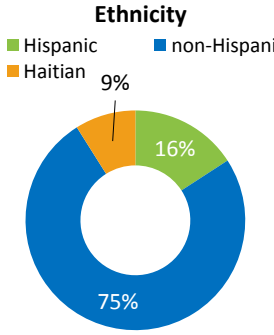
ELIGIBILITY: </= 400% FPL

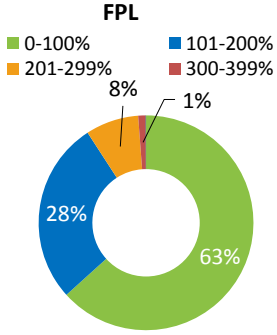
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$1,018,661	$0	**$1,018,661**	$1,176,676	$0	$1,176,676	6.39%	**$16,012,762**	7.3%	**1**
2013	$1,147,448	$0	$1,147,448	$1,105,992	$0	$1,105,992	0.81%	$15,366,650	7.2%	4
2012	$1,134,105	$0	$1,134,105	$1,097,100	$0	$1,097,100	0.8%	$15,423,413	7.1%	5
2011	$1,090,105	$0	$1,090,105	$1,088,560	$0	$1,088,560	-7.3%	$15,006,261	7.3%	3
2010	$1,282,612	$0	$1,282,612	$1,174,211	$0	$1,174,211	N/A	$15,395,252	7.6%	4











FY 14-15 Case Management Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	3,155	**-5.26%**	854	**27.1%**
2013	3,321		875	26.3%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	6	0

FPL*	#	%
0-100%	1,997	60.1%
101-200%	869	26.2%
201-299%	252	7.6%
300-399%	35	1.1%
400% & over	2	0.1%

Insurance	#	%
Private	397	12.6%
Medicare	600	19.0%
Medicaid	431	13.7%
Other Public	21	0.7%
None	1,704	54.0%

Demographics, cont.

Gender	#	%
Male	2,313	73.3%
Female	821	26.0%
Transgender	21	0.7%
Race	**#**	**%**
Black	1,738	55.1%
White	1,374	43.5%
Other	43	1.4%
Ethnicity	**#**	**%**
Hispanic	549	17.4%
non-Hispanic	2,606	82.6%
Haitian	310	9.8%

FY 14-15 Referrals Documented in PE

Referral Type	#	%
Oral Health	118	28.6%
Optometry	54	13.1%
Food Bank	54	13.1%
Nutritional Counseling	36	8.7%
Outreach	27	6.5%
Mental Health	27	6.5%
Legal	20	4.8%
Housing Assistance	18	4.4%
Opthomology	14	3.4%
Other	13	3.1%
Medical	9	2.2%

Referral Type	#	%
CIED	6	1.5%
Substance Abuse	4	1.0%
Pharmacy	4	1.0%
Medical Case Management	3	0.7%
Employment Assistance	1	0.2%
Life Skills	1	0.2%
Treatment Adherence	1	0.2%
Transportation	1	0.2%
Health Insurance	1	0.2%
Psychosocial Support	1	0.2%
Total	413	

* FPL is current for the end of the FY

FY 2014-2015 Scorecard: Case Management

ELIGIBILITY: </= 400% FPL

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	450	14.6%
Gender	#	%
Male	322	14.2%
Female	120	15.0%
Transgender*	8	38.1%
Age	#	%
18-28	45	23.9%
29-38	90	20.8%
39-48	126	16.4%
49-58	147	12.5%
59+	42	8.0%
Living Arrangements	#	%
Permanent	288	13.1%
Non-Permanent	155	17.9%
Institution*	7	25.9%

Race/Ethnicity	#	%
Black non-Hispanic Male	169	16.5%
Black non-Hispanic Female	99	15.8%
Total Black non-Hispanic	**268**	**16.20%**
White non-Hispanic Male	108	14.2%
White non-Hispanic Female	11	12.8%
Total White non-Hispanic	**119**	**14.10%**
Hispanic Male	41	9.1%
Hispanic Female	9	10.5%
Total Hispanic	**50**	**9.3%**
Haitian	24	7.8%
Non-Haitain	426	15.3%
Educational Level	#	%
<8th Grade	27	13.0%
8-12th Grade	296	15.6%
College	127	12.9%

Risk Factor	#	%
MSM	214	15.0%
Black MSM	83	21.1%
White MSM	126	12.6%
Hispanic MSM	33	9.5%
	#	%
Heterosexual	204	13.5%
Black Hetero	176	14.3%
White Hetero	27	9.8%
Hispanic Hetero	16	9.6%
	#	%
Hemophilia*	2	18.2%
IDU*	11	15.5%
MSM/IDU*	1	5.0%
Perinatal*	5	41.7%
Transfusion*	3	20.0%

*Small population group (N<75 in program year)

FY 2014-2015 Case Management Service Category

Overview of Service Category

Case Management (CM) includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Case Managers are major mechanisms to enhance engagement, retention, and adherence in OAMC by assisting clients to identify and address unmet need and barriers, coordinate care, and increase retention. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. Services are available from six (6) CM and support service sites throughout Broward.

