CAREAssist Advisory Group Meeting Notes

June 21, 2023

ADAP Data Review

In May, CAREAssist submitted an ADAP Data Report (ADR Data review) to HRSA. The report summarized client counts, services delivered, and client demographic information from 2022. Highlights include:

- CAREAssist had 3,869 clients, and 95% were virally suppressed
- 71% received insurance assistance
- 28% did not receive services
- 80% were continuing clients, 7% newly enrolled, and 13% disenrolled.
- The majority of clients were white, followed by Hispanic, Black, and other race/ethnicities.
- 60% were over age 50.

Medication therapy management (MTM)

In partnership with Ramsell (the Pharmacy Benefits Manager for CAREAssist), CAREAssist offers MTM to eligible clients who are having difficulty adhering to medications. Any HIV Case Manager can refer a CAREAssist client to MTM.

MTM:

- Is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence.
- Involves the patient, nurses, pharmacists, doctors, the clinical team, and caregivers at NO COST to eligible CAREAssist clients.
- Has 5 core elements: Medication Therapy Review, Personal Medication List, Medication Action Plan, Intervention, Documentation/Follow-up
- Can benefit clients with multiple chronic health conditions and indicators of non-adherence.
- Receives referrals via the service referral form emailed to the CAREAssist Listserv March 15, 2023.
  - The Revised Direct Referral form is on the CAREAssist website.
  - MTM Direct Referral reasons include: 1) detectable viral load, 2) medication non-adherence, 3) general pharmacist follow-up, 4) general disease state education, 5) other.

How does MTM work?

- Step 1: Screening

- Step 2: Enrollment
- Step 3: Encounters: Targeted interventions, Comprehensive Medication Review, development of an action plan
- Step 4: Patient/Prescriber Outreach

MTM performance measure outcomes (2022):

- Clients identified as eligible: 3,349
- Clients who opted out: 227
- MTM encounters delivered: 1,749
- Unduplicated clients enrolled (cumulative): 655
- MTM CMR (Comprehensive Medication Review) appointments scheduled: 157
    - A CMR is an annual assessment of client's health condition(s), social habits, allergies, and medication history
- MTM CMR appointments kept: 58 (36% of those scheduled)
- MTM CMR appointments scheduled + TMR (Targeted Medication Review) services: 1,983
    - A TMR is a quarterly review to monitor progress of and identify any new issues or changes in circumstances
- MTM appointments kept: CMR + TMR services: 1,879

In 2022, the program had:

- 4,994 counts of medication adherence support
- Improved use of methodology for TMRs
- A resolution for 100% of audit findings related to contraindicated ART
- A new direct referral process
- A continued decrease in the number of clients served due to a decrease in the number of eligible clients
- An average adherence rate of 89.9% in Quarter 4

Discussion:

- Q: Why have the total number of MTM clients decreased? Is this a positive or negative trend?
    - A: This has been a consistent trend. There's a need to explore this further, but some of the reasons may be that clients have already been through the Ramsell MTM process, clients on Oregon Health Plan do have MTM services through their CCO and the pandemic.
- Q: How are clients with diabetes determined to be eligible for MTM?
    - A: All MTM clients have HIV, but may be eligible due to other conditions, as well (such as diabetes)
- Q: If a client phone number is not available, do you let the referring party know?
    - A: Yes, if this issue arises, we would notify the referring party.
- Q: Do MTM providers reach out to providers or patients?

    - A: If the issue is not reserved at the pharmacy level, the prescriber is contacted.
- Q: How frequently are clients identified with a two-drug regimen?
    - A: This is a rare occurrence.
- Q: What happens in the conversations with clients who are referred to MTM?
    - Conversations with clients are informed by the information on the referral and the client's medical data.
- Q: With CAREAssist's expanded eligibility criteria, shouldn't we be seeing more clients?
    - This is likely due to changes in Medicaid eligibility in the recent past (due to COVID-19). In the coming 10-16 months, we expect more clients who are currently enrolled in Medicaid to return to CAREAssist.
- Q: Why was there a decrease in refills in Quarter 4?
    - A: Many patients transition to catastrophic coverage and have no copays. They may choose a non-CAREAssist pharmacy in Quarter 4 since the pharmacy would not be prompted to bill ADAP.

Eliminating health disparities

AETC's Anti-Racist Trauma-Informed Care (AR-TIC) initiatives are intended to help eliminate health disparities.

AR-TIC's mission is to decentralize whiteness as the focal point of healing. AR-TIC applies an Anti-Racist Trauma Informed Lens to Policies, Practices, and Procedures to Build More Equitable Access to HIV Prevention and Care Services in Oregon. Organizations supporting AR-TIC in Oregon include AETC, Partnership Project, CAP, and the Multnomah County Health Department.

AR-TIC trainings for the HIV workforce in Oregon:

- How to Be (Less Harmful): 8-hour training that teaches attendees to deepen and expand their systems approaches in order to embody anti-racist and trauma-informed care into their practices and organizations.
- ReCTiFY: An in-depth training focused on identifying unified strategies across the state to address racism and its impacts along the HIV Care Continuum. It answers the question that often comes up after any antiracism training: What can we do about it?
    - Organizations can apply the ReCTiFY tool to their internal and external policies, practices, and procedures (written or unwritten) to ensure their work is antiracist and trauma informed.
- BIPOC Affinity Space: for Black, Indigenous, and non-Black people of color to come together to share and process their experiences in the HIV prevention and care workforce in Oregon. Coming together in the community allows for mutual

support and healing, as well as identifying steps that need to be taken by those in power to create a safer space for everyone.
- White Learning Space: for white folx working in HIV prevention and care in Oregon who are looking to deepen and challenge their anti-racist commitments. These spaces, while supportive, are intended to facilitate growth.