Utilization

For fiscal year (FY) 14-15, the Part A CM program served 3,155 clients, approximately a 5.26% decrease from the previous FY. Approximately 27.1% of clients utilizing case management services in FY 2014 were new. By facilitating the transition of eligible Ryan White clients into health insurance plans, the Part A Program can be less financially burdened and more funding can be allocated towards additional services with the ultimate goal of improving health outcomes throughout the EMA.

Allocations & Expenditures

The expenditures for case management services increased approximately .21% since 2010, but experienced a more significant increase from FY 2013 to FY 2014 at 6.39%. In FY 14-15, case management was allocated a total of $1,018,661 in Part A funds.

Referrals

Case Managers provide appropriate referral services to clients based on their individual needs. Oral Health (28.6%), Optometry (13.1%) and Food Bank (13.1%) were amongst the top CM referrals in FY 2014.

Viral Suppression

Of the 3,155 CM clients, 14.6% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (15.0%) were more likely not to have a suppressed viral load compared to men (14.2%).

Race/Ethnicity: Black non-Hispanic women were more likely not to have a suppressed viral load (15.8%), compared to white non-Hispanic women (12.8%) and Hispanic women (10.5%). Black non-Hispanic men were more likely not to have a suppressed viral load (16.5%), compared to white non-Hispanic men (14.2%) and Hispanic men (9.1%).

Age: 18-28 year olds made up the smallest proportion of CM clients (only 1%). This age group was more likely not to be virally suppressed (23.9%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (17.9%) compared to clients with permanent housing (13.1%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (15.6%) followed by clients with less than an 8th grade education (13.0%).

Risk Factor: Clients who identified men who have sex with men (MSM) as a risk factor were most likely not to be virally suppressed (15.0%), followed by clients who identify heterosexual sexual contact as a risk factor (13.5%). Black Heterosexual men and women (14.3%) were more likely than Whites (9.8%) and Hispanics (9.6%) not to be virally suppressed. Black MSM (21.1%) were far more likely not to be virally suppressed than both White (12.6%) and Hispanic MSM (9.5%).

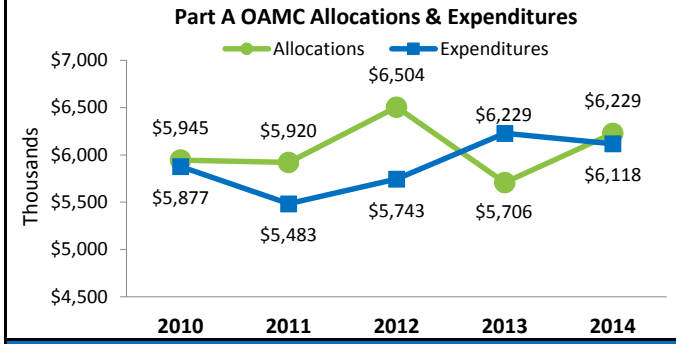
Conclusion

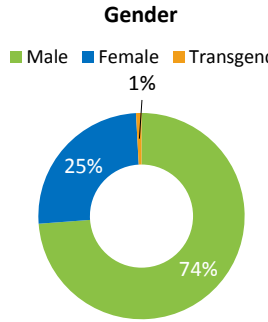
Both Marketplace insurance plans and the implementation of the new Disease Management service category may cause a decrease in utilization and expenditures in the case management program. As more Ryan White clients enroll in private insurance plans, the communication between private medical offices and Ryan White providers is expected to increase. Ensuring that there is an efficient system in place to collect updated lab values for clients is integral to monitoring patient progress as well as the quality of Ryan White services. The current case management model has not adequately addressed the clinical needs of clients in order to help retain them in medical care and adhere to medications. Disease Case Managers will be able to better address clients' clinical barriers to staying in care.

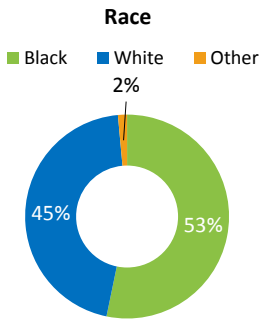
FY 2014-2015 Scorecard: Outpatient Ambulatory Medical Care

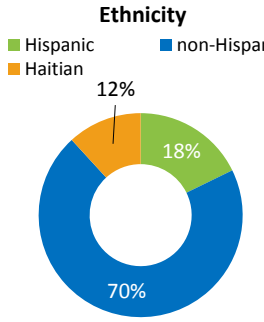
ELIGIBILITY: </= 400% FPL

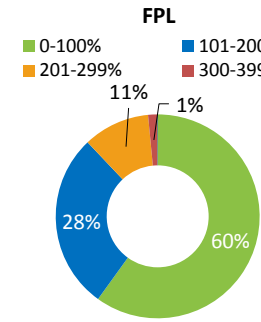
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$6,228,636	$264,596	**$6,493,232**	$6,118,160	$264,586	**$6,382,746**	-1.46%	**$16,012,762**	**39.9%**	**1**
2013	$5,706,496	$100,000	$5,806,496	$6,228,552	$248,874	$6,477,426	10.86%	$15,366,650	42.2%	1
2012	$6,504,282	$100,000	$6,604,282	$5,743,196	$99,936	$5,843,132	4.7%	$15,423,413	37.9%	1
2011	$5,920,360	$234,473	$6,154,833	$5,482,813	$99,993	$5,582,806	-9.1%	$15,006,261	37.2%	1
2010	$5,944,675	$120,035	$6,064,710	$5,876,974	$263,344	$6,140,318	N/A	$15,395,252	39.9%	1











FY 14-15 OAMC Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	4,102	**7.61%**	1,025	**25.0%**
2013	3,790		997	26.3%

Ryan White Part A & MAI Providers		
Type	Part A	MAI
Number	5	1

FPL*	#	%
0-100%	2,459	59.9%
101-200%	1,148	28.0%
201-299%	433	10.6%
300-399%	58	1.4%
400% & over	4	0.1%

Insurance	#	%
Private	414	10.1%
Medicare	73	1.8%
Medicaid	287	7.0%
Other Public	15	0.4%
None	3,312	80.7%

* FPL is current for the end of the FY

Demographics, cont.

Gender	#	%
Male	3,028	73.8%
Female	1,039	25.3%
Transgender	35	0.9%
Race	**#**	**%**
Black	2,184	53.2%
White	1,859	45.3%
Other	59	1.4%
Ethnicity	**#**	**%**
Hispanic	826	20.1%
non-Hispanic	3,276	79.9%
Haitian	549	13.4%

FY 14-15 Top 10 Procedures

Top 10 Procedures		Top 10 Expenditures	
Procedure	% of Procedure	Procedure	% of Expenditures
1. HIV-1 DNA Detection	15.80%	1. HIV-1 DNA Detection	30.42%
2. Office/Outpatient Visit	15.20%	2. Est. Patient Office/Outpatient Visit	29.64%
3. Comprehensive Metabolic Panel	13.80%	4. TB Test Cell Immun Measure	5.69%
4. Complete CBC with Diff WBC	10.10%	5. Genotype DNA HIV Reverse T	5.54%
5. Lipid Panel	10.00%	6. Comprehensive Metabolic Panel	3.58%
6. Blood Serology Qualitative	9.30%	7. Chylamydia Trach DNA AMP Prob	3.06%
7. Flowcytometry/TC Add-on	8.90%	8. Flowcytometry/ Tc 1 Marker	2.88%
8. T Cell Absolute Count	6.90%	9. Destruction Anal Lesions	2.75%
9. Chylamydia Trach DNA AMP Prob	5.40%	9. Phenosensegt/Genosure	2.60%
10. N. Gonorrhoeae DNA AMO Prob	5.00%	10. N.Gonorrhoeae Dna Amp Prob	2.35%

Average Cost Per Client
$ 1,418.76

Total Nutrition Services Expenditure
$ 112,219.22

Fort Lauderdale/Broward EMA Medical Outcome	2012		2013		2014	
Outcome: Slow/prevent HIV disease progression.	Num/Denom	%	Num/Denom	%	Num/Denom	%
1.1 80% of clients with a CD4 <500 are on HAART.	1,660/1938	85.7%	1,700/1,913	88.9%	3,320/3,644	91.1%
1.2 70% of clients on HAART >6 months have a VL <400.	2,748/3,264	84.2%	3,266/3,546	92.1%	6,980/7,674	91.0%

FY 2014-2015 Scorecard: Outpatient Ambulatory Medical Care ELIGIBILITY: </= 400% FPL

HAB HRSA HIV Performance Measures

Measures	2013 (n/d)	Achieved	2014 (n/d)	Achieved	Screenings	2013 (n/d)	Achieved	2014 (n/d)	Achieved
CD4 Count	2,772/3,529	78.5%	2,731/3604	75.8%	Chlamydia	530/790	67.1%	745/962	77.4%
HAART	284/293	96.9%	312/321	97.2%	Gonorrhea	467/790	59.1%	622/962	64.7%
Medical Visits	2,882/3,529	81.7%	2,834/3,604	78.6%	Syphilis	3,194/4,118	77.6%	3,463/4,295	80.6%
Oral Exam	1,948/4,118	47.3%	1,842/4,295	42.9%	Cervical Cancer	468/1,115	42.0%	428/1,097	39.0%
Lipid Screening	2,873/3,609	79.6%	3,226/3,837	84.1%	Hepatitis B	3,644/4,118	88.5%	3,680/4,295	85.7%
TB Screening	3,149/4,109	76.6%	3,185/4,287	74.3%	Hepatitis C	3,315/4,118	80.5%	3,385/4,295	78.8%