AR-TIC staff are also available for one-on-one agency support in the form of technical assistance to support systems change across the HIV prevention and care system. This may look like regular meetings to identify policies, practice, and procedures that could benefit from ReCTiFY, applying the tool and walking through the steps, and/or supporting staff in the process.

An AR-TIC workplace:
- Prioritizes human beings over human doings
- Centers the voices and needs of those who have been marginalized and silenced
- Prioritizes (not values) each service user's culture
- Subverts power dynamics to dismantle racist culture
- Supports radical truth-telling rather than avoids
- Celebrates mistakes as steps on a path of growth
- Actively uses critical race theory to analyze each other and us
- Applies boundaries, so we know where we stand
- Offers apologies when mistakes are made
- Is thoughtful and planful
- Gives service users agency and choice

Discussion:
- Where should we apply these tools to support equity in medication access?
    - CAREAssist staff are using the Rectify tool in its review of communications and processes, including the CER process.
    - Partnership Project has routinely dedicated an hour of each staff meeting to discuss the influence of white supremacy, as well as trauma-informed approaches. The goal is to apply learnings in daily practice.

Updates

Anticipated CER changes related to Policy Clarification Notice (PCN) 21-02

As a pilot project, CAREAssist is proposing to start a once-per-year eligibility review (rather than twice per year) with Medicaid clients. The project should begin this summer.

Other state ADAP programs that have implemented HRSA PCN 21-02 have shared that 1) this is a great way to reduce barriers to clients, but 2) skipping mid-year client check-in resulted in many clients being disenrolled and needing to be re-enrolled.

Since there is a federal requirement to confirm client eligibility mid-year and ADAPs do not see clients in-person on a regular basis, CAREAssist will be exploring the use of MMIS system to check on clients and ensure they are still enrolled in Medicaid and their address has not changed. If there are changes, this will prompt outreach to client.

Discussion

- This sounds like a great idea and will ease the burden on clients and service providers.
- Will CAREAssist recertification happen after the State of Oregon Medicaid Program recertification?
    - A: CAREAssist cannot align its process with Medicaid as people enroll and disenroll from the ADAP at different times than they enroll and disenroll from Medicaid In addition, the CAREAssist database does not have the functionality to make such accommodations. For purposes of the pilot project, CAREAssist plans to focus on all Medicaid clients for the 2nd ½ of 2023.
- Similarly, Part A has transitioned to annual reviews.
- For reference, HRSA issued this PCN 21-02 in 2021.

Changes to the 340B Drug Pricing Program

Background: In 2020 CAREAssist began receiving communications from pharmaceutical manufacturers demanding that we (and thousands of other 340B covered entities) share claims data with a third-party entity called 340B ESP. In addition, manufacturers began introducing new policies that would limit access to 340B medications, requiring that we choose only 1 pharmacy to distribute those medications. Pharmaceutical manufacturer's goal is to conduct oversight of the 340B program, HRSA's duties, - it appears that they want to monitor the possibility of duplicate discounts and they want to limit access to 340B pricing.

CAREAssist has received information/communications of this nature from Sanofi, AbbVie, Astrazenica, Merck, Bristol Meyers, Novartis, Pfizer, Eli Lilly, Gilead, UCB, United Therapeutics, Nova Nordisk, Johnson & Johnson, EMD Serono & Bayer, Boehringer Ingelheim, Basusch, Amgen and now GSK.

At this time there are 5 manufacturers that have limited some of our ability to purchase medications at 340B rates when dispensed by our contract pharmacies. For CAREAssist this ends up costing us more to provide the same medications.

What is CAREAssist doing about this?

- We have worked with DOJ to return 340B ESP Terms with a notice that Oregon will not comply as the terms do not meet applicable state and federal confidentiality and privacy laws.
- We have worked with DOJ to sign on in support of any applicable State by State lawsuits. We have worked with DOJ to craft letters to manufacturers limiting our ability to obtain 340B pricing.
- We are requesting waivers to their policy and meetings to educate on the ADAP.
- We are working with Ramsell to move impacted claims to rebate only and that means that we purchase at full cost and get some reimbursement back through an after-the-fact rebate.
- We continue to monitor the financial impacts.
- We have attended national meetings, congressional hill visits and educating leadership pertaining to the importance of 340B drug pricing for the ADAP.
- We continue to work with other states to share and learn about how these changes are impacting them and the successes in their models.
- We continue to work closely with NASTAD on the issue.
- The State of Oregon continues to request that CAREAssist be exempt from any action that these manufactures may take that limits the program's ability to continue to receive the 340B Program discount using our current contract pharmacy network statewide model.

Meeting format and length

Members were invited to participate in polls about the format and length of future CAREAssist Advisory Group meetings. Of the nine respondents, the majority (67%) would like future meetings to remain virtual, while 22% would prefer hybrid meetings, and 11% would prefer in-person meetings. The majority (89%) feel that 1.5 to 2 hours is the right amount of time, while 11% feel that meetings should be longer. No participants suggested meetings should be shorter.