National Quality Center (NQC) inCARE Retention Measures for Part A/MAI Medical Patients	2013		2014		Participant National Avg	Comments
#1: Gap Measure	Num/Denom	%	Num/Denom	%	%	
Patients with NO medical visits in last 180 days of measurement yr / Patients with >/= 1 medical visit in 1st 6 months of measurement yr	64 / 708	9.0%	605 / 2,101	28.8%	14.8%	Strive for low%. Worse than avg.
#2: Medical Visit Frequency	Num/Denom	%	Num/Denom	%	%	
Patients with >/=1 medical visit in each 6 month period of 24 months / Patients with >/=1 medical visit in 1st 6 months of 24 months	520 / 586	88.7%	1,024 / 2,962	34.6%	64.1%	Strive for high%. Worse than avg.
#3: Patients Newly Enrolled in Medical Care	Num/Denom	%	Num/Denom	%	%	
Patients with >/= 1 medical visit in each 4-months of measurement yr / Patients newly enrolled w/ provider & >/=1 visit in 1st 4 mos. of yr	20 / 54	37.0%	80 / 212	37.7%	56.9%	Strive for high%. Worse than avg.
#4: Viral Load Suppression	Num/Denom	%	Num/Denom	%	%	
Patients with a viral load <200 at last VL test in measurement year / Patients with at least one medical visit in the measurement year	697 / 782	89.1%	2,236 / 2,634	84.9%	80.0%	Strive for high%. Better than avg.

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%	Race/Ethnicity	#	%	Risk Factor	#	%
	596	14.6%	Black non-Hispanic Male	225	17.5%	MSM	276	13.9%
Gender	#	%	Black non-Hispanic Female	136	16.6%	Black MSM	115	21.5%
Male	419	13.9%	**Total Black non-Hispanic**	**361**	**17.20%**	White MSM	157	11.1%
Female	167	16.2%	White non-Hispanic Male	134	13.7%	Hispanic MSM	46	8.2s%
Transgender*	10	28.6%	White non-Hispanic Female	17	18.5%		#	%
Age	#	%	**Total White non-Hispanic**	**151**	**14.10%**	Heterosexual	280	14.6%
18-28	110	28.5%	Hispanic Male	57	8.1%	Black Hetero	237	15.2%
29-38	153	20.5%	Hispanic Female	13	13.1%	White Hetero	42	12.1%
39-48	148	13.6%	**Total Hispanic**	**70**	**8.7%**	Hispanic Hetero	21	9.5%
49-58	148	10.5%	Haitian	10	28.6%		#	%
59+	37	8.4%	Non-Haitain	586	14.5%	Hemophilia*	1	16.7%
Living Arrangements	#	%	**Educational Level**	#	%	IDU*	7	11.1%
Permanent	390	13.2%	<8th Grade	35	13.5%	MSM/IDU*	3	15.8%
Non-Permanent	203	18.6%	8-12th Grade	393	16.2%	Perinatal*	21	44.7%
Institution*	3	14.3%	College	168	12.0%	Transfusion*	2	20.0%

*Small population group (N<75 in program year)

FY 2014-2015 Outpatient Ambulatory Medical Service Category

Overview of Service Category

Outpatient/Ambulatory Medical Care (OAMC) service category provides primary care to both Part A and MAI patients. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines such as access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Six Part A and one MAI service provider administer OAMC services throughout Broward.

Utilization

For fiscal year (FY) 14-15, the Part A OAMC program served 4,102 clients, approximately a 7.61% increase from the previous FY. 1,025 of these clients were new, a 25% increase in new patients for the fiscal year. The majority of clients utilizing OAMC are receiving routine outpatient care (15.8%) and HIV-1 DNA Detections (15.2%).

Allocations & Expenditures

Since 2010, the expenditures for Part A OAMC have slightly increased by approximately 4% and by .47% for MAI. However, there was a 1.77% decrease and a 6.3% increase in expenditures since the last fiscal year for both Part A and MAI respectively. The decrease in expenditures for Part A is likely due to clients transitioning to Marketplace insurance plans. The increase in expenditures for MAI may be attributed to increased numbers of minority clients disproportionately impacted by the HIV/AIDS epidemic in Broward. In FY 14-15, OAMC was allocated a total of $6,382,746, which included $6,118,160 in Part A funds and $264,586 in MAI funds. The top expenditures for FY 2014 were HIV-1 DNA detections (30.42%) and established patient office/outpatient visits (29.64%).

Fort Lauderdale/Broward EMA Medical Outcomes

OAMC services surpassed Indicator 1.1 in FY 2014, which states that 80% of clients with a CD4 less than 500 are prescribed HAART. Currently, 3,320 of 3,644 (91.1%) clients with a low CD4 are prescribed HAART. OAMC services also achieved Indicator 1.2 in FY 2014, which states that 70% of clients on HAART for over 6 months will have a viral load less than 400. OAMC exceeded the indicator with 6,980 of 7,674 (91.0%) clients achieving the desired outcome.

HAB HRSA HIV Performance Measures

In FY 14-15 Part A saw an improvement in the following measures: Lipid Screening, Chlamydia Screenings, Gonorrhea Screenings, and Syphilis Screenings. Screenings for Chlamydia and Gonorrhea, improved significantly by 15% and 9%, respectively. There was a decrease for the following measures in FY 14-15: CD4 Count, Medical Visits, Oral Exam, Cervical Screenings, and Hepatitis C Screenings. The measures for oral exams declined in FY 14-15 compared to FY 13-14. Oral exams saw the most significant decline of 9% since the previous FY. The significant increase in STD screenings may be a result of a training for medical providers provided by the FLDOH on STDs. The significant decline of oral exams may be a result of the emergence of new dental services being offered in the Broward EMA that have given patients more options for care beyond Ryan White.

National Quality Center (NQC) In+Care Retention Measures

Gap Measure: Broward's performance (28.8%) remains poorer than national benchmarks for this reporting period (14.8%). These outcomes may be due in part to the system-wide participation of Broward as an EMA while other participants entered the campaign as single agencies or smaller systems of care. Other reasons for Broward not meeting the national benchmarks could include clients becoming medically "stable" and require less frequent visits within the reporting period or missed or rescheduled appointments place client beyond criteria range

Medical Visit Frequency: Broward's performance (34.6%) remains poorer than national benchmarks for this reporting period (64.1%). As previously stated, more clients may be considered medically "stable" and not require frequent medical visits with a provider. The low-performance may also be due to the revised HHS Guidelines (released in May 2014) which state that after two (2) years of ART (viral load consistently suppressed, CD4 consistently 300-500 cells/mm3), monitoring of viral loads can extend to every 6 months for patients with consistent viral suppression for > 2 years. Monitoring of CD4 levels can extend to every 12 months for those 300-500 cells/mm3 and is optional for those with >500 cells/mm3.

Patients Newly Enrolled in Medical Care: Broward EMA has not achieved the national average since June 2013. Broward remains lower than the average benchmark (37.7%), which is approximately 57% for this reporting period. The enrollment of clients into the Marketplace in the beginning of 2014 and subsequent return of some clients who were forced to dis-enroll may have led to the fluctuation in the number of Ryan White clients/patients newly enrolled this year.

Viral Load Suppression: Broward EMA continued to meet or exceed the national average in FY 14-15. Broward's performance is 4% higher than the national average this reporting period (80.0%).

Viral Suppression

Of the 4,102 OAMC clients, 14.6% were not virally suppressed. Overall, Black non-Hispanic women and men were less likely to be virally suppressed than non-Hispanic and Hispanic women and men. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (16.2%) were more likely not to have a suppressed viral load compared to men (13.9%).

Race/Ethnicity: White non-Hispanic women were more likely not to have a suppressed viral load (18.5%), compared to Black non-Hispanic women (16.6%) and Hispanic women (13.1%). Black non-Hispanic men were more likely not to have a suppressed viral load (17.5%), compared to white non-Hispanic men (13.7%) and Hispanic men (8.1%).

Age: The 18-28 year old (28.5%) and 29-38 year old (20.5%) age groups were more likely not to be virally suppressed compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (18.6%) compared to clients with permanent housing (13.2%).

Education Level: Clients with an education level between 8th and 12th grade were most likely not to be virally suppressed (16.2%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (14.6%), followed by clients who identify men who have sex with men (MSM) as a risk factor (13.9%). Black Heterosexual men and women (15.2%) were more likely than Whites (12.1%) and Hispanics (9.5%) not to be virally suppressed. Black MSM (21.5%) were far more likely not to be virally suppressed than both White (11.1%) and Hispanic (8.2%) MSM.

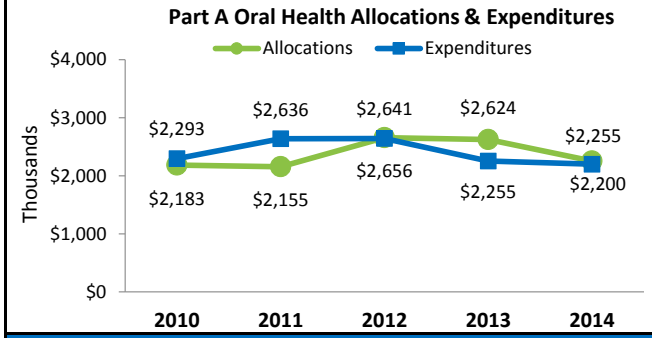
Conclusion

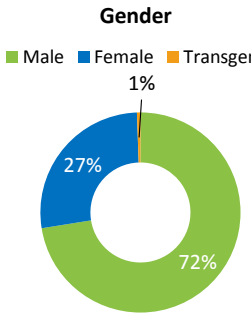
Utilization and expenditures in the OAMC program may decrease as clients transition onto Marketplace insurance plans, with private insurance plans covering the costs of medical care. MAI funds should continuously be allocated in order to enhance the quality of care and health outcomes in minority populations disproportionately impacted by the HIV epidemic. MAI-funded services such as OAMC are an integral part of the overall HIV care continuum. These services help to improve the quality of care and health outcomes by increasing access to, retention in, and adherence to care for minority populations.

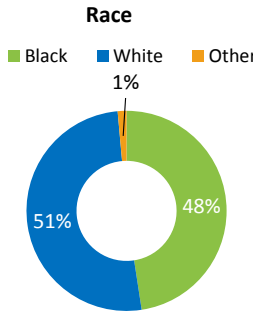
FY 2014-15 Scorecard: Part A Oral Health Care

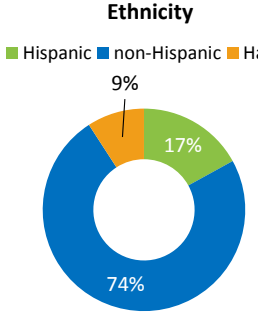
ELIGIBILITY: </=400% FPL

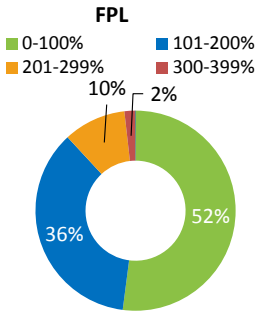
Fiscal Year	Part A & MAI Service Allocations			Final Part A & MAI Expenditures				EMA Award		Priority Rank
FY	Part A	MAI	Total	Part A	MAI	Total	% change	Total	% of Total	
2014	$2,255,328	$0	**$2,255,328**	$2,200,198	$0	**$2,200,198**	-2.4%	**$16,012,762**	**13.7%**	**5**
2013	$2,623,653	$0	$2,623,653	$2,255,138	$0	$2,255,138	-14.6%	$15,366,650	14.7%	3
2012	$2,656,408	$0	$2,656,408	$2,641,484	$0	$2,641,484	0.2%	$15,423,413	17.1%	3
2011	$2,155,150	$0	$2,155,150	$2,635,854	$0	$2,635,854	14.9%	$15,006,261	17.6%	4
2010	$2,183,022	$0	$2,183,022	$2,293,381	$0	$2,293,381	N/A	$15,395,252	14.9%	3











FY 14-15 Oral Health Care Utilization & Demographics

Year	Total Clients	% change	# New	% New
2014	3,020	**-5.36%**	566	**18.7%**
2013	3,182		905	28.4%

Ryan White Part A & MAI Providers

Type	Part A	MAI
Number	2	0

FPL*	#	%
0-100%	1,572	52.1%
101-200%	1,089	36.1%
201-299%	305	10.1%
300-399%	51	1.7%
400% & over	3	0.1%

Insurance	#	%
Private	443	14.7%
Medicare	798	26.4%
Medicaid	298	9.9%
Other Public	21	0.7%
None	1,460	48.3%

Demographics, cont.

Gender	#	%
Male	2,189	72.5%
Female	814	27.0%
Transgender	17	0.6%
Race	**#**	**%**
Black	1,437	47.6%
White	1,540	51.0%
Other	43	1.4%
Ethnicity	**#**	**%**
Hispanic	565	18.7%
non-Hispanic	2455	81.3%
Haitian	304	10.1%

FY 14-15 Oral Health Care Procedures

Top 10 Procedures

Procedure	% of Procedure
1. Oral hygiene instructions	23.1%
2. Intraoral periapical, add'l film	12.9%
3. Intraoral periapical, first film	12.0%
4. Nutritional counseling	10.6%
5. Periodic oral counseling	7.9%
6. Periodic oral evaluation	7.1%
7. Periodontal scaling and root plannin	6.9%
8. Bitewings film	6.8%
9. Topical fluoride wash	6.7%
10. Prophylaxis - adults age 12+	6.1%

Top 10 Expenditures

Procedure	% of Expenditures
1. Crown	9.7%
2. Periodontal scaling and root planing	7.4%
3. Periodontal maintenance	6.8%
4. Madibular partial denture	4.2%
5. Extraction	3.8%
6. Oral hygiene instructions	3.8%
7. Resin-based composite	3.5%
8. Est patient periodic oral eval	3.3%
9. Maxillary partial denture	3.3%
10. Panoramic film	2.4%

* FPL is current for the end of the FY

FY 2014-15 Scorecard: Part A Oral Health Care

ELIGIBILITY: </=400% FPL

FY 14-15 Percent of Clients NOT Virally Suppressed (≥ 200 copies/mL) by Subpopulation

All Clients	#	%
	261	9.0%
Gender	#	%
Male	91	7.9%
Female	165	11.7%
Transgender*	5	29.4%
Age	#	%
18-28	14	11.7%
29-38	46	13.7%
39-48	70	10.0%
49-58	100	8.5%
59+	31	5.6%
Living Arrangements	#	%
Permanent	188	8.2%
Non-Permanent	70	12.0%
Institution*	3	18.8%

Race/Ethnicity	#	%
Black non-Hispanic Male	66	8.8%
Black non-Hispanic Female	74	12.1%
Total Black non-Hispanic	**140**	**10.30%**
White non-Hispanic Male	72	8.4%
White non-Hispanic Female	6	7.7%
Total White non-Hispanic	**78**	**8.40%**
Hispanic Male	26	5.6%
Hispanic Female	10	11.8%
Total Hispanic	**36**	**6.6%**
Haitian	23	7.6%
Non-Haitain	238	9.2%
Educational Level	#	%
<8th Grade	22	12.0%
8-12th Grade	163	9.8%
College	76	7.3%

Risk Factor	#	%
MSM	114	7.8%
Black MSM	30	9.9%
White MSM	83	7.3%
Hispanic MSM	21	5.6%
	#	%
Heterosexual	130	10.0%
Black Hetero	109	10.5%
White Hetero	20	7.9%
Hispanic Hetero	12	8.1%
	#	%
Hemophilia*	1	25.0%
IDU	5	8.9%
MSM/IDU*	2	14.3%
Perinatal*	4	26.7%
Transfusion*	4	28.6%

*Small population group (N<75 in program year)

FY 2014-2015 Oral Health Care Service Category

Overview of Service Category

The Oral Health Care program is funded by Ryan White Part A. Funds are awarded to agencies and dental education institutions, which in turn deliver oral health care to eligible individuals. Two Part A providers provide oral health services which can be accessed at four FDOH-BC clinics and one Nova Southeastern University Dental School community-based clinic. Nova faculty specialists provide specialty oral health services.

Utilization

For fiscal year (FY) 2014-2015, the Part A Oral Health Care program served 3,020 clients, a slight decrease from the previous FY. Approximately 18.7% of clients utilizing oral health care services in FY 2014 were new. The top 10 oral health procedural codes for FY 2014 indicate that 23.1% of clients are receiving oral health hygiene instructions (proper brushing, flossing, and periodontal and oral disease prevention) suggesting that clients are seeking initial care for their oral health needs. A large majority of clients accessing oral health services are reported to have no insurance (48.3%).

Allocations & Expenditures

In FY 14-15, oral health care was allocated a total of $2,255,328 in Part A funds. The expenditures for oral health have decreased approximately 4% since 2010, which may be due in part to the implementation of the Community Based Dental Partnership Programs in which oral health patients are accessing services outside of Ryan White Part A. Porcelain fused to noble metal crowns, a restorative oral health procedure, accounted for 9.7% of oral health expenditures.

Viral Suppression

Of the 3,020 oral health clients, approximately 9% were not virally suppressed. The subpopulations that were more likely not to be achieving health outcomes include:

Gender: Women (11.7%) were more likely not to have a suppressed viral load compared to men (7.9%).

Race/Ethnicity: Overall, Black non-Hispanic clients were more likely not to have a suppressed viral load (10.3%) compared to White (8.4%) and Hispanic (6.6%) clients.

Age: The 29-38 years old age group was more likely not to be virally suppressed (13.7%) compared to other age categories.

Housing Status: Clients who do not have permanent housing were more likely not to be virally suppressed (12.8%) compared to clients with permanent housing (8.2%).

Education Level: Clients with an education level less than an 8th grade education were most likely not to be virally suppressed (12.0%).

Risk Factor: Clients who identified heterosexual sexual contact as a risk factor were most likely not to be virally suppressed (10.0%), followed by clients who identify men who have sex with men (MSM) as a risk factor (7.8%). Black Heterosexual men and women (10.5%) were more likely than Hispanics (8.1%) and Whites (7.9%) not to be virally suppressed. Black MSM (9.9%) were more likely not to be virally suppressed than both White (7.3%) and Hispanic MSM (5.6%).

Conclusion

Improvement of retention rates in oral health services and increased use of OAMC among oral health patients were identified as significant issues to be addressed in FY 2014. By retaining greater numbers of clients in Oral Health, which in turn can encourage clients to keep their medical appointments and adhere to medications, the Part A system hopes to increase viral suppression within the EMA.

Recommendations for Formulary Additions and Deletions
The Committee reviewed recommendations for changes to the formulary. The recommendations were: ***Move -*** *Keppra (Levetiracetam) and Tricor (Fenofibrate) from Tier 3 to Tier 1.*
Keppra (Levetiracetam) by UCB Keppra (levetiracetam) is an anti-epileptic drug, also called an anticonvulsant. Levetiracetam is used to treat partial onset seizures in adults and children who are at least 1 month old. Levetiracetam is also used to treat tonic-clonic seizures in adults and children who are at least 6 years old, and myoclonic seizures in adults and children who are at least 12 years old. **Tricor (Fenofibrate) by Abbott Laboratories** Fenofibrate is used to reduce the amounts of fatty substances such as cholesterol and triglycerides in the blood and to increase the amount of HDL (high-density lipoprotein) in the blood, and treat hypertriglyceridemia, or mixed dyslipidemia. Fenofibrate is in a class of medications called antilipemic agents. It works by speeding the natural processes that remove cholesterol from the body. Fenofibrate comes as a capsule, a delayed-release (long-acting) capsule, and a tablet to take by mouth. It is usually taken once a day. Some fenofibrate products should be taken with a meal. Other brands (Tricor) may be taken with or without food.

LPAC Motions			
Motion #1:	To move Keppra (Levetiracetam) from Tier 3 to Tier 1.		
Justification:	Unlike currently available anti-epileptic medications, Keppra (Levetiracetam) is an anti-seizure medication that is the safest choice for patients on antiretroviral therapy; it does not have interactions with any antiretroviral classes and can be safely co-administered to all clients. DHHS recommends the use of Levetiracetam over other anticonvulsant medications in their Guidelines for the Use of Antiretroviral Agents. Phenytoin, Carbamazepine (including extended release and regular formulations), Lamotrigine, and Neurontin are all on Tier 1, and are also used as anti-seizure medication. There is a generic version of Keppra available, and therefore no PAP exists. FY 2014 pharmacy expenditures were lower than anticipated, which means adding Keppra to Tier 1 may not have a large impact on expenditures; extra funds not expended would be available to cover the increased cost of Keppra, if necessary. In addition, extra funds may now be available due to clients getting coverage through the ACA Marketplace and having their medications paid for by insurance.		
Estimation of Cost:	Estimate that all clients currently using Phenytoin and Caramazepine would start using Levetiracetam (17 clients) would switch to Keppra, and 33% of clients using Neurontin/Gabapentin would begin using Levetiracetam (65 clients). Clients currently using Levetiracetam would continue using it. $11.07 (per 500mg dose) * 12 doses = $132.84 per year $16.77 (per 750mg dose) * 12 doses = $201.24 per year $132.84 (per 500mg dose) * approx. 83 clients = $11,025.72 $201.24 (per 750mg dose) * approx. 83 clients = $16,702.92 The cost of the current prescriptions utilized by clients who would likely switch to Levetiracetam is approximately $4,727.13. Carbamezapine $168.04 → on Levetiracetam $797.04-$1,207.44 Neurontin/Gabapentin $3,392.53 → on Levetiracetam $8,634.60-$13,080.60 Phenytoin $1,150.48 → on Levetiracetam $1,461.24-$2,213.64 Lamotrigine $16.08 → on Levetiracetam $132.84-$201.24		
Proposed by:	Leverence, S.	**Seconded by:**	Ehren, M.

Action:	Passed Unanimously

Motion #2:	To move Tricor from Tier 3 to Tier 1.		
Justification:	There is not a PAP available for Tricor. For patients with hypertriglyceridemia and very high triglycerides (over 500), Tricor has the least interactions and side effects. There is currently not a Tier 1 medication that is effective for clients with very high triglycerides.		
Estimation of Cost:	Estimate that less than 1% of clients would need Tricor (approx. 30 clients) <u>Tricor</u> $1.99 (per 48mg dose) * 12 doses = $23.88 per year $3.94 (per 145mg dose) * 12 doses = $47.28 per year **$23.88 (per 48mg dose) * approx. 30 clients = $716.40** **$47.28 (per 145mg dose) * approx. 30 clients = $1,418.40** <u>Fenofibrate (generic)</u> $3.28 (per 48mg dose) * 12 doses = $39.40 per year $10.98 (per 145mg dose) * 12 doses = $131.76 per year **$132.84 (per 48mg dose) * approx. 30 clients = $3,985.20** **$201.24 (per 145mg dose) * approx. 30 clients = $6,037.20**		
Proposed by:	Leverence, S.	**Seconded by:**	Ehren, M.
Action:	Passed Unanimously		